



Clinical Orientation Manual FY07 for Physician/Dentist/LIP/Podiatrist

and/or individuals functioning in **clinical roles** belonging to the following groups: Contract employees, students, temporary employees, term employees, or Compensated Work Therapy (Incentive Therapy only).
After reading the contents of this packet; **complete this form** and **return** to your supervisor or Education Liaison.
EL/supervisor please retain original for employee records and forward a copy to Virginia Boomhower 14BR. Thank you.

have received written information on the following topic areas:

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I have reviewed the information contained in the packet, or on the VABHS webpage. I have also reviewed the memoranda listed in Appendix C.
I have no questions at this time.

Signature: _____ Date: _____ Service: _____