Jackson Purchase Medical Center

Clinical Student Orientation Form

(OT, PT, Speech, Radiology, Pharmacy, Lab, Dieticians, or Surgical Tech)

Please read all written materials. Ask your instructor to explain any information that you do not understand.

1. Mission, Vision, and Value Statement
2. Information Security Awareness
3. Tobacco Free Campus
4. Student Parking
5. Infection Control
6. Environment of Care Safety and Emergency Codes
7. Population Specific Issues and Cultural Awareness
8. Patient Safety
9. Do Not Use Abbreviations
10. Patient Rights and Responsibilities
11. Pain
12. Dress Code
13. Code of Conduct
14. HIPAA
15. Meditech Training Manual (for Nursing Students)

Please call Sara Wheeler at (270) 251-4437 or email at Sara.Wheeler@LPNT.net to schedule a time to turn in all requirements listed below and complete additional paperwork. All requirements listed below must be turned in prior to your start date.

1. Clinical Student Orientation Form (this form)	7. Background Check
2. Confidentiality and Security Agreement	8. Proof of TB skin test
3. HIPAA Acknowledgment	9. Proof of Hepatitis B Vaccine or declination
4. Code of Conduct Acknowledgement	10. Proof of Blood Borne Pathogen Training
5. Personal Data Sheet	11. LifePoint IT&S Security Agreement
6. Drug Screen	12. Flu Shot

I have read and understand the Jackson Purchase Medical Center Student Orientation Information. All of my questions have been answered satisfactorily.

Print Name:_____

Signature:_____

Date:_____

School:_____

Major/Program:_____

Start Date:_____ End Date:_____