



## Staff Affidavit of Participation

I certify that I have participated in New Employee Orientation of Annual Employee Training and have reviewed and understand the enclosed training materials for the following (Please check either New Employee Orientation of Annual box below, whichever applies):

**NEO    Annual**

- Health & Safety: Including Employee Right to Know (ERTK), Emergency Procedures, Infection Control & Environment of Care
- Fraud, Waste & Abuse (Medicare Advantage & Part D)
- C-Star/AIDET Customer Service
- Recognizing and Responding to Abuse & Neglect
- \_\_\_\_\_ Fire or \_\_\_\_\_ Severe Weather Drill
- Completed New Employee Orientation (HR, department, other)
- Diversity, Non-Discrimination and a Respectful Workplace
- HIPAA Privacy & Self Learning Assessment

Other: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor or Clinic Manager

\_\_\_\_\_  
Date