

MetroHealth Simulation Center ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I, _____, acknowledge that I have received a copy of the MetroHealth Simulation Center Policies and Procedures manual. I have read and understand the content of the manual. I am aware that there may be changes made to this manual from time to time, and that I will be responsible for reading and abiding by any such changes. I am further aware that I may contact the MetroHealth Simulation Center Administration in regards to any questions or concerns. I understand that failure to abide by the terms of this manual may lead to a suspension (temporary or permanent) of MetroHealth Simulation Center privileges.

Signature

Date

Print Name

Employee #

Please sign and date this form, and return to the MHSC administration prior to use of MHSC facilities and equipment, Participants will not be permitted to use MHSC facilities without a signed Acknowledgement of Policies and Procedures form. Thank you for your cooperation.

- MHSC Faculty & Staff

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MetroHealth
Simulation Center