

OR Positioning 2019 Attestation

I have reviewed the information provided online for positioning in the OR. I agree to abide by all hospital policies, and understand that I can access these online, or request them from Medical Staff Services. By submitting this form, I attest to reviewing all of the included policies and educational requirements. I understand that this attestation will be kept in my credentialing file for future reference.

Signature

Badge #

Date

RETURN TO (FAX) 315-464-8524 ATTN: Sarah OR (E-MAIL) YURKAS@UPSTATE.EDU

DEADLINE 11/30/2019