



Clinical Handbook Acknowledgement Form

I have read and understand the information contained in the Clinical Handbook. I further acknowledge and agree to abide by all terms and conditions included in the handbook, which covers the following topics:

- Terms and Conditions for Employment**
- Drug Abuse Policy**
- Confidentiality Statement**
- Sentinel Event Policy & Procedure**
- Report a Complaint about a Healthcare Organization**
- Standardization List of Abbreviations**
- Hand Washing Indications**
- Annual Competencies and Qualifications**
- Medication Variation**

Employee Signature

Date

Print Name

Agency Representative

Date

Policy and Procedure Manual Acknowledgement Form

I understand and agree that it is my responsibility to read and comply with all of the policies and procedures contained in Advantage Nursing Services, LLC Policy and Procedure Manual and any revisions, I am bound by the provisions contained therein, and that my continued employment is contingent on my adherence to those policies and procedures. I have been made aware that the Policy and Procedure Manual is available for me to review online at www.advantagenursing.com/pandp or at the office. I further acknowledge that if at any time I have questions concerning anything included in the Policy and Procedure Manual I will consult the Chief Nursing Officer of Advantage Nursing Services, LLC.

Employee Signature

Date

Print Name

Agency Representative

Date