

**INTEGRIS Health
Student and Faculty Orientation Sign-In Sheet**

School/University: _____

Level/Semester of Students: _____ Assigned Units: _____

Clinical Start/End Dates: _____ Hospital _____

By signing in below, the following students and faculty verify they have received:

- The information contained in the INTEGRIS Health 2017-2018 Student and Faculty Orientation packet
- The information contained in the Student Instructions for Computer Access
- NESAs Orientation (Restraints, Age Specific Care, Culture, HIPPA, Hazardous Communications, and Standard Precautions) and Post Test passed with a minimum of 80%.

Faculty	Email Address	Phone Number (during clinicals)

Print/Type First and Last Name	Student Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	