

GEORGIA DEPARTMENT OF CORRECTIONS

Orientation for Psychologist, Psychiatrist/APRN and other Upper-Level Providers

Employee Name: _____ Position: _____

Employment Date: _____ Date: _____

The following orientation was completed per SOP 508.08:

Action	Employee Initial
Organizational Structure	
Role and Responsibilities of Facility Administrator	
Chain of Command	
Security Issues	
Emergency Policies and Procedures	
Institutional Orientation	
Copy of Standard Operating Procedures	
Copy of Applicable Audit Tools	
Copy of Staff Phone Numbers	
Copy of Institutional Phone Numbers	
Other:	

Employee Signature

Date

Mental Health Unit Manager/Designee Signature

Date