

# NMH OneSource Orientation Attestation Form

**Print Name:**

**ID number (if any):**

This form attests that I have reviewed the CD Rom required before starting work at Northwestern Memorial Hospital and confirm the following:

- I understand Northwestern Memorial Hospital's values, mission, and strategic goals.
- I understand Northwestern Memorial Hospital's Code of Ethics, and have reviewed the Rules for Personal Conduct policy within the CD Rom.
- I reviewed and understand Northwestern Memorial Hospital's Use of Restraints policy.
- I have reviewed the Safety and Infection Control materials and procedures in this CD Rom that are utilized at the hospital and understand that further training will be received in the department.
- I have taken the tests regarding Safety and Infection Control located in this CD Rom or other applicable quizzes.
- I have completed the PowerChart CD Rom, if applicable, and passed with a score of 85% or higher and have turned in the test score to my Agency.

I have taken the necessary tests myself and no other person has assisted me with the completion of the materials and forms required before starting at Northwestern Memorial Hospital.

**Signature:**

**Date:**

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Please fill out and sign this form and return with the  
completed test to your Agency.