



Orientation Confirmation Contractors (non-patient care)

Workforce Member Name PRINT: _____ Date of Birth: _____

Welcome to Monument Health. We look forward to having you as part of our team. Below is a checklist of required online training that needs to be completed before performing work at any Monument Health Facility.

Instructions:

1. Please go to monument.health search orientation (please see the Contractors/Vendors Section) to view the presentations and to review the Code of Conduct Book for your role at Monument Health. 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.
3. At the end of each video you will see a confirmation number. Please print the confirmation number below next to the course title.
4. After you completed the required course and the necessary paperwork, please sign the form at the bottom of the page. Gather all other documentation (Confidentiality Agreement, Identification Badge Request, Code of Conduct). If you have not had a badge from Monument Health you will need to provide us with a photo. Photo must have a solid non-white background, no selfies and filters are not allowed. Face and head must be clearly visible (no head or face coverings). Photos must be less than 5 years old and provided in a .jpg file. Scan and send all completed materials to your Monument Health contact that is requesting this paperwork. Please allow 2 – 3 weeks for processing. Please come to Security Badging at Rapid City Hospital located on the 1st floor for pickup.

Monument Health Representative: _____ Contact Number: _____

5. If you have any problems completing the video(s) or have any questions, please contact your Monument Health Representative.

Orientation Videos Contractors/Vendors

| Title | Confirmation Number |
|--|--|
| Corporate Compliance, Ethics and Security 2024 | |
| Safety in the Workplace 2024 | |
| Construction and Facility Management | |
| Review of Code of Conduct Book | <i>Sign attached Code of Conduct Attestation</i> |

By initialing this document, I certify that I am in compliance with Monument Health's annual influenza vaccination policy.

Name PRINT: _____ Initial: _____

Supply Chain Vendors Only: Intellicentrics/Reptrax Registration Required.

By signing this document, I certify that I have completed all training requirements, have read and agree to Monument Health's Confidentiality Agreement, and Code of Conduct.

Workforce Member Name PRINT: _____

Workforce Member Signature: _____ Date: _____ Time: _____

Facility / Business Name: _____