

CENTRAL STATE HOSPITAL
MHDDAD / DHR - Hospital System

UNIT/DEPARTMENT ORIENTATION VERIFICATION FORM

INSTRUCTIONS:

Upon completion of the work area orientation, this form should be signed by the employee, supervisor, and DDO or Unit Director. The original form will remain in the employee's Competency File and a copy will be forwarded to the Staff Development & Training Department.

Employee's Name: _____

Employee I.D./ Payroll Number: _____

Unit/Department: _____

Date Orientation Completed: _____

I, _____, _____,
(Employee's Signature) (Date)

have completed and do understand all components of the Unit/Department Orientation.

I, _____, _____,
(Supervisor's Signature) (Date)

verify that the above named employee has successfully completed the Unit/Department Orientation.

I, _____, _____,
(DDO or Unit Director's Signature) (Date)

verify that the above named employee has successfully completed the Unit/Department Orientation.