

## Student Validation of Orientation

***Students***, prior to starting your clinical experience, please complete this form and submit to your faculty. If you will be performing clinicals at both Via Christi and Wesley, sign 2 forms (one for each agency) to submit.

I have read the Standardized Orientation for nursing students and the Agency specific information for:

\_\_\_\_ Via Christi

\_\_\_\_ Wesley Medical Center

I am aware of the resources available to me should I have additional questions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Graduation Date

\_\_\_\_\_  
Faculty member