GDAHA
GREATER DAYTON AREA HOSPITAL ASSOCIATION
The Link to Quality Care

GREATER DAYTON AREA HOSPITAL ASSOCIATION (GDAHA)
STUDENT AND FACULTY
CLINICAL PASSPORT
STATEMENT OF UNDERSTANDING

DIRECTIONS: *After reading the Clinical Passport document, please sign and date below, indicating your status as a student or faculty.*

I have read, and will adhere to, the guidelines provided in the current GDAHA Clinical Passport document.

_____ **STATUS:** ____ **STUDENT** ____ **FACULTY**
PRINTED NAME

_____ _____
SIGNATURE **DATE**

Note: This is an annual requirement.