

Volunteer Hospital Orientation Training Modules Answer Sheet

Name: _____

Date: _____

1 Volunteer Handbook

1 _____

2 HIPAA

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

3 Hospital Safety

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Hospital Safety (cont.)

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

4 Patient Safety

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

Patient Safety (cont.)

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

5 Infection Control

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

Office Use Only	
<input type="checkbox"/>	Mark History
<input type="checkbox"/>	Add Hours
<input type="checkbox"/>	Scanned

**Volunteer Hospital Orientation
2017 Training Modules Answer Sheet**

Name: _____

6 Safe Environment

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____
- 16 _____

7 Healthcare Security

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

8 Corporate Compliance

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____

9 Ethics

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

10 Diversity

- 1 _____

11 Wheelchair

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____