By signing below, I verify I have read the Methodist Healthcare System’s Hospital Orientation Core Materials for Students and the MHS Supplement to the Hospital Orientation Core Materials. Also by signing, I agree to comply with MHS’s guidelines and standards.

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Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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Date