David Memmoli, P.C.

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ORIENTATION ACKNOWLEDGEMENT FORM

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

My signature below is an acknowledgement that I have received an orientation regarding David Memmoli, P.C. company policies, procedures, rules, regulations, and benefits. I have been shown where material for each of the following areas listed below is located for my reference and review. Any questions and concerns I have had during orientation have been answered to my satisfaction. I have been provided the resources and/or contact person to refer any future questions or concerns.

* OSHA Workplace Safety and Ergonomics
* OSHA Fire and Electric Safety
* Benefits
* Payroll
* Reporting Abuse
* Job roles in team dynamic
* Infection Control
* Bioterrorism
* HIPAA
* Patient’s Rights
* Patient Safety
* Quality Improvement
* Workplace Harassment
* Emergency Response
* General Policies
* Position Specific Subjects
* MA Training (as applicable)
* Weight Loss Training (as applicable)
* Practice Documentation

I agree to comply with all policies and procedures stated in this orientation and in company manuals. I agree to seek clarification from my supervisor for any aspects I find unclear or for any unique situations encountered. I recognize that the company may change, add, modify, or discontinue any policy or procedure at any time, and it is part of my responsibility as an employee to maintain awareness of these changes upon notification by my supervisor.

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

Updated January 2016