

ACKNOWLEDGMENT OF REVIEW & UNDERSTANDING
OF THE NURSING FACULTY ORIENTATION HANDBOOK CONTENTS

By signing below, I acknowledge and verify receipt of the Donnelly College Nursing Faculty Handbook. By signing below, I acknowledge that I have reviewed the College's Faculty procedures.

I have read these Policies and Procedures and understand that these Policies and Procedures apply to my employment at Donnelly College. I also understand my responsibilities and Donnelly's expectations of me as they pertain to my employment and my role as a nursing instructor. I understand that I am responsible for complying with these Policies and Procedures and failure to comply may result in disciplinary action up to and including termination of employment.

I understand that Donnelly College, the Nursing Department and the Academic Affairs Office reserve the right to change, interpret, withdraw, or add to any of its policies, procedures, benefits, or terms of employment at its discretion and without prior notice or consideration to any employee. None of the policies, procedures, benefits, or terms and conditions of employment have been or are required to be approved by any employee or employee group.

_____ date _____

Nursing Faculty Signature

Orientation of the above nursing faculty member has been completed:

_____ date _____

Nursing Supervisor signature