

## **Orientation Confirmation**

Providers/Independent LOCUM's, PA's, CNP's

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Provider Name PRINT:		Date of Birth:	Date of Birth:	
	me to Monument Health. We look forward to having you that needs to be completed before performing work		cklist of required online	
Instruc	ctions:			
1.	Please go to monument.health/careers/orientation click on the presentations. The required courses are listed below.			
2.	You will need a computer with sound. If you don't have access to a computer with sound, please contact your Monument Health representative. We request that you complete the presentations prior to your appointment with your Monument Health Representative.			
3.	At the end of each presentation you will see a confirmation number. Please print the confirmation number below next to the course title.			
4.	After you have completed the required courses and the necessary paperwork, please sign the form at the bottom of the page. Please bring this printed document with you to your scheduled orientation with Medical Staff Services to verify that you completed the training presentations.			
5.	If you have any problems completing the video(s) or have any questions, please contact your Monument Health Representative.			
Provi	der Orientation Videos			
Title		Confirmation Number		
	h Information Management/Coding			
Transfer Center				
Clinical Effectiveness				
Trauma				
Care Management				
Dictation		No Code Required		
Pharmacy				
Clinical Documentation (CDI)				
Antimicrobial Stewardship Program				
Corporate Compliance, Ethics and Security 2024		Use form at end of course		
Safety in the Workplace 2024		Use form at end of course		
Providing a Caring Experience		Use form at end of course		
Safety and Quality Topics 2024		Use form at end of course		
	ill need to bring the following completed docume ntation Confirmation Form	nts to your next scheduled appointm	ent.	
By signing this document, I certify that I have completed all training requirements.				
Provide	er Signature:	Date:	Time:	
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