



**Attestation Statement
Resident Orientation Presentations**

I have reviewed the online presentations for St. John Hospital and Medical Center. I understand that my institution and programs are committed to following the ACGME institutional and program requirements and agree to adhere to the policies of all three entities. Attached is a sheet denoting all presentations and a checkmark by all those I have reviewed.

Please print the following:

Name: _____

Residency Program: _____

Date Reviewed: _____

Signature: _____

TOPIC	Check Here When Completed
Resident Orientation Agenda	
Duty Hours Policy	
Dangerous Abbreviations	
Emergency Preparedness <ul style="list-style-type: none"> • HEICS • Emergency Management Plan • Institutional Disaster Plan & Binder Contents 	
HIPAA Information	
Medical Library Information and Overview	
Resident Disaster Plan and Assignments	
Medical Records Summary	
Research – Institutional Review Board Overview	
JCAHO <ul style="list-style-type: none"> • Staff Knowledge Grid 	
Patient Safety	
Legal Services	
ACGME General Competencies	
Corporate Compliance - Responsibility	