

**OFF SITE EVS Services Orientation Acknowledgement  
FOR OFFICE USE ONLY**

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

**TOPICS**

**Broward Health Orientation**

- **Off-site EVS Orientation**
- **EVS Risk Management**
- **Data Security Form**
- **Broward Health Compliance Module**
- **Broward Health Code of Conduct**

New hires must have their initial orientation to their job duties and essential competencies completed by their EVS supervisor.

Please list EVS Competencies that have been completed:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_ By initialing and signing this form, I understand and acknowledge that the topics listed below were covered in the Broward Health Orientation Program and/or materials. I also understand that it is my responsibility to comply with the policies and guidelines that have been covered in the Broward Health Orientation

Print

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

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

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