



(703) 662-5833
(703) 662-5833



www.sahealthcareinc.com

info@sahealthcareinc.com

2779 Hartland RD Ste B



Falls Church, VA 22043

Form #440

Employee's Name: _____ Hire Date: _____

Contact Info: _____

Job Title: _____

Supervisor Name: _____ Department Name: _____

Staff must receive a "Yes" check on ALL of the mandatory orientation topics on completion.

1. Orientation to the facility and organization



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2. OTHER ORIENTATION AREAS:

	Yes	No		Yes	No
Objectives, Mission, Vision & Philosophy	<input type="checkbox"/>	<input type="checkbox"/>	Practices that assure human rights respect including orientation to human rights regulations	<input type="checkbox"/>	<input type="checkbox"/>
Practices of confidentiality including: access, duplication and dissemination of individual's services record	<input type="checkbox"/>	<input type="checkbox"/>	Personnel policies, code of ethics including benefits	<input type="checkbox"/>	<input type="checkbox"/>
Emergency preparedness procedures	<input type="checkbox"/>	<input type="checkbox"/>	Infection control practices and measures	<input type="checkbox"/>	<input type="checkbox"/>
Person-centeredness	<input type="checkbox"/>	<input type="checkbox"/>	Other policies & procedures	<input type="checkbox"/>	<input type="checkbox"/>

Incident Reporting: _____ Yes _____ No: _____

Orientation to the specific consumers for which the staff person will be responsible.

Office Manager or designee (Name/Signature)

Date

Employee (Name/Signature)

Date