

## Acknowledgement Statement of Hospital Orientation

I have received a copy of the MemorialCare Saddleback Medical Center Contract Staff/Student Hospital Orientation Booklet.

My signature indicates that I have familiarized myself with the material in this manual. I know that if I have questions or need clarification that I may ask my Preceptor or assigned Resource.

My typed name below shall have the same force and effect as my written signature.

Signature: \_\_\_\_\_

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

EEID# or N#: \_\_\_\_\_