Date Completed

☐ Universal Precautions __________  ☐ Patient Safety __________

☐ Blood borne Pathogens __________  ☐ Injury Reporting/Accident Report __________

☐ Fire/Oxygen/Electrical Safety __________  ☐ Workplace Violence __________

☐ HIPAA Regulations __________  ☐ Disaster Response __________

☐ Hospital Emergency Codes __________  ☐ Cultural Diversity __________

☐ Customer Service & Patient Satisfaction __________  ☐ Back Safety/Ergonomics __________

☐ Hazard Communication __________

I have participated in the annual safety requirement education program and understand my responsibility in the above areas. I also understand it is my responsibility to read the Undergraduate Student Policy Handbook and be aware of any changes or updates to the handbook.

Student Signature ___________________________ Date _____________________

Print Name: ________________________________

Please return form to Department of Nursing when all areas are completed. This form is due prior to the first day of class. Make a copy for yourself. You may be required to provide this copy when you are in a new clinical facility.