



NORTHWESTERN MEMORIAL HOSPITAL
CORPORATE INTEGRITY and SAFETY & INFECTION CONTROL – ACKNOWLEDGEMENT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

SECTION 1

I acknowledge that I have read and will adhere to the Policies and Procedures provided within the Northwestern Memorial Hospital - Corporate Integrity and Safety & Infection Control.

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

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SECTION 2

I acknowledge that it is my responsibility, in conjunction with the hospital, to have performance evaluations completed per Northwestern Memorial Hospital's policy.

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

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SECTION 3

Please check one of the following:

\_\_\_\_\_ I am not currently, nor have I ever been, an employee of Northwestern Memorial Hospital or a Northwestern Memorial Hospital affiliate.

\_\_\_\_\_ I was employed by Northwestern Memorial Hospital from \_\_\_\_\_ to \_\_\_\_\_.

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

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SECTION 4

I understand that I may only work at Northwestern Memorial Hospital through one healthcare staffing agency.

I declare that \_\_\_\_\_ is my preferred agency.

I am aware that I must Northwestern Memorial Hospital OneSource Program in writing, if I choose to change my preferred agency selection.

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