

# *Self - Certification of Completion*

## **ORIENTATION HANDBOOK for VA Affiliated Personnel**

**"Providing a Safe and Secure Environment for Health Care"**

Required for:

FEE BASIS APPOINTEES, CONSULTANTS / ATTENDINGS,  
RESIDENTS, INTERNS, WITHOUT COMPENSATION (WOC), and  
CONTRACT PERSONNEL WHO PROVIDE DIRECT OR INDIRECT  
ANCILLARY HEALTH CARE SERVICES

**Sign, date and return this certification page to HUMAN RESOURCES (05)  
Attn: Daphne Cuyler, HR Specialist  
within 30 days of receipt of handbook.**

I, \_\_\_\_\_, hereby certify that I have reviewed  
Print/Type Name  
all content in the ORIENTATION HANDBOOK: **"Providing a Safe and  
Secure Environment for Health Care" for VA Affiliated Personnel**, and  
am knowledgeable as to who to contact for questions (see handbook for  
reference).

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

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

**\*\* For HUMAN RESOURCES MANAGEMENT ONLY \*\***

Date Certification Received: \_\_\_\_\_

Date Recorded in TMS: \_\_\_\_\_