

Once you have read the Orientation packet entirely, please complete the bottom of this form.

As a UPMC Contracted Staff or Job Shadow Candidate, I understand that I must comply with ALL UPMC Hospital Policies.

By signing below, I acknowledge that I have read, reviewed and understand the Orientation packet that was provided to me.

All questions/concerns that I had have been answered clearly and I know that ALL UPMC Policies can be found on the INFONET should I need to reference the information.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_