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## ORIENTATION COMPLETION & ACKNOWLEDGEMENT

I have participated in the new hire orientation and training program

I have not made any material false statement concerning qualification requirements either to the department or to the provider.

I have acknowledged and understood the following areas as explained by Omega Home Care Services.

## ORIENTATION CHECKLIST

INITIAL	TRAINING PROGRAM
	Complete policies, procedures and expectations regarding scope of services & types of clients
	PCA and/or Companion Sitter assigned duties and responsibilities
	Documentation of services provided to client and service plan
	Reporting of TB exposure and hepatitis to Omega Home Care Services personnel
	Reporting client's problems and progress to Omega Home Care Services personnel
	Appropriate dress code and appearance
	Safety regulations
	Retention and confidentiality of client records
	Handling and resolution of complaints
	Procedures for handling medical emergencies
	Knowledge of client's right and responsibilities
	Annual training consisting of 8 hours
	Payroll and timesheets/progress note
	Service Plan

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_