

Division of Health and Human Services  
Orientation Verification Form

# COLUMBUS STATE

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## NURSING

# ORIENTATION VERIFICATION FORM

I, \_\_\_\_\_, have viewed the mandatory online Nursing Program Orientation. I hereby agree that, as a student of the Nursing Program at Columbus State Community College, I am responsible for understanding and abiding by the policies and procedures set forth in the orientation.

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Name (printed) \_\_\_\_\_