

## ORIENTATION CHECKLIST

Employee Name : \_\_\_\_\_

Position: \_\_\_\_\_

1. Department of Nursing Policy and Procedure
2. Mission Statement
3. **ORIENTATION PROGRAM GUIDELINES**
  - a. Philosophy and Objectives
  - b. Communication
  - c. Dress Code
  - d. Evaluation Procedures
  - e. Non-Discrimination Policy
  - f. Timesheets
  - g. Payment Procedure (Payday)
  - h. Absence
  - i. Call Off Policy
  - j. Expired items in File
  - k. Benefits
  - l. In-Services
  - m. Patient Rights
  - n. Safety Practices
  - o. Emergency Practices
  - p. Transporting Patients
  - q. Errands for Patients
  - r. Orientation
  - s. Probationary Period
  - t. Identification Badges
  - u. Physical/Health Examinations
  - v. Terminations
  - w. Solicitation
  - x. Confidential Information
  - y. Promotion
  - z. Personnel Records
4. Rules of Conduct
5. Workers Compensation
6. Non-Discrimination /Harassment Policy  
(Extended )
7. Protocol for Continuing Education
8. Home Care Staff
9. Assignment Policy
10. Acceptance of Patient
11. Customer Satisfaction Evaluation
12. Office Personnel
13. Creation/Revision of Polies and Procedures  
and Forms
14. Personnel Policies
15. Probation Period
16. Performance Evaluations
17. HIPPA – Notification of Breach of Protected  
Health Information
18. Signed Job Description (DON / RN / LPN /  
HHA / Driver / Gen Off)
19. Signed Code of Ethics /Signed  
Confidentiality Statement
20. Signed Staff Acknowledgement - HIPAA
21. Signed Conflict of Interest Statement
22. Employee Handbook(Sign Employee  
Handbook Acknowledgement)
23. Influenza Vaccination Acknowledgement of Receipt
24. Influenza Vaccination Statement
25. Corporate Responsibility/Confidentiality Signed  
acknowledgement
26. System Security Signed Acknowledgement
27. Signed Passport Code of Ethics
28. Signed Acknowledgement of receipt of  
Policy/Procedures
29. W4
30. I9
31. Ohio IT4
32. 8850 Work Credit
33. HHA Timesheet
34. Nurses Timesheet
35. DODD Timesheet

# ORIENTATION SIGNATURE PAGE

Employee Name : \_\_\_\_\_ Position: \_\_\_\_\_

My signature below verifies that I have received all the required documents to complete my application, that I have participated in the above Orientation session and received all information required to carry out my duties for the position for which I was hired.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VERIFIER/EMPLOYER NAME  
*THE GENTLE HANDS CARE AGENCY, LLC*

\_\_\_\_\_  
VERIFIER SIGNATURE

\_\_\_\_\_  
DATE