

Appendix C - Attestation Form

ATTESTATION FORM MONTEFIORE NYACK HOSPITAL

I attest that I have been given a copy of the MNH Orientation Booklet intended for Medical Staff, Students, Agency RN's, Forensic Staff, Temps, Volunteers, Vendors, and/or Contractors to support my onboarding at Montefiore Nyack Hospital.

I attest that after reading this booklet and reviewing the designated policies, I feel confident in my roles and responsibilities as a Medical Staff, Allied Health Student, Agency RN, Forensic Staff, Temp, Volunteer, Vendor, and/or Contractor.

The contractor (named here) _____ shall also ensure that all personnel files, including documentation of health screening and required trainings, are complete and are available to Client upon request to respond to inquiries during a Joint Commission or state or federal survey or as needed to respond to a patient compliant survey.

Furthermore, by signing below, I attest that I have provided the organization with required onboarding documentation including but not limited to: license, CPR, certifications, and/or immunization records as required for my position.

Your Name (Print)

Your Signature

Department or School

Date

**Title (Med Staff / Student / Temp / Volunteer /
Vendor / Contractor / Agency, etc.)**