

Medical Staffing Partners, Inc.

Partnership Equals Solutions

Employee Training and Education Policies

Name (please print) _____

The documentation in this Employee Training Guide provides required educational and job-specific information for your temporary assignment with Medical Staffing Partners, Inc.

Prior to your first day of employment:

1. Review all enclosed information.
2. If you have questions regarding any information in this packet, please contact us.
3. When you have finished reviewing this information, sign and date below.
4. Forward this signed cover page to Medical Staffing Partners, Inc.

OSHA/HIPAA	<input type="checkbox"/>
Blood Borne Pathogen	<input type="checkbox"/>
Drug and Alcohol Policy	<input type="checkbox"/>
Safety on the Job	<input type="checkbox"/>
Vulnerable Adult/Alzheimer's Training	<input type="checkbox"/>
T B Health Screening Tool	<input type="checkbox"/>
T B Information -I understand I will receive proper TB Training at the facility where I will be working.	<input type="checkbox"/>
Patient Safety Information	<input type="checkbox"/>
Infection Prevention	<input type="checkbox"/>
COVID Information	<input type="checkbox"/>
Patient Bill of Rights	<input type="checkbox"/>

- I have read the information provided and have had an opportunity to have my questions answered.
- I understand the information and agree to follow the outlined responsibilities.
- I know who to contact if I have questions/concerns about any of these topics.

Employee Signature _____ Date _____

Agency Signature _____ Date _____