



**Health Care Workforce Alliance of South Central-Southwest Wisconsin
Orientation Modules #1 and #2 Completion Form for Students**

I, _____ (please print name) certify that I have completed the on-line orientation modules #1 and #2 which includes HIPAA, Compliance, Infection Control, Blood Borne Pathogens, Safety, and Professionalism. By signing below, I certify that I am responsible for understanding the information contained in both modules. Falsifying this statement or failure to comply with Healthcare Facility policies will result in disciplinary action that may include expulsion from the Healthcare Facility for the remainder of the clinical experience.

I also know that I am accountable for completing the separate on-site orientation for each respective Healthcare Facility where I may be placed.

Student Name

Signature

Date

Clinical Facility Site Name