



## Self Learning Orientation Acknowledgement

The UConn Health Self Learning Orientation is designed to introduce you to the UConn Health community and to provide you with valuable information to ensure a smooth transition into your role.

Please read and review the Self Learning Orientation document, and it's links, in its entirety. Upon completion, please sign the acknowledgement below.

**Unpaid Educational School Sponsored Student Experience and Non-School Sponsored Experience:** please return your signed self learning orientation acknowledgement to your host/preceptor.

**Contracted Vendors/non-employees:** please return your signed self learning orientation acknowledgement to your UConn Health contract/point person.

Please Note that for compliance purposes, you must sign the acknowledgement and submit it to the appropriate UConn Health contact before starting your assignment.

I have received, read and understand and will comply with all the information given in the UConn Health Self Learning Orientation document. The self-guided orientation includes an overview of the UConn Health, Compliance, Police, OSHA Bloodborne Pathogens/Personal Protective Equipment & Environmental Safety, and UConn Health policies and procedures including the UConn Health policy on Confidentiality. I understand that the performance of my duties I must hold patient, personnel and organization information in confidence. I recognize that I have a duty to report violations of this policy. I further understand that violations of any UConn or UConn Health policies are cause for disciplinary action up to and including termination. Further, I understand that I must complete any additional training as required by UConn Health.

Your signature on this document indicates that you have received, read, understood and will abide by all of the above information concerning UConn Health.

\_\_\_\_\_  
Signed Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Authorized UConn Health Representative Signed Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department