



STUDENT ATTESTATION FORM

I have reviewed the following topics:

- Hospital Mission and Vision
- Student Health and Injury Prevention
- Body Mechanics/Office Ergonomics
- OSHA Bloodborne Standards
- Isolation Precautions/Universal Precautions
- Organizational Ethics
- Safety & Quality Information System (SQIS)
- Patient Privacy/HIPAA/Compliance
- Patients' Rights and Responsibilities
- Social Services/ADA/Interpreter Services
- Abuse/Neglect Screening and Reporting
- Advanced Directives
- EMTALA
- Utilization Management
- Age/Cultural Diversity & Sensitivity
- Healthcare Disparities
- Pain Management
- Falls Prevention
- Restraints
- End of Life Care/Pastoral Care
- Disruptive Provider Behavior
- Complaint/Grievance Process
- Bioethical Issues
- Rapid Response/Code Blue
- Spot a Stroke – BE FAST
- Chain of Command to Obtain Medical Care
- Patient Medical Safety
- Safety Management Plan
- Patient Safety Bands
- Performance Improvement Plan/PDCA
- HCAHPS
- AIDET
- Employee Customer Service Standards
- Regulatory Agencies and Core Measures
- Quality/Risk Management/Patient Grievances
- National Patient Safety Goals/Clinical Alarms
- Organ Procurement
- Fire Safety and Emergency Codes
- UCI Health Environment of Care
- Radiation/Electrical Safety
- Utilities Management
- Medical Equipment/Biomedical Equipment
- Security Management
- Workplace Violence
- Hazardous Waste/Safety Data Sheets
- OSHA Hazard Symbols
- Waste Disposal
- PolicyStat
- Infection Prevention/COVID/Emerging Infections
- Hand Hygiene/Personal Protective Equipment
- Verification of Physician Privileges

I know I am able to further discuss these topics with my Clinical Educator as needed to answer any questions I may have.

Name (Please print)

Department

Date

Signature (Not a digital signature)

Your signature indicates that you will review/have reviewed the above information and are responsible for adhering to its contents.