



HOUSTON HEALTHCARE

**FACULTY & STUDENT
HANDBOOK**

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NOTE: Pages 11-17 contain inprocessing information and paperwork

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1. POLICIES

School faculty and students are accountable to maintain compliance with all Houston Healthcare policies and procedures at all times. Policy information not addressed in this handbook may be obtained from any member of HHC management.

2. NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY

Houston Healthcare is committed to a work environment where all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. Houston Healthcare expects that all relationships among persons in the workplace will be business-like and free of bias, prejudice, and harassment.

Anyone affected by harassing conduct is urged to notify their supervisor who should report the complaint to the Human Resources Employee Relations Manager. Houston Healthcare will investigate any claims of harassment and all claims will be held in confidence.

It is the policy of Houston Healthcare that all personnel shall work in an environment free from harassment of any kind. Houston Healthcare will actively investigate any allegations of harassment. Should harassment be determined to have occurred, appropriate disciplinary action will be taken, up to and including termination of employment of the offending employee.

"Harassment" is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, gender, sex, national origin, age, or disability, or that of his/her relatives, friends, or associates and that:

- Has the purpose or effect of creating an intimidating, hostile, or offensive working environment; or
- Has the purpose or effect of unreasonably interfering with an individual's work performance; or
- Otherwise adversely affects an individual's employment opportunities.

3. BEHAVIORAL STANDARDS

Faculty/students who fail to maintain proper standards of conduct toward their work, their co-workers, supervisors, managers, or the hospital's customers, or who violate any Houston Healthcare policy, are subject to having their privilege to train at HHC revoked. The Houston Healthcare Behavioral Standards must be adhered to at all times.

The Behavioral Standards listed on the following page are the minimum expectations expected to be adhered to...

<u>STANDARD</u>	<u>EXPECTED BEHAVIOR</u>
Positive Attitude	<ul style="list-style-type: none">• Smile• Support new ideas• Willingness to help• Positive comments about the team and organization• Optimistic
Respectful	<ul style="list-style-type: none">• Respect for authority• Respect for peers• Respect for subordinates• Call patients and visitors by name• Introduce self• Give full attention• Respect the privacy of patients and staff
Team Player	<ul style="list-style-type: none">• Lend a helping hand• Encourage others• No score-keeping• Work to improve processes• Avoid blaming others
Hospitable	<ul style="list-style-type: none">• Courteous• Sensitive to cultural differences• Handle concerns in a timely manner• Treat others as you would a guest in your home
Communicative	<ul style="list-style-type: none">• Greet everyone• Be mindful of tone of voice• Be mindful of non-verbal signals• Pass information on in a timely manner• Demonstrate good listening skills
Professionalism	<ul style="list-style-type: none">• Comply with and enforce dress code and ID badge policies• Comply with and enforce all organization and department policies• Demonstrate eagerness to learn and advance• Show pride in the appearance of facilities• Protect the reputation of the organization while on and off duty• Remove roadblocks to excellent service• Practice ethical behavior• Practice proper telephone and electronic communication skills
Trustworthiness	<ul style="list-style-type: none">• Accept responsibility for your behavior• Follow through with commitments• Demonstrate honesty

4. DRUG AND ALCOHOL ABUSE

Violation of Houston Healthcare's Substance Abuse policy can/will result in immediate revocation of training privileges at HHC.

5. VIOLENCE IN THE WORKPLACE

Acts of violence will not be tolerated. Any workplace violence, defined as physical assault, with or without weapons, behavior that a reasonable person would interpret as violent and specific threats to inflict physical harm or damage property must be reported to the employee's supervisor and the Human Resources Department. All complaints will be fully investigated. Houston Healthcare will promptly respond to any incident or suggestion of violence.

6. PERSONAL MEDICAL ADVICE

Faculty and students will not request personal medical advice from their family doctor, or any other doctor, who may be attending to patients in the hospitals. Faculty and students will be expected to make arrangements on off-duty time for personal medical attention, unless an emergency exists. In case of emergency, the proper procedure should be followed to contact the Employee Health Nurse, supervisor, or Emergency Room.

7. GUEST RELATIONS

Houston Healthcare is committed to providing for the health care needs of our community with the best clinical and personal care possible. We adhere to a philosophy that focuses on constant improvement of customer service. We define external customers as patients, family members, physicians, and other guests of our facilities. Internal customers are departments within the hospital that are served by other departments and employees who are served by one another.

8. EMPLOYEE/PATIENT VISITATION

In an effort to provide quality patient care and assure the efficient completion of work assignments, limited visitation shall be made to on-duty employees and patients. Visiting is discouraged unless necessary in the completion of assigned duties. Personal visiting should be confined to break areas or the cafeteria during lunch or rest periods.

9. SAFETY

There may be conditions at Houston Healthcare which could contribute to accidents. A good safety program depends upon everyone developing the habit of being safety-minded.

Report anything that could be considered dangerous to a member of management. Be particularly alert to hazards that could cause fire, falls, scalds, burns, cuts, or electric shock. Explosive materials or mixtures should be used with proper care. Be cautious in areas where warning signs are posted regarding use of oxygen, other explosive gases, or flammable liquids.

The greatest hazard to guard against is contamination by soiled objects. Handwashing immediately after handling anything with the potential of being contaminated, as well as being familiar with other Body Substance Isolation (BSI) procedures is essential.

Emergency Codes

Houston Healthcare has several codes that are used as overhead pages to advise employees that some extraordinary event is occurring. Always follow department and facility-specific policies.

Houston Medical Center – dial extension 2000 for emergencies, provide operator appropriate Code information, and always give location of emergency.

Perry Hospital – dial extension 1800 for emergencies to activate overhead paging system, announce appropriate code 3 times, and always give location of emergency.

Houston Healthcare Overhead Page Emergency Codes

Code Blue	-	Cardio/respiratory arrest
Code Blue PALS	-	Pediatric cardio/respiratory arrest
Code Red	-	Fire at location paged
Code Gray	-	Combative person or any other critical situation requiring security
Code Orange	-	Hazardous material spill in the location paged
Code Triage Standby	-	Disaster Plan Activation for designated personnel
Code Triage	-	Disaster Plan Activation for entire staff
Code Pink	-	Abduction
Code Silver	-	Violent Crime/Hostage Situation
Plan 1	-	Bomb Threat
Plan 2	-	Tornado Warning

10. FIRE PLAN

Houston Healthcare places great emphasis on fire safety. Everyone has a personal responsibility to help prevent fires by following these guidelines:

- Eliminate fire hazards.
- Keep work area free of unnecessary combustible materials.
- Use care in handling flammable material.
- Do not smoke or allow anyone else to smoke where oxygen is being administered.
- Report any fire hazards immediately to the supervisor or department manager.
- Know the location of firefighting equipment in work area and learn how to use it.

11. HOSPITAL SECURITY

For the safety and protection of our patients, employees, and visitors, Houston Healthcare maintains a security force. In addition to making regular inspection tours and patrolling the parking areas, the security guards are available to handle disturbances and investigate minor criminal acts within the organization. If the services of a security guard are needed dial the hospital operator for assistance.

12. THEFT

The cooperation of everyone is essential to reduce the possibility of theft in the workplace. Be alert to the presence of unauthorized persons in any area, especially at inappropriate times. If anything that appears suspicious in nature is observed contact security.

13. RESTRICTED AREAS

Due to the sensitive nature of their operations, certain areas of the hospitals shall be restricted to authorized personnel only. Areas considered sensitive with restrictions on access shall include, but may not be limited to Intensive Care Units, Postpartum, Nursery, Surgical Areas, Pharmacy, all areas of Behavioral Science and Psychiatry, Data Processing, Medical Records and the Morgue.

14. PARKING

Parking for faculty and students at HHC facilities is as follows:

Houston Medical Center: Parking area behind the Emergency Room.
Perry Hospital: Rows farthest from the hospital.
Houston Health Pavilion: South parking area closest to Watson Blvd.

15. DRESS AND APPEARANCE

In accordance with the Personal Appearance and Uniform/Dress Code policy, the following must be adhered to by faculty and students at all times:

What IS permitted:

- Faculty and students must wear appropriate school attire.
- Males not dressed in scrubs must have shirts tucked in.
- Shorts may be worn only by staff required to work outside in the summer months. Hemlines should be no more than 3 inches above or below the knee.
- Pants must be at least ankle length.
- Dresses and skirts must be an appropriate length. Hemlines or top of slit in dress/skirt should be no more than three (3) inches above the knee.
- Shoes must be neat and clean.

- Appropriate headwear will be worn by all food handlers.
- ID badges **must be worn face up and above the waist at all times when on duty.**
- Hair must be neat and clean.
- Beards and/or mustaches must be neatly trimmed **close to the face**. The bulk must be short enough to clearly see the contour of the entire face. Clinical staff should refer to the TB Control Plan.
- Two (2) rings per hand are allowed (wedding set counts as one).
- Employees are expected to maintain good personal hygiene and a well-groomed appearance.
- Fingernails should be clean and conservative length, not extending more than 1/4 inch past the tip of the finger. Nail polish must be a conservative color and unchipped.

What is **NOT** permitted:

- **Low-cut or revealing** shirts and dresses.
- Sleeveless shirts and dresses.
- Revealing or “see through” material.
- Halter tops or tank tops.
- Capri pants.
- Extremely “baggy” or “tight” pants.
- Headwear inside facilities unless required by the job.
- Hooded jackets inside facilities.
- T-shirts, denim, jean shirts, jean jackets, or blue jeans.
- Exceptionally high heels are prohibited for safety purposes for all employees.
- No flip-flops are allowed.
- Hair may **not have any extreme styles or extreme/unnatural colors, including streaks.**
- **No visible body, face, or tongue piercings** with the exception of two (2) earrings per ear.
- **All exposed tattoos must be covered.**
- Ornaments on nails are not permissible. Employees working in clinical areas may not wear artificial nails, extenders, or overlays of any kind; nail polish must be clear and unchipped.
- **No noticeable** perfumes, colognes, or body spray/lotion scents.
- “Blue Tooth” or other cellular earpieces.

16. INFECTION PREVENTION & CONTROL

Hand hygiene must be performed using antimicrobial soap or an alcohol hand rub:

- Before and after patient contacts (including entering and exiting room).
- After touching blood, body fluids, secretions, and excretions.
- After touching contaminated items.
- Immediately after glove removal.
- When moving from dirty to clean areas of the patient before donning clean gloves.

Remember...treat every patient as if they have an infection, wear gloves, and always wash your hands.

17. TOBACCO FREE POLICY

In an effort to create a clean, safe, and healthy environment for employees, patients, and visitors, the use of tobacco products on any Houston Healthcare property is prohibited.

18. TELEPHONE ETIQUETTE AND USE POLICY

Always state your department and name when answering the telephone. Additionally, you should identify yourself when making a call.

19. PERSONAL CELL PHONE, ELECTRONIC COMMUNICATION, COMPUTER, AND MEDIA USAGE

The Houston Healthcare policy on personal cell phone, electronic communication, computer, and media usage establishes guidelines to be followed in regard to the use of personal electronic communication devices for other than Houston Healthcare business purposes. Some of the main points in this policy include:

- Personal cell phones must remain turned off while working unless special permission is granted by management for extenuating circumstances. Granting of this permission must be kept to a minimum, generally for family care issues.
- Cell phones may be used during meal or rest periods, however, not in public areas.
- The use of personal Bluetooth devices is prohibited on Houston Healthcare property while on duty.
- The use of cell phones to take pictures of any kind is strictly prohibited on Houston Healthcare property, whether on or off duty.
- Use of recording features such as the sound recorder is prohibited on personal devices while on Houston Healthcare property.
- The use of either Houston Healthcare or personal property to access any social media services (i.e. Facebook, Twitter, etc.) is strictly prohibited on Houston Healthcare property.

20. PATIENT SATISFACTION & CUSTOMER SERVICE

Houston Healthcare places a strong daily emphasis on ensuring positive patient satisfaction and customer service to both external and internal customers. The “*Hospital Consumer Assessment of Healthcare Providers and Systems*” or HCAHPS, is a national, standardized, and publically reported survey of patients’ perspectives of hospital care. The intent of the HCAHPS survey is to allow consumers to make objective comparisons of hospitals and to ultimately improve the quality of care delivered. HCAHPS results are part of the CMS Value Based Purchasing initiative which now ties reimbursement to quality outcomes. There is a clear connection between a patients’ satisfaction and their quality of care. It is important that we understand what our patients are being asked on the survey.

Many of the questions on the HCAHPS survey provide us with feedback on issues that affect the quality of care we provide. The HCAHPS survey questions measure the frequency of behaviors in eight primary areas:

1. Communication with nurses
2. Communication with doctors
3. Communication about medications
4. Responsiveness of hospital staff
5. Pain management
6. Cleanliness of room
7. Quietness of room at night
8. Discharge Information

Our commitment to continuously improving the patient experience requires that we keep the patient at the center of everything we do at Houston Healthcare.

A.I.D.E.T.

At Houston Healthcare, we recognize that communication is vital to a great experience. We utilize a leading best practice, A.I.D.E.T., as a communication guide to ensure consistent communication throughout our organization. When communicating with patients, families, and fellow team members, everyone should demonstrate A.I.D.E.T.

Acknowledge

Greet everyone you meet with a friendly smile and use their name if you know it.

Introduce

Consistently and politely introduce yourself to others by name and department. Tell them who you are and how you are going to take care of them. Escort people where they need to go rather than pointing or giving directions.

Duration

Always give the customer an estimate of how long he or she may have to wait, and how long it will take you to complete the procedure. Explain to patients how long it will take to get results back. Make it better and apply service recovery methods when necessary.

Explanation

Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Use language that the customer understands. Share the information several times. Ask the customer if they understand.

Thank You

Thank the patient for choosing Houston Healthcare, or for allowing you to serve them. Make time to help. Ask, "Is there anything else I can do for you?"

IMPORTANT!

**ALL INFORMATION ON THE FOLLOWING PAGES AS
INDICATED BELOW MUST BE COMPLETED
AND PROVIDED TO HUMAN RESOURCES
WHEN INPROCESSING**

<u>Page</u>	<u>Item</u>
12-13	Confidentiality Agreement
14	Faculty Agreement (Faculty only)
15-16	Student Agreement (Students only)
17	Faculty & Student Badge Agreement

HOUSTON HEALTHCARE I.T. SYSTEMS ACCESS AND CONFIDENTIALITY AGREEMENT

1. **Access to Protected Health Information through HHC Information Systems.** HHC agrees to provide you with access to HHC information systems, subject to the conditions outlined in this Agreement. This access is provided to allow you to obtain information to the extent necessary to provide services related to HHC's organizational goals.
2. **Scope of Use.** You agree not to gain access to, use, copy, make notes of, remove, divulge or disclose PHI, except as necessary to provide services related to HHC's organizational goals. You agree to control the access and use of HHC PHI or HHC Information Systems by your staff in a manner to comply with this Agreement.
3. **Protection of Confidentiality and Security of PHI.** You agree to protect the confidentiality and security of the PHI obtained from HHC. You agree to comply with applicable Federal and State laws and with all existing and future HHC policies and procedures concerning the confidentiality, privacy, security, use and disclosure of PHI, which are available upon request.
4. **Patient Permission Before Access.** Unless necessary for treatment, you agree not to examine patient communicable disease information, genetic testing information, drug and alcohol abuse treatment information, and mental health information without having secured patient permission required by HHC policies or applicable laws or regulations.
5. **Codes and Passwords.** You must complete the HHC New User Set-Up Form in to receive access to HHC Information Systems. You agree not to release any of your personal login credentials to any other person or to allow anyone else to access HHC information systems under your identity. You agree not to use any login credentials other than your own to gain access to these systems. You agree to notify the HHC Information Technology Department immediately if you become aware or suspect that another person has access to your accounts.
6. **Computer Security.** You agree to maintain adequate security procedures for the computers on which you access the HHC information systems. You understand that the obligations of this Agreement apply to access and use of HHC Information Systems from any office, home, or remote location. You will not use or attempt to access HHC Information Systems by any means not specifically authorized by HHC. You will take no action to avoid or disable any protection or security means implemented in the HHC Information Systems or otherwise use any means to access HHC Information Systems without following log-in procedures specified by HHC.
7. **Portable Media Devices.** You agree that if you save PHI to portable media devices (Floppies, ZIP disks, CDs, PDAs, and other devices), you will take reasonable safeguards to protect the devices and PHI from any access or use not authorized by this Agreement. You agree that if any portable media device needs to be reformatted or destroyed, you will follow Houston Healthcare's guidelines for such actions.
8. **Printing PHI.** If you print PHI, you will take reasonable safeguards to protect the printed PHI from any access or use not authorized by this Agreement, and thereafter destroy such copies when they are no longer required for the purposes authorized herein.
9. **Employee Access.** Employees of our associates may also gain access to our data, provided each employee completes and abides by this agreement and obtains their own unique credentials.
10. **Auditing Compliance.** You agree that your compliance with this Agreement may be subject to review and/or audit by HHC.

(CONTINUED ON NEXT PAGE)

HOUSTON HEALTHCARE I.T. SYSTEMS ACCESS AND CONFIDENTIALITY AGREEMENT (CONT.)

- 11. Limitation of Liability of HHC/Exclusions of Warranties.** The parties agree that you are responsible for the ultimate decisions and medical judgment related to the diagnosis and treatment of his/ her patients based on PHI accessed on HHC Information Systems. You understand and agree that remote access to electronic records involves technological risks, including possible introduction of errors, data corruption, and artifacts that may not be present on original versions of radiological results. You understand that images accessed remotely may not have the same degree of clarity as images viewed on-site.
- a. You agree that HHC will not be liable for any direct, indirect, incidental, special or other damages incurred by you arising out of the remote use of or inability to use the HHC Information System. HHC does not guarantee or warrant the availability of remote access of HHC Information System.
 - b. The parties recognize that remote access introduces unique risks associated with unrelated software that may exist on the remote access device that compromises the integrity and security of data and remote access, including but not limited to spyware, hacker access, viruses, worms, and other harmful software (collectively referred to as "Remote Access Risks"). Accordingly, HHC will not be responsible for any losses or damages related to Remote Access Risks.
 - c. You assume all liability and risks associated with Employee access and use of remote access to HHC Information Systems.
- 12. Continuing Obligations.** You agree that the obligations under this Agreement continue in the event his or her medical staff privileges with HHC are terminated or expire, or in the event HHC terminates this Agreement.
- 13. Term and Termination.** This Agreement shall be effective as of the date signed, and shall continue in full force and effect until terminated under Section 12 of this Agreement or with 30 days' written notice by either party.
- 14. Additional Safeguards.** HHC reserves the right to impose additional IT security safeguards, including without limitation software and hardware requirements, to comply with the Security Standards. If you elect to not adhere to these new requirements, you and/or HHC may terminate this agreement pursuant to Section 13 above.

ACKNOWLEDGEMENT

I agree to comply with the requirements stipulated in this agreement.

PRINTED NAME:	
LAST 4 of SSN:	
SIGNATURE:	
DATE:	
WITNESS PRINTED NAME:	
WITNESS SIGNATURE:	
DATE:	

Faculty Orientation Checklist

SCHOOL:	
INSTRUCTOR PRINTED NAME:	
STUDENT PRINTED NAME:	
HHC DEPARTMENT:	
PROGRAM OF STUDY:	
DATE BEGINNING TRAINING:	
DATE ENDING TRAINING:	

EMPLOYEE RELATIONS & TRAINING VERIFICATION OF RECEIPT

REQUIRED ITEM	ER&T INITIALS
Confidentiality Agreement (one per instructor and one per student)	
Student Educational Training Program Agreement	
Background Pre-Check List	
10 Panel Drug Screen (submitted directly from provider/lab)	
Copy of PPD or chest x-ray results	
Copy of current CPR card if applicable	
Documentation of Flu vaccine	
Copy of malpractice insurance if applicable	

If copies of the above items are kept on file at the school, provide the following contact information:

NAME:	
PHONE:	
FAX:	
EMAIL:	

INSTRUCTOR VERIFICATION OF COMPLETE & ACCURATE INFORMATION PROVIDED

INSTRUCTOR SIGNATURE

DATE

Student Educational Training Program Agreement

In consideration for participating in an educational training program at any Georgia Hospital Association member facility or any other facility where I may participate in such a program (hereinafter referred to as the "Facility"), I hereby agree to the following:

1. To follow the administrative policies, standards and practices of the Facility.
2. To report to the Facility on time and to follow all established regulations of the Facility.
3. To keep in confidence all medical, health, financial, and social information (including mental health) pertaining to particular clients or patients.
4. To not publish any material related to my educational training program that identifies or uses the name of the Institution, the Board of Regents of the University System of Georgia, the Georgia Hospital Association, the Facility or its members, clients, students, faculty or staff, directly or indirectly, unless I have received written permission from the institution, the Board of Regents of the University System of Georgia, the Georgia Hospital Association and the Facility.
5. To comply with all federal, state, and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
6. To follow Center for Disease Control and Prevention (CDC) Universal Precautions for Bloodborne Pathogens, CDC Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard.
7. To arrange for and be solely responsible for my living accommodations while at the Facility.
8. To provide the necessary and appropriate uniforms and supplies required where not provided by the Facility.
9. To wear a Facility issued identification badge that clearly identifies me as a student or faculty member.

Further, I understand and agree that I will not receive any monetary compensation from the Board of Regents of the University System of Georgia, the Institution or the Facility for any services I provide to the Facility or its clients, students, faculty or staff as a part of my educational training program.

I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the Institution, the Regents or the Facility; that the Institution, Regents and Facility assumes no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; and that I am not entitled to any benefits available to employees. Therefore, I agree not to in any way to hold myself out as an employee of the Institution, the Regents or the Facility.

I understand and agree that I may be immediately withdrawn from the Facility's educational training program based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of the Institution or Facility, if I pose a direct threat to the health or safety of others or, for any other reason the Institution or the Facility reasonably believes that it is not in the best interest of the Institution, the Facility or the Facility's patients or clients for me to continue.

I understand and agree to show proof of liability insurance in amounts satisfactory to the Facility, and covering my activities at the Facility, and to provide evidence of such insurance upon request of the Facility.

I further understand that all medical or health care (emergency or otherwise) that I receive at the Facility will be my sole responsibility and expense.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, suffer under no legal disabilities, and that I have freely and voluntarily signed this "Educational Training Program Agreement".

(CONTINUED ON NEXT PAGE)

Student Educational Training Program Agreement (cont.)

STUDENT PRINTED NAME:	
SCHOOL:	
HHC DEPARTMENT:	
DATE BEGINNING TRAINING:	
DATE ENDING TRAINING:	

STUDENT ACKNOWLEDGEMENT

I agree to comply with the requirements stipulated in this agreement.

STUDENT SIGNATURE

DATE

EMPLOYEE RELATIONS & TRAINING WITNESS

EMPLOYEE RELATIONS & TRAINING

DATE



HOUSTON HEALTHCARE

FACULTY & STUDENT BADGE AGREEMENT

PRINTED NAME:	
SCHOOL:	
HHC DEPARTMENT:	
DATE BEGINNING TRAINING:	
DATE ENDING TRAINING:	

ACKNOWLEDGEMENT

I verify the need for an identification badge in relationship to my instruction/training at Houston Healthcare. I also agree to **return the badge** upon completion of the training to Employee Health.

SIGNATURE

DATE

EMPLOYEE RELATIONS & TRAINING VERIFICATION

All required prescreening requirements for the individual listed above have been accomplished.

EMPLOYEE RELATIONS & TRAINING

DATE

A copy of this form must be presented to Employee Health to be issued a badge.