



## Education Acknowledgment Form

This is to acknowledge that I have received training on and a copy of Capability Healthcare's Annual Education Booklet which contains information and verification of procedures related to the following:

Blood borne Pathogens and Universal Precautions  
Infection Control  
Latex Allergies  
Hospital and Fire Safety  
Emergency Preparedness  
Security and Workplace Violence  
Tuberculosis Education  
HIPAA Education  
Patient Rights  
Ethics  
Risk Management  
Age Specific Competency  
Use of Restraints  
Abuse Reporting  
Cultural Diversity  
Sexual Harassment  
Conscious Sedation  
Advance Directives  
Organ Donation  
Medication Errors  
Preventing Workplace Injuries  
National Patient Safety Goals

In addition to our annual Education Booklet, Capability Healthcare will provide ongoing education curriculum via nurse.com for any employee (6 months+ tenure) of our organization. Please contact your recruitment manager with any further questions.

I understand that the above mentioned materials provide guidelines and summary information about the company's policies and procedures. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established.

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

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

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