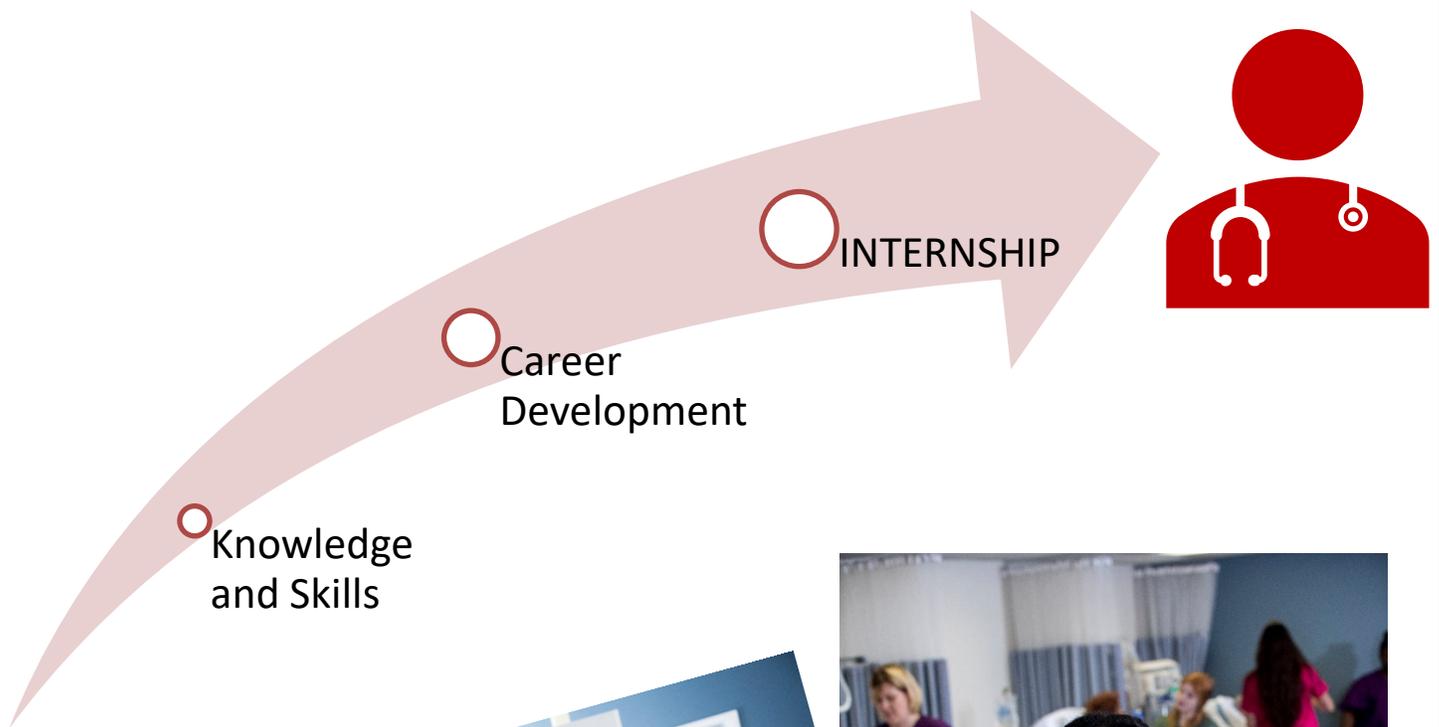


HEALTH SCIENCE CLINICAL INTERNSHIP MANUAL

(Updated 4-23-2020)



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HEALTH SCIENCE CLINICAL INTERNSHIP

This manual serves as a guide to developing a successful, safe, and educational Internship program. Program requirements are outlined in this manual. Flexibility for additional items is provided to allow for the best learning experience using the resources available through your LEA and local workforce.

The appendices are samples only and are designed to be edited to meet the unique needs of your LEA and workforce partners.

Pre-Requisite

At a minimum, successful completion of the Health Science Foundations course is required prior to the placement of a student in Health Science Clinical Internship.

If Health Science Foundations has been waived, the student **MUST** complete a minimum of one credit in Health Science coursework which includes basic cognitive and hands-on skills related to a health science work setting.

Credits Earned

Health Science Internship may be offered as a one credit or a two-credit course depending on the time available and the content standards taught. See the Health Science Internship course of study for specified standards for each option.

Students may only take the course once regardless of the above option chosen. Credit may not be given twice for mastery of the same content standards.

Definition

Clinical Internship is a structured component of the Career and Technical Education Health Science curriculum that provides an unpaid supervised experience in an approved setting. Health Science Clinical Internship is designed to be completed in a hospital, extended care facility, rehabilitation center, medical office, imaging laboratory, or other approved setting(s). Health Science Internship standards are identified in the Alabama Course of Study: Career and Technical Education.

Purpose

The major purpose of an internship is to provide students with professional experience outside of the classroom that is consistent with their career goals. It provides the unique opportunity to integrate and apply learned coursework content/theory in a supervised experience. It should also enhance their academic and professional development through additional training opportunities.

The goals of this experience are to:

- provide relevant and practical professional experience
- enhance understanding and application of health education principles, concepts, and procedures
- establish professional contacts within the healthcare community
- strengthen clinical skills and the understanding of the theory behind the skills
- strengthen oral and written communication skills
- strengthen presentation ability
- strengthen interpersonal skills
- strengthen critical thinking and problem-solving skills

Internships are conducted in a professional work environment and **MUST** be approached as professional employment although it is an unpaid experience.

Supervision Requirements

The Health Science teacher is responsible for monitoring student progress through direct supervision or frequent visits to the clinical sites, and communication with preceptors and/or other clinical site staff with direct student contact.

Whether the teacher is onsite, or the student is assigned a preceptor, the student is expected to have constant and appropriate onsite support and supervision.

Appropriate supervision is determined by the student's placement. For example, if the student is assigned patient care tech duties in a hospital setting, it would be appropriate for a nurse to be the preceptor and another PCT be assigned as support to the student. It would not be appropriate for the unit secretary to be the preceptor. The secretary would not have knowledge of the expected student duties. If the student were interning as a unit secretary, it would be appropriate for the preceptor to be the unit secretary.

Roles, Responsibilities, and Definitions

Health Science Clinical Internship requires time, commitment, collaboration of the following partners:

- **Students** must arrive at the clinical site at the appropriate time and in appropriate dress. Students must comply with the rules/regulations of the school district, school, and clinical site.
- **Parents/guardians** should provide ongoing support to the student and assume the responsibility for the conduct of the student. If transportation is not provided by the school, the parent/guardian is responsible for transportation arrangements for the student to and from the clinical site and will be responsible for any liability involved.
- **Health Science Teachers** shall secure appropriate clinical site(s) based on the student's career objective and/or credential offered. The teacher shall work with the clinical site(s) to develop a training plan for the student. The teacher will monitor student progress through visits and/or communication with clinical site preceptor(s) or their designee. The teacher shall meet with the student regarding his/her progress, behavior, attitude, academics, etc. and is responsible for the student's final grade for the clinical experience. The teacher is also responsible for reinforcing clinical site experiences with related classroom instruction.
- **Healthcare Clinical Preceptor(s)** shall provide opportunities and placements for students to apply previously learned theory and skills in healthcare settings, as well as a safe learning environment. Clinical Preceptor(s) will evaluate student performance and report to the Health Science teacher. *Preceptor: a practicing healthcare professional employed by the clinical site who gives personal instruction, training, and supervision to your Internship student in the absence of the instructor.*
- **School Administrator** shall assist the HSc teacher in determining the logistics of the program and will assure these offer a safe and effective learning environment. The administrator shall advise and support the teacher in all matters that could alter the safe and effective learning environment, to include discipline and student removal. With the understanding that the safety of the students and the patients at each site is our paramount responsibility.

Requirements for admission into Health Science Internship course

Your school system has the flexibility to require additional items to the list below. Your system's policies and the requirements of your clinical sites will dictate these additional items.

You also have the flexibility to enforce the requirements below at a stricter level. For example: You could increase the age limit to 17 and require them to be seniors.

- Be at least 16 years old
- Be classified as a junior or senior at the secondary (high school) level
- Meet the prerequisites for enrollment

- Have a declared Health Science career objective
- Meet the requirements of the assigned clinical site
- Be capable of performing the tasks of the clinical site
- *Other requirements as determined by the instructor and school system*
 - a. *You are encouraged to create an application and interview process for admission into the internship program. The application and interview are not intended to keep a student out of the Internship program. The intent is to continue to prepare students for their chosen career and teach employability skills while ensuring appropriate student placement.*

Requirements for clinical placement as part of the Health Science Internship course

These standards may be attained prior to admission into the course or may be gained after admission into the course. Regardless, each of these must be met prior to placement in a clinical internship site.

- BLS CPR certification for Health Care Providers (unless the clinical site requires another type)
- Liability insurance coverage
- Medical insurance coverage
- Proof each student is TB negative
- Confidentiality training and a signed confidentiality agreement
- *Other requirements as determined by the instructor and school system*

The following may be required by your clinical placement site and should be considered when preparing to begin a Health Science Internship course. This list is not all inclusive:

- Background check
- Negative drug screen (used to ensure the safety of students and patients)
- Hepatitis B Vaccination
- Automobile liability insurance coverage if students are driving to the site
- Immunization records
- *Other requirements as determined by the LEA and/or clinical site*

Requirements for Clinical Internship management and evaluation

- School/LEA Clinical Regulations and Policy (established by the LEA)
- Health Science Clinical Internship Training Agreement (one with EACH site)
- Method for tracking student attendance and hours
- Method for evaluating student performance at the clinical site
- *Other requirements as determined by the instructor and school system*

Required Limitations

- Students may not participate in hazardous conditions in excess of those requiring normal safety and standard precautions. For example, patients requiring isolation precautions. The Alabama and Federal Child Labor Laws could be used as a guide.
- Students may not perform live venipuncture procedures unless they are performed under direct supervision while pursuing an approved health science credential and with the explicit approval of the clinical site and patient. (It is your responsibility to assure this is covered by your liability insurance)
- Students may not administer medications under any circumstances.
- A maximum of three (3) days per week may be spent in the clinical setting. A minimum of two (2) days per week should be used to assure mastery of content standards, technical skill attainment, and debriefing of internship experiences. (An averaged number may be used to determine the number of clinical and classroom instruction days per week)
- *You may add additional limitations as required to meet the policies of your school system or the student's clinical placement site.*

Suggested questions for planning purposes

Potential Clinical Sites

1. Which time frame will offer the best experience for the students?
2. How much time will be needed to ensure a valuable experience (consider transportation time)?
3. Do you need to offer the one or the two credit Internship course option?
4. What should the students know prior to attending this experience?
5. What type of orientation will be provided by the clinical site?
6. Who would orient the student to the facility and relevant policies?
7. What requirements do they have for students to work at their facility in this capacity?
8. Would the site be willing to provide a preceptor for the student when the advisor is not on site (REQUIRED if advisor is not on site)?
9. Would the site be willing to provide an evaluation of student performance (Required if advisor is not on site)?
10. What is the expected student dress code?
11. Are there scrub colors the students should NOT wear?
12. What is the maximum number of students allowed on site at the same time?
13. Does the site have someone that would be willing to help with the continuous improvement of the program by participating on the Advisory Committee?

School System Administration

1. Will the schedule allow the teacher to attend the clinical experience with the students?
2. Will you need to block time to allow for a two-credit experience?
 - a. This usually allows sufficient time for the students to travel to and from their site and have time for a more immersive experience on site.
3. What will be expected regarding transportation to and from the clinical experience?
4. Are there system policies that prohibit students from providing their own transportation?
5. What should be on the list of student requirements for acceptance into this course?
6. What does the teacher feel should be required for a student's acceptance into this course?
7. Review the teacher's list of expectations and consequences for acts requiring disciplinary actions, do you agree?
8. What would constitute a terminal action that would require a student's removal from the clinical experience?
9. What is the procedure if a student must be removed from a clinical internship experience?
10. What is the maximum number of students that may be effectively and safely supervised in one class?
 - a. Factors that affect this decision:
 - i. If direct teacher supervision is used, determine how many students performing direct patient care may be safely supervised per teacher. (ABN suggests 8 per instructor for nursing. Our students do not do invasive procedures (with the possible exception of venipuncture for credentialing purposes), nor do they give medications. Therefore, instructors will be able to supervise more than 8 students. This information is for guidance and perspective only).
 - ii. If students are supervised by preceptors, how many students are allowed at each site and how many preceptors will the site agree to provide? The teacher may be able to manage the overall supervision of more students with the addition of onsite preceptors. It is still the school system's and the teacher's ultimate responsibility to

assure the students are being provided continued instruction onsite in a safe and appropriate manner. The teacher's schedule should allow for frequent site visits for quality control, observation evaluations, and safety.

11. How will we make sure every Internship student has a picture ID name badge?

Advisory Committee

1. Do they agree a Health Science Internship will enhance the learning experience for the students?
2. Do they agree with the schedule and time decisions?
3. Do they have ideas for additional clinical site options?
4. What do they feel are the most important concepts the students should learn from this experience?
5. What do they feel should be required of the students before they are accepted into this course?
6. What do they feel are actions that would require the termination of a student's clinical experience?
7. What is your suggestion for a class size that can be effectively and safely supervised at one time?

Checklist for Beginning an Internship Course:

- Review your local workforce opportunities (who will accept your students)
 - Must include a long-term care facility if you plan to use this for CNA credentialing
- Work with the LEA administration to schedule your Internship course
- Get a recommendation from your Advisory Committee to begin an Internship course
- Determine scheduling (1 or 2 credits, blocked time, etc.)
- Create a transportation plan
- Determine your program's admission requirements
- Determine an appropriate class size for your clinical internship based on
 - Clinical site options and requirements
 - Direct supervision vs preceptors
 - Credentialing requirements (advisor should be onsite if instructor skill observation is required for the credential)
 - Student interest and school system needs should be considered, but safely supervised educational experiences must remain a priority.
- Determine the testing and immunization requirements based on school policy and clinical site requirements
 - Create a plan for assuring the requirements are met
 - Determine costs, if any
 - Include requirements in the documents below
- Create the following documents/policies for your Internship program:
 - Program application (optional)
 - Syllabus
 - Dress Code policy
 - Cell Phone policy
 - Attendance policy
 - Drug/Tobacco Free policy
 - Computer/Internet/Social Media policies
 - Universal Clinical Training Agreement (some sites will want to create their own agreement)
 - Student Clinical Participation Agreement/contract
 - Confidentiality Agreement
 - Evaluation process and supporting documents
 - Include individual "employee" evaluation discussions as part of the educational process
 - Time documentation policy and process
 - Others as needed
- Determine a behavior plan for noncompliance at the clinical site
- Determine the higher order skills that will be taught in the classroom to enhance and improve clinical performance
- Order equipment as needed for the skills above
- Provide a description of the course, along with the list of requirements, to the school counselor

Resources

- * *The ALSDE does not endorse a specific vendor. The resources listed are examples provided by various Health Science Internship programs. The list is not meant to be exclusive of other vendors.*

Liability Insurance

This insurance is usually issued by the number of students in your class in need of coverage. If your students are doing hands on care, they require liability insurance.

- CM&F Group
99 Hudson Street, 12TH Floor
New York, NY 10013
Email: jessem@cmfgroup.com
Fax: 646-390-5163
Phone: 646-613-3237
- Proliability, powered by Mercer
12421 Meredith Drive
Urbandale, IA 50398
1-800-375-2764
1-212-948-1509
www.proliability.com
proliability.AHSales@mercer.com

TB Skin Tests

- The local health department assists with these tests for many schools
- Some schools require the students to get them from their general physician
- Some go through the Health Department for training and supplies, then offer them in the classroom
- Some partner with the clinical site or a local physician's office for a small fee

Background Checks

- Verified Credentials, Inc
20890 Kenbridge Court
Lakeville, MN 55044
800-473-4934
www.verifiedcredentials.com
support@verifiedcredentials.com
- Some schools have agreements with the local sheriff's department
- Ess (Employment Screening Services)
Phone: 205-879-0143
Toll free: 866-859-0143
www.es2.com
Background checks and drug screening



Scrubs

- Some schools allow students to purchase their own scrubs (may require a certain color/design if desired)
 - Clinical sites may assign colors to professionals in various departments. Choose a color that will not allow confusion with professionals at your chosen clinical sites.

- <https://medicaluniforms.net/>
 - Covers much of Alabama
- Scrubs 101 (Dothan area)
 - Brings scrubs to class and fits students
 - Will monogram for additional small fee
 - Delivers back to the classroom

Name badges

- Some schools create name badges on site similar to their employee name badges
- Some clinical sites have agreed to provide each student with a name badge that meets the site requirements
- AlphaCard ID Experts
<https://www.alphacard.com/id-printer-comparison>
ID maker systems, varied pricing based on options chosen
Create your own design, add pictures, and print from the classroom
Ability in encode barcodes, magnetic stripe cards, etc. for time management solutions if needed
- There are multiple ID Card Systems available for purchase

APPENDICES

DOCUMENTATION AND FORMS

The following are samples to serve as a guide for the school system. Most samples were generously provided by school systems implementing Health Science Internship and are designed to meet the unique needs of their stakeholders and school policies.

These forms should be altered to meet the policies and needs of your school system, or they may be used as a guide in the creation of your own forms.

Make sure that they also meet the requirements in this manual.

- A. Student Eligibility Forms and/or Lists
- B. Sample Program Applications
- C. Sample Training Agreements
- D. Sample Time Sheets
- E. Sample Student Evaluations
- F. Sample Confidentiality Agreements
- G. Sample Internship Participation Agreements/Contracts
- H. Sample Student Internship Qualification Checklists
- I. Sample Internship Syllabi
- J. Sample Miscellaneous Documents

Sample Eligibility Forms/Lists

You set the requirements for entry into this advanced level program. Students must have successfully completed Foundations of Health Science (or other skills inclusive course as designated by waiver) and should have demonstrated employability skills and behavior acceptable in a clinical setting.

When determining these requirements, the ability to work in a manner that provides for patient and student safety is a must.

CLINICAL ELIGIBILITY

READ THE FOLLOWING INFORMATION CAREFULLY: Students and parents must sign this form and agree to adhere to the stated guidelines in order to participate in Health Science Internship program.

Course Eligibility: The Health Science Internship is designed for advanced placement in a clinical setting. Due to the nature of work and HIPAA regulations, it is imperative that a student meets the following criteria in order to be eligible for an internship:

- 1) Students must be in the 11th or 12th grade.
- 2) Student must have a “B” semester average in all Health Science coursework.
- 3) Must be a minimum of 16 years of age, a licensed driver, and have own personal transportation to go to offsite locations. Student will need to provide their own transportation to off-campus activities and clinical rotation in order to complete their internship. Internship at **Clinical Location** can be completed by riding the Career Tech bus to class.
- 4) Student must have maintained good school attendance during previous school year. Absences per semester cannot exceed 5 unless the student was granted extended school leave due to illness. Instructor will need a letter from counselor or principal verifying permission. School attendance is a direct reflection on a student’s employability skills and very important
- 5) Student must agree to follow all clinical/class rules and guidelines as provided by instructor
- 6) No discipline notices at home school or career and technical school.

Course/Clinical Requirements: *Upon enrollment into the Health Science Internship program, a student must comply with all school rules as specified in the Student Code of Conduct and student must agree to adhere to the following requirements:

- 1) Student must possess liability insurance through blanket policy with school.
 - 2) Student must provide a copy of a current TB skin test, Hepatitis B Vaccination Series or a notarized declination form, and current immunization record.
 - 3) Current CPR certification.
 - 4) Completion of Bloodborne Pathogens training.
 - 5) Student must maintain good school attendance to include class and clinical. Absences per semester cannot exceed 5 unless the student was granted extended school leave due to illness. Instructor will need a letter from counselor or principal verifying permission
 - 6) Student must maintain confidentiality and comply with HIPAA regulations and policies. Breach of confidentiality results in immediate dismissal from program
 - 7) Student must wear professional dress to clinical settings, as specified by instructor. May include scrub sets, lab coat, or khaki pants and dress shirt. No jeans, shorts, or t-shirts. Specific type of clinical attire depends on clinical site. Clothes must be clean and free of wrinkles, clean tennis shoes or nursing shoes (no flip-flops or sandals permitted), jewelry may include stud earrings and one ring without stones, short and well-groomed fingernails-no color polish, hair neat, clean, and out of face, hair color should not be dramatic and bright, but professional.
 - 8) Student is not allowed to bring anyone with them to the clinical setting or field trips, such as boyfriend, sibling, etc. This includes someone riding with the student to clinical site, someone waiting in car or clinic waiting room.
 - 9) If a student is absent on a clinical day, a student must notify the Health Science instructor and notify the clinical site of absence. A student who does not attend clinicals and does not contact instructor and clinical site will be immediately dismissed from the program and reported as skipping school, unless due to an emergency.
 - 10) A student must follow the check-out and check-in procedures at their home school when leaving the school campus for clinicals. Student is not allowed to leave the school campus until scheduled class time, unless given prior approval.
 - 11) A student will only do procedures in the clinical settings that they have been trained to perform and must be accompanied by an employee of the facility.
 - 12) No cell phones in the clinical setting.
 - 13) A student must remain at the clinical site for the duration of their assigned time, unless they are checking out of school or emergency. Instructor must be notified in advance if this is necessary.
 - 14) Unprofessional behavior, actions, and unethical behavior will not be tolerated. Student will be dismissed from all clinical rotations, if student receives a discipline notice at home school or career and technical school
- *Zero tolerance policy applies and will result in a student being dismissed from the program for non-compliance.**

Medical Requirements: Student and parent/guardian must realize the potential for exposure to infections and illness during clinical rotations. Student must agree to the following:

- 1) Students must have medical clearance from personal healthcare provider to participate in clinical.

2) Students are responsible for notifying the instructor and clinical site if pregnant and must have documented medical clearance from physician.

3) Student cannot participate in an assigned clinical rotation, if they have an elevated temperature, vomiting, skin rash, draining or open wound, scabies, lice, flu symptoms, or other contagious illness. Student must notify instructor and clinical site.

A student must continue to meet the eligibility requirements throughout their participation in the internship program. If any time a student fails to meet any one of the eligibility criteria or course requirements, the student will be dismissed from internship. Re-admission to the Health Science Internship program will not be allowed. Students and parents shall not hold liable clinical agencies, health science instructor/s, school, system, or state personnel/representatives for any act of negligence or default.

SIGNATURES REQUIRED:

Student Signature _____ Student Name Printed _____ Date _____

Parent Signature _____ Parent Name Printed _____ Date _____

CLINICAL ELIGIBILITY, CONTRACT, AND CODE OF CONDUCT AGREEMENT

PLEASE READ CAREULLY BEFORE YOU AND YOUR PARENTS SIGN. YOU WILL BE HELD ACCOUNTABLE FOR THE CONTENTS.

To be eligible for the Healthcare Technology clinical credit program, you need to have completed the following:

1. Successful completion of each semester with a “C” or greater.
2. Demonstrated competence in the basic skills
3. Demonstrate professional, competent, confidential, mature behavior
4. Have a negative TB and DRUG test
5. Supply proof of medical insurance
6. Have liability insurance coverage (covers students against lawsuits related to hands on care)
7. Pay all fees
8. Returns all forms complete and signed
9. Have access to scrub uniforms and appropriate shoes

Credit for work will be granted for a job in some approved area of healthcare or for clinical hours completed at a healthcare site as a student.

NO MORE THAN 4 CLINICAL DAYS CAN BE MISSED EACH NINE WEEKS. FIVE OR MORE DAYS MISSED FROM CLINICALS IN ONE NINE WEEK TERM **WILL** RESULT IN A FAILURE OF THE COURSE REGARDLESS OF BOOKWORK GRADE.

Students can make up clinical hours **on their own time** and with the approval of the instructor and the clinical site. Hands-on work makes up over 50 % of their instructional time and is an integral part of the learning process.

Clinical sites must be healthcare related and must be approved in advance. The instructor must approve any changes in the work site. Credit will be given at the end of the term if you have met the required work hours and have had satisfactory evaluations.

RELEASE OF LIABILITY

Students who are in Clinical Programs are expected to drive to their scheduled site or they are expected to ride a bus and go straight into the clinical site. Some students have “free” time between their last class and their clinical. They may not go directly to clinical from the school campus. It will be necessary for the parents or guardians of these students to release the school from any liability and assume the responsibility for their child’s actions from the time of the student’s release from the school campus. If the parents/guardians do not release the school from this liability, the student will be scheduled for courses on the school campus for the entire class period.

I, the undersigned, understand what is required for my student to receive credit for clinical hours. I have medical insurance and agree to release the *School System*, the *School Name* and the program instructor from all liability associated with my child’s early release from school.

Parent signature _____ Date _____

Student Name _____

Health Science Clinical Eligibility Criteria

Health Science Internship is designed for placement in a clinical training setting. Due to the nature of work and HIPAA regulations, it is imperative that all students meet the following criteria in order to be eligible for an internship:

- 1) Student must be enrolled in the 3rd sequential Health Science course
- 2) Student must have a passing grade in all Health Science coursework
- 3) Student must have good school attendance; absences per semester should not exceed current **School System** attendance policy
- 4) Student must agree to follow all clinical/class rules and guidelines as provided by the instructor

Medical Requirements: Students and the parent/guardian must be aware of the potential for exposure to infections and illness during clinical rotations. Student must agree to the following:

- 1) Students with a known medical condition and who notifies the Health Science teacher of such should obtain medical clearance from personal healthcare provider prior to participating in clinical training
- 2) Students are responsible for notifying the instructor and clinical site if pregnant and must have documented medical clearance from physician.
- 3) Student cannot participate in an assigned clinical rotation, if they have an elevated temperature, vomiting, skin rash, draining or open wound, scabies, lice, flu symptoms, or other contagious illness. Student must notify instructor prior to arriving at the clinical site.

A student must continue to meet the eligibility requirements throughout their participation in the internship program. If any time a student fails to meet any one of the eligibility criteria or course requirements, the student will be dismissed from internship. Re-admission to the Health Science Internship program will not be allowed. Students and parents shall not hold liable clinical agencies, health science instructor/s, school, system, or state personnel/representatives for any act of negligence or default.

SIGNATURES REQUIRED:

Student _____ Date _____

Parent _____ Date _____

RETURN COMPLETED FORM TO HEALTH SCIENCE INSTRUCTOR

The School System's nondiscrimination clause

The School System's instructions for filing a complaint

SAMPLE D

Student Selection/Qualifications

A Health Science Clinical Internship student must:

- Be in good academic standing and have an acceptable discipline record as determined by the district, the school, and the Health Science teacher.
- Be capable of performing the tasks of the clinical placement.
- Be classified as an eleventh or twelfth grader.
- Submit all required documentation prior to facility placement.
- Maintain a grade of “C” or better in each Health Science course.

SAMPLE E

Student Selection/Qualifications

Students must meet the following standards before they will be considered for admission into the Health Science Internship course:

1. Must be at least 16 years of age.
2. Must have completed the pre-requisite Health Science courses with a “C” or better.
3. Must have demonstrated competency in all the basic healthcare skills (list provided by instructor).
4. Must be able to perform skills safely and without accommodations while at the clinical site.
5. Must have demonstrated professional behavior, maturity, and a mastery of employability skills in the classroom and during all class and CTSO activities.
6. Must have good attendance.
7. Must submit a complete application for admission prior to the posted deadline. Late or incomplete applications will not be considered.
8. Must not have school system disciplinary actions in the year prior to Internship enrollment.



Sample Program Applications

These are samples only.

These are optional and are used to assure the most appropriate and qualified students are admitted into the Internship program.

These are not meant to exclude students from the program.



HEALTH SCIENCE

PROGRAM APPLICATION FORM

PLEASE CHECK YOUR APPROPRIATE GRADE LEVEL FOR THE UPCOMING SCHOOL YEAR

- 9th grade _____
- 10th grade _____
- 11th grade _____
- 12th grade _____

PLEASE CHECK ALL THE FOLLOWING THAT APPLY TO THE UPCOMING SCHOOL YEAR

- I will be a 1st year Health Science student
- I will be a 2nd year Health Science student
- I will be a 3rd year Health Science student
- I will be a 4th year Health Science student
- I am applying for Health Science Clinical Internship

STATE YOUR CAREER OBJECTIVES

First Career Objective _____ Second Career Objective _____

STUDENT INFORMATION

Name _____ Age _____ Date of Birth _____ Date _____

Home School _____ Home Address _____

Home Phone _____ Cell Phone _____

Mother's Name/Legal Guardian _____ Phone _____

Father's Name/Legal Guardian _____ Phone _____

Are you employed? _____ If so, where? _____

Graduation Exam Passed _____ yes _____ no ACT Score _____ Current GPA _____

How many days were you absent this school year? _____ Explain, if more than 5 _____

Do you have any health problems or allergies? _____ Explain, if yes _____

(INSERT SCHOOL'S NON-DISCRIMINATION STATEMENT)

ATTACH THE FOLLOWING

Please write a paragraph describing what you hope to gain from the Health Science program and why you decided on your career objective.

HEALTH SCIENCE INTERNSHIP APPLICATION

*SUMBIT COMPLETED TO **INSTRUCTOR NAME** PRIOR TO **DATE**
Forms submitted after the deadline will NOT be considered.

Name: _____

Home School: _____

Career Goal: _____

Grade: _____ GPA: _____ ACT Score: _____

Number of total absences last school year: _____

Do you have any allergies, medical conditions (to include pregnancy), or physical limitations that might affect your ability to perform Internship duties safely? If yes, explain.

List of Health Science courses you have taken:

- 1.
- 2.
- 3.

List of other courses that you feel helps demonstrate your ability to be successful in Internship:

- 1.
- 2.
- 3.
- 4.

List HOSA activities in which you actively participated:

- 1.
- 2.
- 3.
- 4.
- 5.

List examples that demonstrate your leadership potential:

- 1.
- 2.
- 3.
- 4.

On the back of this form, in 500 words or less, explain why you are requesting this class.

On the back of the form, in 500 words or less, explain the importance of confidentiality in the healthcare setting and the potential consequences of breaching that confidentiality.



Sample Clinical Training Agreements

These are meant to designate the responsibilities of each entity and to assure the students are exposed to experiences that are both educational and safe. The agreement should also assure the safety of the facility's patients has been taken into consideration.



HEALTH SCIENCE

CLINICAL INTERNSHIP TRAINING AGREEMENT Training Agreement between Health Science Program and Health Agency

THIS AGREEMENT, made and entered into this _____ day of _____, 20____, by and between _____ in _____, party of the second part.

WITNESSETH:

WHEREAS, _____ (*school name*), is desirous of establishing a healthcare education opportunity at _____ (*Health Agency*) in which students will observe and perform such duties as permitted, and

WHEREAS, the party of the second part is desirous of improving the quality of trained employees and recognizes the need for such healthcare education experience.

NOW, THEREFORE in consideration of mutual covenants hereinafter set forth, _____
_____ (*school name*), and party of the second part do hereby agree as follows:

1. Students shall be subject to the rules and regulations of the establishment of the party of the second part at all times and during the periods of observing and performing practical experiences on the premises, shall be under the supervision, control, and direction of the party of the second part and any student failing to conduct himself/herself accordingly is subject to dismissal from the program by either party of the first part or party of the second part.
2. The student shall have liability insurance coverage that meets approval of the party of the second part.
3. The number of hours that the student will spend on the premises of the party of the second part and the duties to be performed shall be agreed upon by both parties.
4. Students shall receive instruction in the aforementioned duties prior to assignment by either the training program or the party of the second part, or both. The students will strictly abide by the compliance policies and procedures and agrees to report any compliance issues to the appropriate parties.
5. Students shall maintain confidentiality at all times. Breach of confidentiality will result in dismissal from the program by either party of the second part or party of the first part.
6. Neither party shall discriminate based on race, color, creed, sex, national origin or ancestry, disability, or age in access to, treatment in or benefits under this agreement.
7. Transportation both to and from the premises will not be provided by either party and will be the student's responsibility unless otherwise agreed upon.
8. The second or first party reserves the right to terminate this agreement at any time if the rules and regulations stipulated herein are violated.
9. The second or first party will not be held liable for accidents that may occur while the student is in or on the premises of the clinical site.
10. If any of the provisions of the Agreement are in conflict with any applicable statute, rule or law, then such provision shall be deemed inoperative to the extent they conflict herewith and shall be deemed to be modified to conform to such statute and rule.
11. **(INSERT ADDITIONAL INFORMATION BASED ON CLINICAL TRAINING SITE)**

REQUIREMENTS)

12. **(INSERT ADDITIONAL INFORMATION REGARDING STUDENT EXPECTATIONS, RULES, POLICIES, GUIDELINES, SKILLS, ETC. AS INDICATED BY CLINICAL TRAINING SITE)**
13. **(INSERT SCHOOL'S NON-DISCRIMINATION STATEMENT)**

School Administrator

Health Science Teacher

Administrator, Party of the Second Part (Agency or Department as designated)

OTHER

**HEALTH SCIENCE CLINICAL INTERNSHIP
TRAINING AGREEMENT**

BY AND BETWEEN _____ HOSPITAL AND _____ SCHOOL

This agreement entered into this _____ day of _____, 20 ____, by and between the _____ City Board of Education, for _____ High School, hereinafter referred to as “_____” and the Health Care Authority of the City of _____, hereinafter referred to as “_____ Hospital.”

WHEREAS, _____ Hospital operates as a hospital in _____, Alabama with facilities available for education and training in health careers; and

WHEREAS, _____ provides training in health careers; and

WHEREAS, both parties benefit from an agreement regarding use of _____ Hospital facilities for education and training opportunities,

NOW THEREFORE, in consideration of the foregoing, it is agreed as follows.

1. **RELATIONSHIP.** The relationship between the parties is that of two independent entities. No agent, employee or servant of _____ Hospital shall be or shall be deemed to be an employee, agent, or servant of _____, Schools or the State of Alabama, and no agent, employee or servant of _____ or _____ Schools shall be deemed to be an employee, agent or servant of _____ Hospital, except that both parties agree to comply with privacy and confidentiality requirements of each other. _____ Hospital will be solely and entirely responsible for the acts of its agents, employees, servants, and contractors during the performance of this agreement. _____ will provide to _____ Hospital a copy of a student information sheet to include dates and specific rotation experiences required at _____ Hospital. _____ will indemnify and save _____ Hospital from any liability or damage the facility may suffer as a result of claims, demand, or costs or judgment against it arising out of the operation of this agreement.
2. **FACILITIES.** _____ Hospital will provide its facilities to _____ for the education and training of students from _____ regarding preparation for a health career. _____ Hospital will make available, so far as possible and reasonable, access _____ parking for students. It is expressly understood, however, that all costs of food service and parking are to be borne by the students and are not the responsibility of _____ Hospital. _____ Hospital will follow internal protocol in case of injury to students during training. Cost of any such care will be the sole responsibility of the student.
3. **INSTRUCTION.** _____ Hospital will provide the cooperation of its staff for instruction to _____ students. _____ will be responsible for oversight, guidance, grading, record keeping, and instruction of all students.
4. **MATERIALS.** _____ High School will provide all students’ instructional materials and supplies at no cost to _____ Hospital.
5. **UNIFORMS.** Student uniforms, shoes, and scrubs are the responsibility of the student and cost will not be borne by _____ Hospital without mutual agreement between _____ Hospital and student.
6. **INSURANCE.** _____ will bear the sole responsibility to ensure that student professional liability insurance meets hospital requirements (\$1 million per occurrence or \$3 million aggregate minimum). A certificate evidencing acceptable insurance for this program will be provided upon request. _____ has full worker’s compensation insurance as required by law.
7. **RULES AND REGULATIONS.** _____ Hospital may from time to time issue non- discriminatory rules and regulations regarding this program. Such rules and regulations will be discussed with representatives from _____ before implementation. Once implemented all such rules and regulations shall be enforced by _____ and _____ Hospital on students and faculty of _____ participating in the program. _____ Hospital has ultimate responsibility of the quality of care given to patients and thus reserves the right to refuse access to any student or faculty member of _____ who does not meet

_____ employee standards for safety, health, or ethical behavior. _____ Hospital may resolve any dispute or problem situation in favor of its' patients, or staff, or _____ Hospital's welfare, and restrict access of any student or faculty member of _____ until such dispute or problem can be resolved. _____ personnel and _____ students shall not engage themselves in matters relating to the internal operation of _____ Hospital. _____ and _____ Hospital reserve the right to evaluate and if necessary, temporarily interrupt or terminate educational experiences under this agreement if the existing conditions are not conducive to good educational and patient care practices. The students will strictly abide by _____ Hospital's compliance policies and procedures and agrees to report any compliance issues to the appropriate parties.

8. HEALTH CARE. Prior to acceptance for participation in this program students and faculty of _____ shall have; a) a skin test (to be repeated annually) and, if indicated, a chest x-ray; b) immunization for diphtheria and tetanus; c) a Hepatitis B immunization unless accepted by _____ Hospital upon submission of a notarized declination form; and d) proof of immunity and immunization record. Students and faculty of _____ shall be responsible for their own medical expenses. Any service provided by _____ Hospital for the student or faculty member is the responsibility of the student or faculty member. Documents evidencing these responsibilities will be provided upon request. _____ agrees that each participating student shall be subject to drug/alcohol screening policy in effect at _____ Hospital during the time of the clinical experience.
9. GOVERNANCE. The laws of the State of Alabama and rules and regulations issued pursuant thereto, shall be applied in the interpretation, execution, and enforcement of this agreement.
10. DISCRIMINATION AND AFFIRMATIVE ACTION. Neither _____ Hospital nor _____ shall discriminate on the basis of race, color, creed, sex, national origin or ancestry, disability, or age in access to, treatment in or benefits under this agreement.
11. STUDENT/TRAINEE REQUIREMENTS. _____ Hospital reserves the right to require the following, at its' sole option: (Optional)
- a. Each new student may be interviewed and approved by a designated representative of _____ Hospital prior to the student's assignment.
 - b. The resume' and qualifications of each student are submitted.
 - c. Each student submits documentation of skills and knowledge required by _____ Hospital or its' designated representative prior to placement at _____ Hospital for supervised clinical internship.
 - d. A clinical rotation schedule will be provided to _____ Hospital with student name, date, time, and hospital area/department.
12. REGULATORY AND ACCREDITATON REQUIREMENTS. _____ Hospital and _____ agree to comply with all applicable federal and state laws, regulations, policies, and accreditation requirements. _____ Hospital and _____ specifically agree to comply with all requirements set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as required by this relationship. The students will receive training related to _____ Hospital Exposure Control Plan for Blood borne Pathogens prior to being in the clinical setting at _____ Hospital, as required by OSHA. The student or _____ Hospital personnel must inform patients of the student's presence and participation during exams, procedures, and treatments (may be verbal and/or name badge identification indicating position, title, and affiliation).
13. CONFIDENTIALITY OF INFORMATION. All patient, physician, visitor, and hospital information will be maintained in the strictest confidence. All reports, memoranda, correspondence, and notes shall be, strictly confidential and used only for the purpose in which the student or faculty is instructed. Inappropriate disclosure of confidential information by a student of faculty member will result in immediate termination of the student or faculty member from participation. _____ Hospital will provide training on the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations regarding confidential information prior to the commencement of any student or faculty member in the program. Each student or faculty member will meet or exceed those requirements. _____ agrees to comply with the applicable provisions of the Federal Privacy Rule promulgated by HIPAA, as contained in 45 CFR Parts 160 and 164 ("the HIPAA Privacy Rule"). _____ agrees not to use or further disclose any protected health information ("PHI"), as defined in 45 CFR 164.504, other than as permitted by this Agreement and the requirements of the HIPAA Privacy Rule. _____ will implement appropriate safeguards to prevent the use or disclosure of PHI other than as

provided for by this agreement. _____ will promptly report to the facility any disclosure of PHI not provided for by this Agreement or in violation of the HIPAA Privacy Rule of which _____ becomes aware.

- 14. AMENDMENTS TO AGREEMENT. All terms of this agreement shall remain in effect throughout its' term unless the parties mutually agree, in a written amendment signed by both parties and attached to this agreement to amend or delete any provision. Any amendment or deletion from this agreement shall become effective at the time specified in the amendment of deletion. An annual evaluation of this agreement will be conducted during its' term.
- 15. TERM. This agreement shall commence with its' execution by both parties and will continue in force for a period of two years unless canceled by either party upon thirty (30) days written notice to the following addresses, which may from time-to-time be changed by the parties:
- 16. INTEGRATION OF UNDERSTANDINGS. This agreement is intended as the complete integration of all understanding between _____ and _____ Hospital and together with any amendments adopted pursuant to the agreement will comprise the entire agreement between the parties.
- 17. HEADINGS. Paragraph headings are for reference only and do not constitute part of this agreement.

18. (INSERT ADDITIONAL INFORMATION BASED ON CLINICAL TRAINING SITE REQUIREMENTS)

19. (INSERT ADDITIONAL INFORMATION REGARDING STUDENT EXPECTATIONS, RULES, POLICIES, GUIDELINES, SKILLS, ETC. AS INDICATED BY CLINICAL TRAINING SITE)

18. (INSERT NON-DISCRIMINATION STATEMENT)

THIS AGREEMENT IS ENTERED INTO BY AND BETWEEN THE PARTIES THIS _____ DAY OF

_____, 20__.

_____ Hospital

_____ High School

By: _____

By: _____

Title: _____

Title: _____

Address: _____

Address: _____

Memorandum of Understanding For Health Science Clinical Field Experience

Clinical field experience is a structured component of the Career and Technical Education Health Science course of study. Classroom instruction is integrated with hands-on field experience at local health care facilities and may include access to both direct and indirect patient care areas related to the students' future career choice.

This training agreement will provide students enrolled in any one of the **School System** Health Science Therapeutic Services Pathways the opportunity to job-shadow in a variety of health occupational areas while identifying post-secondary and/or health career options.

In fulfilling this criterion, all parties below agree to the following responsibilities:

Parent/Guardian:

- Agrees that student may participate in the clinical field experience as part of the Health Science program while reinforcing attendance and participation at required training
- Encourages and supports student to effectively fulfill the field experience assignments/obligations
- Assumes responsibility for the conduct/behavior of the student participating in the clinical training
- Holds the school and clinical facility harmless of any/all risks associated with the training experience

Student:

- Must adhere to all training guidelines, policies and procedures set forth by **School System**, the Health Science teacher and training site regarding attendance, participation, skill proficiency, etc.
- Must obtain CPR for Healthcare Providers certification prior to clinical placement
- Must be an active member of the student organization related to the Health Science course of study
- Must comply with the rules-regulations of the health care training facility as it relates to facility orientation, confidentiality, and professional liability while demonstrating safe work habits
- Must obtain the required number of hours needed to take the Alabama C.N.A Exam

Health Science Teacher:

- Will secure appropriate training site(s) based on the curriculum and the student's career objective/pathway
- Will reinforce and monitor compliance with all **School System** and specific program policies
- Will monitor student progress, attendance and provide supervision at the clinical site during training
- Will work with the health care facility to assign students to the appropriate training area(s)
- Will evaluate students' progress and counsel to resolve issues promptly
- Will determine the student's final grade for the clinical internship/job shadow field experience

Health Care Training Facility:

- **Will notify **School System** Health Science instructor within 24-48 hours of unsatisfactory ADPH review to ensure training at alternate long-term care facility**
- Will provide a learning environment conducive to the Health Science curriculum for an average of 16-20 hours
- Will provide facility orientation and tour prior to field experience
- Will assign students to observe or shadow with facility personnel throughout training dates
- Employs a non-discriminatory policy

Required signatures on form of all parties identified.



Sample Timesheets

These are used as methods to prove student attendance and maintain a record of the student's Internship hours.



HEALTH SCIENCE CLINICAL INTERNSHIP

TIME SHEET AND JOURNAL

STUDENT NAME _____

CLINICAL SITE _____

Timesheet	Student Journal
<p>Date _ / _ / _</p> <p>Time In _____</p> <p>Time Out _____</p>	<ol style="list-style-type: none"> 1. Describe your responsibilities during clinical rotation. 2. List new equipment and /or procedures that you observed. 3. Will this clinical rotation help you meet your clinical objective? 4. Do you need to request a conference with the instructor regarding clinical rotation?
<p>Date _ / _ / _</p> <p>Time In _____</p> <p>Time Out _____</p>	<ol style="list-style-type: none"> 1. Describe your responsibilities during clinical rotation. 2. List new equipment and /or procedures that you observed. 3. Will this clinical rotation help you meet your clinical objective? 4. Do you need to request a conference with the instructor regarding clinical rotation?
<p>Date _ / _ / _</p> <p>Time In _____</p> <p>Time Out _____</p>	<ol style="list-style-type: none"> 1. Describe your responsibilities during clinical rotation. 2. List new equipment and /or procedures that you observed. 3. Will this clinical rotation help you meet your clinical objective? 4. Do you need to request a conference with the instructor regarding clinical rotation?
<p>Date _ / _ / _</p> <p>Time In _____</p> <p>Time Out _____</p>	<ol style="list-style-type: none"> 1. Describe your responsibilities during clinical rotation. 2. List new equipment and /or procedures that you observed. 3. Will this clinical rotation help you meet your clinical objective? 4. Do you need to request a conference with the instructor regarding clinical rotation?
<p>Date _ / _ / _</p> <p>Time In _____</p> <p>Time Out _____</p>	<ol style="list-style-type: none"> 1. Describe your responsibilities during clinical rotation. 2. List new equipment and /or procedures that you observed. 3. Will this clinical rotation help you meet your clinical objective? 4. Do you need to request a conference with the instructor regarding clinical rotation?

Preceptor(s) Name (Print) _____

Preceptor(s) Signature _____

Preceptor(s) - Please write any comments or suggestions below or on back of this form

SAMPLE B is combined with an evaluation form in the next section.

Sample Internship Evaluations

These should evaluate student performance in the healthcare setting and should be used to provide formative assessments as part of the students' education.

HEALTH SCIENCE

CLINICAL INTERNSHIP EVALUATION OF STUDENT PERFORMANCE

Student Name _____ Clinical Site _____ Date _____

Evaluation should be completed by clinical preceptor using the following scale:

Circle: 0 = Undesirable 1 = Poor 2 = Fair 3 = Good 4 = Excellent

						Comments
1. Ability to get along with others	0	1	2	3	4	
2. Appearance and Professional Dress	0	1	2	3	4	
3. Attendance	0	1	2	3	4	
4. Dependability	0	1	2	3	4	
5. Eager to learn	0	1	2	3	4	
6. Positive attitude	0	1	2	3	4	
7. Respectful	0	1	2	3	4	
8. Willingness to work	0	1	2	3	4	
9.						

Preceptor(s) Name (Print) _____ Preceptor(s) Signature _____

Date _____

Sample Confidentiality Agreements

These serve as proof the student has been instructed in the policies concerning confidentiality and they understand the expectations surrounding confidentiality in relation to their Health Science Internship experiences, as well as, the consequences of a breach in confidentiality.

**HEALTH SCIENCE
STUDENT CONFIDENTIALITY AGREEMENT**

As a student, you may have access to what this agreement refers to as “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information in the healthcare setting.

Confidential information includes patient’s personal and medical information, employee/volunteer/student information, financial information, other information relating to healthcare agency, and information proprietary to other companies or persons providing services to agency or patients/employees. You may learn of or have access to some or all of this confidential information through a computer system or through your rotational/observation activities.

Confidential information is valuable and sensitive and is protected by law and by strict agency policies. The intent of these laws and policies is to ensure that confidential information will remain confidential – that is, that it will be used only as necessary to accomplish the organization’s mission. As a Student, you are required to conduct yourself in strict conformance to applicable laws and agency policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, termination of rotation/observation experience and legal liability.

As a Student, you understand that you will have access to confidential information that may include, but is not limited to, information relating to:

- Patients (such as medical records, conversations, admittance information, patient financial information, etc.)
- Employee/volunteers/students (such as salaries, employment records, disciplinary actions, etc.)
- Agency information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information communications, proprietary computer programs, source code, proprietary technology, etc.)
- Third-party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:

- You will use confidential information only as needed to perform your legitimate duties as a student. This means that among other things, that:
 - You will only access confidential information for which you have a need to know.
 - You will not in any way copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with agency.
 - You will not misuse confidential information or carelessly care for confidential information.
 - You will not take pictures of or record any portion of the clinical experience unless specifically instructed as part of the duties assigned as an internship student and using a device provided by the clinical site.
- You will safeguard and will not disclose any access code or any other authorization you have that allows you to access confidential information and you accept responsibility for all activities undertaken using your access code and other authorization.
- You will use smart phones, smart watches, and any other device which allows the recording or pictures, voice, or video in accordance with rotation policy, *insert your policy for use at clinicals (i.e., clocking in, watch for vital signs)*, and will not use them for pictures or voice/video recordings of any type. These devices should not be in use during clinical hours except as specified above.
- You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

- You understand that your obligations under this agreement will continue after termination of your rotation/shadowing experience. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
- You understand that you have no right or ownership interest in any confidential information referred to in this agreement. Agency may at any time revoke your access code, other authorization, or access to confidential information. At all times during your rotation/observation experience, you will safeguard and retain the confidentiality of all confidential information.
- You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization access to confidential information. You understand that your failure to comply with this agreement may also result in termination of clinical rotation.

Student Signature

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

Health Science Clinical Field Experience

CONFIDENTIALITY AGREEMENT

As a Health Science student, I may have access to what is referred to as “confidential patient information.”

Confidential information includes patient’s personal and medical information, employee, volunteer, and student information, financial information, and any other information relating to the healthcare agency providing services to patients/employees.

I may learn, hear of, or have access to some, or all. this confidential information through my rotational/observation activities.

Confidential information is valuable and sensitive and is protected by law and by strict agency policies. The intent of a facility’s Confidentiality Laws, and Policy is to ensure that confidential information will remain confidential and used only as necessary to accomplish the organization’s mission.

As a student, I am required to conduct myself in strict conformance to applicable laws and agency policies governing Confidential Information.

Student Signature

Date

Parent/Guardian Signature

Date

Health Science Teacher Signature

Date

SAMPLE ACCESS & CONFIDENTIALITY AGREEMENT GENERATED BY A CLINICAL SITE

As a Student/Instructor at Baptist Health or a Baptist Health affiliated entity (hereinafter collectively referred to as “BH”), you may have access to what this agreement refers to as “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information includes patient’s personal and medical information, employee/volunteer/student information, financial information, other information relating to BH, and information proprietary to other companies or persons providing services to BH or BH patients/employees. You may learn of or have access to some or all of this confidential information through a computer system or through your employment activities.

Confidential information is valuable and sensitive and is protected by law and by strict BH policies. The intent of these laws and policies is to ensure that confidential information will remain confidential – that is, that will be used only as necessary to accomplish the organization’s mission. As a Student, you are required to conduct yourself in strict conformance to applicable laws and BH policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, termination of employment and legal liability.

As a Student, you understand that you will have access to confidential information that may include, but is not limited to, information relating to:

- Patients (such as medical records, conversations, admittance information, patient financial information, etc.).
- Employee/volunteers/students (such as salaries, employment records, disciplinary actions, etc.).
- BH information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information communications, proprietary computer programs, source code, proprietary technology, etc.), and
- Third-party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.).

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:

1. You will use confidential information only as needed to perform your legitimate duties as a Student, with BH. This means that among other things, that:
 - a. You will only access confidential information for which you have a need to know; and
 - b. You will not in any way divulge, copy, release, sell, loan, review, alter, or destroy and confidential information except as properly authorized within the scope of your professional activities affiliated with BH; and
 - c. You will not misuse confidential information or carelessly care for confidential information.
2. You will safeguard and will not disclose any access code or any other authorization you have that allows you to access confidential information.
3. You accept responsibility for all activities undertaken using your access code and other authorization.
4. You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
5. You understand that your obligations under this Agreement will continue after termination of your employment. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
6. You understand that you have no right or ownership interest in any confidential information referred to in this agreement. BH may at any time revoke your access code, other authorization, or access to confidential information. At all times during your employment, you will safeguard and retain the confidentiality of all confidential information.
7. You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization access to confidential information. You understand that your failure to comply with this Agreement may also result in your loss of employment with BH.

Student/Instructor Signature

Printed Name

Date

SCHOOL AFFILIATION _____

HEALTH SCIENCE – _____ HIGH SCHOOL STUDENT CONFIDENTIALITY AGREEMENT

As a student, you may have access to what this agreement refers to as “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information in the healthcare setting.

Confidential information includes patient’s personal and medical information, employee/volunteer/student information, financial information, other information relating to healthcare agency, and information proprietary to other companies or persons providing services to agency or patients/employees. You may learn of or have access to some or all of this confidential information through a computer system or through your rotational/observation activities.

Confidential information is valuable and sensitive and is protected by law and by strict agency policies. The intent of these laws and policies is to ensure that confidential information will remain confidential – that is, that it will be used only as necessary to accomplish the organization’s mission. As a Student, you are required to conduct yourself in strict conformance to applicable laws and agency policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, termination of rotation/observation experience and legal liability.

As a Student, you understand that you will have access to confidential information that may include, but is not limited to, information relating to:

- Patients (such as medical records, conversations, admittance information, patient financial information, etc.)
- Employee/volunteers/students (such as salaries, employment records, disciplinary actions, etc.)
- Agency information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information communications, proprietary computer programs, source code, proprietary technology, etc.)
- Third-party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:

- You will use confidential information only as needed to perform your legitimate duties as a student.
This means that among other things, that:
 - You will only access confidential information for which you have a need to know.
 - You will not in any way copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with agency.
 - You will not misuse confidential information or carelessly care for confidential information.

- You will safeguard and will not disclose any access code or any other authorization you have that allows you to access confidential information.
- You accept responsibility for all activities undertaken using your access code and other authorization.
- You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
- You understand that your obligations under this Agreement will continue after termination of your rotation/shadowing experience. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
- You understand that you have no right or ownership interest in any confidential information referred to in this agreement. Agency may at any time revoke your access code, other authorization, or access to confidential information. At all times during your rotation/observation experience, you will safeguard and retain the confidentiality of all confidential information.
- You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization access to confidential information. You understand that your failure to comply with this Agreement may also result in your loss of Internship opportunities.

Student Signature

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

STUDENT CONFIDENTIALITY AGREEMENT **HEALTH SCIENCE**

As a student, you may have access to what this agreement refers to as “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information in the healthcare setting. Confidential information includes patient’s personal and medical information, employee/volunteer/student information, financial information, other information relating to healthcare agency, and information proprietary to other companies or persons providing services to agency or patients/employees. You may learn of or have access to some or all of this confidential information through a computer system or through your rotational/observation activities. Confidential information is valuable and sensitive and is protected by law and by strict agency policies. The intent of these laws and policies is to ensure that confidential information will remain confidential – that is, that will be used only as necessary to accomplish the organization’s mission. As a Student, you are required to conduct yourself in strict conformance to applicable laws and agency policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, termination of rotation/observation experience and legal liability.

As a Student, you understand that you will have access to confidential information that may include, but is not limited to, information relating to:

- Patients (such as medical records, conversations, admittance information, patient financial information, etc.)
- Employee/volunteers/students (such as salaries, employment records, disciplinary actions, etc.)
- Agency information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information communications, proprietary computer programs, source code, proprietary technology, etc.)
- Third-party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)
- Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:
- You will use confidential information only as needed to perform your legitimate duties as a student.

This means that among other things:

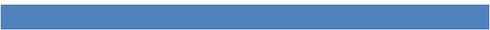
- You will only access confidential information for which you have a need to know.
- You will not in any way copy, release, sell, loan, review, alter, or destroy and confidential information except as properly authorized within the scope of your professional activities affiliated with agency.
- You will not misuse confidential information or carelessly care for confidential information.
- You will safeguard and will not disclose any access code or any other authorization you have that allows you to access confidential information.
- You accept responsibility for all activities undertaken using your access code and other authorization.
- You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
- You understand that your obligations under this agreement will continue after termination of your rotation/shadowing experience. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.



Sample Internship Agreements/ Contracts

These designate the expectations of the student specific to your Internship sites and your Internship processes.

Their signature serves as proof they have been instructed in the expectations and agree to uphold them.



INTERNSHIP PARTICIPATION AGREEMENT HEALTH SCIENCE

The Health Science Internship is designed for advanced placement in a clinical setting. Due to the nature of work and HIPAA regulations, the following should be read carefully by student and parent.

Health Science Internship:

- Must be in _____ grade.
- Maintain a semester average of _____ in all Health Science coursework.
- Be a minimum of 16 years of age.
- Maintain good school attendance. Absences per semester cannot exceed _____ unless the student granted extended school leave due to illness or other reasons as allowed by LEA. School attendance is a direct reflection on a student's employability skills and very important.
- Agree to follow all clinical and class rules and guidelines as provided by instructor and clinical training site.
- Must not receive any discipline notices at high school and/or career and technical school.

Course/Clinical:

- Comply with all school rules as specified in the Student Code of Conduct or other LEA policies.
- Liability insurance coverage.
- Provide copy of a current TB skin test, Hepatitis B Vaccination Series or a notarized declination form, and current immunization record.
- Maintain CPR certification.
- Complete Bloodborne Pathogens training.
- Maintain confidentiality and comply with HIPAA regulations and policies. Breach of confidentiality results in immediate dismissal from program.
- Wear professional dress to clinical settings, as specified by instructor (e.g. scrub sets, lab coat, or khaki pants and dress shirt). No jeans, shorts, or t-shirts. Specific type of clinical attire depends on clinical site. Clothes must be clean and free of wrinkles, clean tennis shoes or nursing shoes (no flip-flops, sandals, or open-toe shoes permitted)
- Jewelry may include stud earrings and one ring without stones.
- Fingernails well-groomed-no color polish.
- Hair neat, clean, and out of face.
- Perfume or cologne must not be worn.
- Student is not allowed to bring anyone with them to the clinical setting or field trips, such as friend, sibling, etc. This includes individual riding with the student to clinical site, waiting in car, or waiting in clinic or hospital.
- If a student is absent on a clinical day, a student must notify the Health Science instructor and notify the clinical site of absence.
- Follow check-in and check-out procedures of school when leaving the school campus for scheduled clinicals.
- A student must remain at the clinical site for the duration of their assigned time unless they are checking out of school or have an emergency. Instructor must be notified in advance if this is necessary. Attendance at clinicals should be treated as a job.
- Student may only perform skills in the clinical settings in which they have been trained to perform and must be accompanied by an employee of the facility.
- Maintain professional and ethical behavior.
- Student must always have a watch with a second hand, black pen, and a small notepad.
- Student must wear scrub suit at all times.
- Student must wear clean closed toe shoes. Socks should be worn.
- Student must wear I.D. badge at all times.
- Personal phone calls must not be taken or made at clinicals.
- Cell phone must be turned off while in the clinical site.

- Do not leave the unit without checking with the person in charge.
- Do not visit other departments.
- Be professional in all communications. Disrespect will not be tolerated.
- Tobacco use or similar products not allowed.
- Chewing gum not allowed.
- Standard precautions must be used to protect the student and the patient.
- Report any accidents immediately. They must be reported to the clinical supervisor by following the reporting procedure and policy of the training facility. Report to the Health Science instructor immediately.

Medical Requirements: Student and parent/guardian must realize the potential for exposure to infections and illness during clinical rotations.

- 1) Student must have medical clearance from healthcare provider to participate in clinical.
- 2) Student is responsible for notifying the instructor and clinical site if pregnant and must have documented medical clearance from physician.
- 3) Student cannot participate in an assigned clinical rotation, if they have an elevated temperature, vomiting, skin rash, draining or open wound, scabies, lice, flu symptoms, or other contagious illness. Student must notify instructor and clinical site.

A student should meet the recommendations throughout their participation in the Internship program. Clinical agencies, health science instructor/s, school, system, or state personnel/representatives shall not be held liable for any act of negligence or default.

SIGNATURES REQUIRED:

Student Signature _____ Student Name Printed _____ Date _____

Parent Signature _____ Parent Name Printed _____ Date _____

RETURN COMPLETED FORM TO INSTRUCTOR

(INSERT SCHOOL'S NON-DISCRIMINATION STATEMENT)

**HEALTH SCIENCE INTERNSHIP
CLINICAL GUIDELINES AND AGREEMENT**

This contract is to be strictly observed at all times during your clinical rotation. It is the responsibility of the student to know, understand, and obey the clinical guidelines in order to ensure the safe care of each patient and for the student to have a valuable clinical experience.

1. Cosmetics and jewelry must be worn in moderation.
2. Student must always have a watch with a second hand, black pen, and a small notepad.
3. Perfume or cologne must not be worn.
4. Student must wear scrub suit at all times.
5. Student must wear clean closed toe shoes. Socks should be worn.
6. Student must wear I.D. badge at all times.
7. Personal phone calls must not be taken or made at clinicals.
8. Cell phone and smart watch internet access must be turned off while in the clinical site.
9. Do not leave the unit without checking with the person in charge.
10. Do not visit other departments.
11. Be professional in all communications at clinicals. Disrespect to clinical supervisors will not be tolerated. This will lead to major disciplinary action.
12. No smoking allowed.
13. Arrive and leave clinicals at the proper times. Attendance at clinicals should be treated as a job.
14. Do not perform any skill not trained to do.
15. Student must notify Health Science instructor and the clinical supervisor of any absence. Notification should be made before 8:00 am. If the absence is due to a school function, Health Science instructor must be notified before the absence.
16. Standard precautions must be used to protect the student and the patient.
17. Report any accidents immediately. They must be reported to your clinical supervisor and to Health Science instructor.

I understand that if I do not comply with these guidelines, disciplinary measures will be taken and termination from the program may be necessary.

Student _____
(Signature)

Date _____

Parent/Guardian _____
(Signature)

Date _____

CLINICAL CODE OF CONDUCT

Clinicals are part of the class curriculum and contribute to the overall class grade. The clinical environment is a great way to develop hands on medical skills and to practice basic employability skills.

Students are to treat clinicals like it is their job site. **They must notify the clinical site if they are going to be absent or late. The instructor must approve all absences from clinical.** They must conduct themselves in a professional manner. This includes being attentive, eager to assist, prompt, dressed correctly, wearing nametag, maintaining confidentiality, performing approved procedures only, and being friendly. The instructor must approve any change from the school approved clinical dress code, even if the clinical site says other dress is okay.

Students will be exposed to various aspects of the healthcare field, including but not limited to the following: medical filing, phone triage, admissions, direct patient care, and observation. Rotations through clinical are necessary for maximum education. The student is expected to complete the entire clinical rotation for class credit, even if it is not their clinical of choice. Students will not be removed from a clinical site because of a bad evaluation; the student should treat this as a job performance evaluation and strive to improve their performance. Students are expected to ask for work and observation opportunities.

Students can be removed from clinicals for unprofessional behavior, poor clinical assessments or for *poor classroom behavior*. Daily grades are given in the classroom for employability skills. These include following directions, staying on task, having all necessary work tools, and working without disrupting others.

Students in clinicals will:

- Ask other employees if they have a task for them to do
- Be willing to observe or assist with any task or procedure. (Ask!!!)
- Dress appropriately (clean scrubs, white shoes, hair off the collar, name badge)
- Maintain patient confidentiality at all times (a failure to comply with this rule could lead to a failure of the course)
- Arrive on time
- Sign in and out each day
- Remind clinical contacts to fax clinical evaluation forms to the instructor at the end of each month
- Keep notes about the people you work with and experiences you have had in order to complete your journal essay

Students will not:

- Be loud and disruptive in clinicals
- Refuse to assist with appropriate assignments
- Perform tasks they have not been trained to do
- Use inappropriate verbal or body language
- Breach a patient or resident's confidentiality
- Eat meals or take excessive breaks

A student can be removed from clinicals at the request of the clinical site coordinator or at the discretion of the instructor. **If a student is pulled from clinicals for poor behavior it will result in a failing grade for the class.** Consistently poor evaluations will result in the **drop of one letter grade**. They must demonstrate the ability to maintain a professional and employable attitude. A student removed from clinicals will not participate in lab activities in the classroom and will be given independent study work.

The clinical sites are very generous to allow students to come into their workplace. The employees do not receive any compensation for including the continued education of a student in their work tasks. A clinical site can withdraw from the program at any time. Disruptive behavior from one student can undermine future student's opportunities for clinical sites.

By signing this form, you are acknowledging that you have read and agree to uphold these rules. You understand that the student will be held accountable for their behavior and that attendance, completion of assignments and conduct will reflect in their grade.

Parent/guardian

Date

Student

Date

I have read, understood, and agree to uphold the classroom syllabus given to me/my child.

Parent/guardian

Date

Student

Date

Health Science Clinical Field Experience Authorization & Release

*Associated Clinical Field Experience Student Information Sheet may be found on the next page

Name of student: _____ Date: _____

I understand that my child’s participation in the Health Science Clinical Field Experience(s) is a privilege and not a right. I acknowledge that I have spoken with my child regarding the need to comply with the rules and regulations established by the Health Science program/teacher and in the **School System** Student Code of Conduct.

As the parent/guardian, of the above-named student, I have read and understand the description of the Health Science Clinical Field Experience(s) and authorize my child to participate at the assigned health care facility. I understand that participation in this/these experience(s) will involve educational activities off school property.

Name of Facility

Address

City State Zip Code

Telephone No.

Start Date Time

End Date Time

Parent/Guardian Signature Date

Health Science Teacher Signature Date

As a Health Science student, I understand that it is a privilege and not a right to participate in the Clinical Field Experience(s); and that business and industry professionals will be providing invaluable time/experience to assist with my training. By signing this agreement, I agree to attend all scheduled clinical experiences, complete all assignments, dress professionally, and conduct myself appropriately as required by my Health Science teacher/program. Failure to comply may result in removal from the clinical site.

Student Signature Date

Health Science Field Experience Student Information Sheet

To ensure that students obtain the maximum benefit from the job shadowing or clinical field experience, the following areas will be introduced as part of the pre-orientation:

CONFIDENTIALITY: The nature of the health care industry and the state and federal privacy laws require all employees, volunteers, and students to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, residents, doctors or employees. **Under no circumstances will such information be discussed with any unauthorized person(s) either outside or inside of the health care facility.**

To engage in discussions of confidential information is not only a breach of confidence and a lack of concern for others but may also involve you in legal proceedings.

INFECTION CONTROL: Proper hand washing helps to prevent the spread of infections from one person to another. Hand washing products, which contain a special antibacterial agent, are available in the rest rooms and work areas. Hands should be rinsed well using friction to remove residual soap. You may not be allowed to enter any room designated "Isolation". If there is a probability that you will have direct contact with a patient's blood or other body fluids, you **must** wear protective apparel. Please consult with your Health Science teacher or staff member for further instructions.

HAZARDOUS MATERIALS: Potentially hazardous chemicals and materials are used in certain areas as part of the daily operation of a department. Material Safety Data Sheets (MSDS) which describe the hazard and handling instructions for all chemical products are available in each department in the OSHA - Hazardous Communication Book. Please consult with your Health Science teacher or staff member for further information regarding this area.

GENERAL SAFETY:

1. Please report any unsafe conditions or injuries to the Health Science teacher.
2. The overhead paging system may announce "Code Red" if a fire is detected or "Code Blue" for a cardiac emergency; Stay Calm! Report to your Health Science teacher for instructions.
3. The overhead paging system may announce severe weather or tornado warnings. Stay Calm! Report immediately to your Health Science teacher.
4. Other codes may be announced to alert the staff of other emergencies. Stay Calm! Report to your Health Science teacher.

PIERCING(S): Body jewelry visible to patients, coworkers, and others, such as nose rings or any other jewelry in body parts other than ears, is not acceptable; visible tattoos should be covered

DRESS CODE: Appropriate professional attire is expected. Hair and make-up should be modest. Aside from small stud earrings, visible body piercing should not be worn. Shoes must have closed toes and all athletic shoes must be of a solid color. Any visible tattoo(s) should be covered at all times.

MISCELLANEOUS INFORMATION:

1. Eat or have a snack before going to field experience
2. If you are unable to report for your scheduled Job Shadow experience, please notify your Health Science teacher ASAP.

HEALTH REQUIREMENTS: As part of the clinical training experience, some facilities may ask for a copy of the student's Immunization Record

Health Science Clinical Rotations Contract

Clinical placement and job shadowing are privileges, not rights. Students must earn the right by maintaining a **B average** in the Health Science Program, a **90 or above** on all skills, and displaying good conduct at school and any school sponsored events. If I cannot trust them to behave outside of my classroom, I cannot trust them to represent our school and this program out in the community.

Students shall be subject to the rules and regulations of the establishment of the Healthcare facility at all times and during the periods of observing and performing practical experiences on the premises. **Any student failing to conduct himself/herself accordingly is subject to dismissal from the program.**

This contract is to be strictly observed at all times during your clinical rotation. It is the responsibility of the student and parents to know, understand, and keep the guidelines of each clinical rotation in order to ensure the safe care of each patient and for the student to have a valuable clinical experience.

1. I will wear:

- Clean, properly sized approved uniform. (Embroidered School logo, Pewter top and bottom scrubs)
- Only wear a white, grey, black long sleeve/short sleeve t-shirt under my scrub top.
- Clean black, white, or gray tennis shoes/medical shoes (low-heeled, closed toe, non-slipping sole). Absolutely No Crocks/canvas style shoes
- Watch with a second hand and school I.D. Badge.
- Hair pulled back in a professional style. **Unacceptable styles: unnatural colors, braids with ornamented beads, large ribbons or bows, bright accessories.** Must meet teacher and clinical site approval.
- Cosmetics and jewelry in moderation. No nose piercings, or lip piercings. Earrings: small non-dangling, no larger than a quarter, limited to one pair.
- Fingernails: Well-manicured and short. No nail polish/acrylic/gel nails/gel nail polish.
- No fake eyelashes
- Males: Should be clean-shaven.
- Socks: white or black to match uniform.
- Must have a Ballpoint pen at all times. (Black ink)
- No perfume or cologne.
- Small Notepad and assignment sheet

****Strict adherence to the dress code is required. I understand that if I do not comply, I will not be allowed to perform clinicals on that day and will receive a zero in class. And that this offense will be documented in the discipline log.**

2. I **will** turn in my timesheet, evaluation, and assignments weekly.
3. I will **not** visit other units or department unless in the line of duty.
4. I will **not** take or make personal calls at clinicals.
5. I will **not** sleep or lay my head down while at any clinical site. (Any students found breaking this policy will be asked to leave the site and will receive a zero for that day. The student **WILL NOT** be allowed to shadow for the remainder of the semester. They will receive an alternative clinical assignment.
6. I will **not** leave the unit without checking with the supervisor.

7. I **will** conform to any direction from the clinical coordinator immediately without question while in the clinical setting. Any questions of such matters will be handled in private. I will be professional in all communication at clinicals.
8. **No smoking/vaping** is allowed. Breaks are to be taken with your assigned person.
9. Student acknowledges and agrees that he/she may be required to submit to **random drug and/or alcohol screening test** during their internship period. The student agrees that the results of any blood and/or urine sample test results may be revealed to the instructor and/or clinical sites for its use and evaluation. Furthermore, the student acknowledges and agrees that his/her refusal to submit to such testing can be grounds for immediate removal from the health science program. A positive test will result in the removal from the clinical sites and an alternate assignment will be given.
10. If any student is suspected to be under the influence of any intoxicants (including but not limited to alcohol, marijuana or other substances) while at a clinical site, the site reserves the right to dismiss you on suspicion of being under the influence without any further evidence. If dismissed from a site, you will not return, and an alternate assignment will be given.
11. If an accident occurs while in a clinical area (regardless of how minor), **report it immediately** to the instructor and the Nurse Manager/site supervisor and file necessary incident report as directed by your supervisor.
12. I **will** report to clinical at my set time. If I am late, I must contact the clinical site and my instructor to inform them of why I will be late. Failure to abide by this rule may result in the student being marked tardy and he/she may not be allowed to perform clinicals on that day and will receive a **zero** in class. If I am late repetitively, I understand that I will lose my shadowing privileges and **WILL NO LONGER** be able to shadow. I will receive an alternative clinical assignment.
13. I **will** leave clinical at the proper times. I **will not** leave the clinical area early without permission from my instructor. If so, it will be considered skipping and therefore handled according to school policy. And the student might lose their shadowing privilege and **WILL NO LONGER** be able to shadow. They will receive an alternative clinical assignment.
14. I understand that discussing a patient's disease, diagnosis or prognosis, a family history, or a treatment of a patient with other students, friends, or family is in violation of the patient's "right to privacy" and confidentiality and will result in removal from Clinicals and a zero for clinical.
15. **Parents should not call clinical areas if they have a concern. They should call the instructor directly to discuss the problem. Violation can result in immediate removal from clinicals.**
16. I **will** make every effort to be courteous, efficient, and accurate when helping patients.
17. I will **not** perform any skill that I have not been trained to do and/or instructed to by my clinical supervisor.
18. I **will** use universal precautions to protect my patients and myself from infectious diseases.
19. Cell phones, headphones, earbuds, tablets, and iPods are not allowed on the clinical site.
20. **Students may perform ONLY those skills listed as follows.** A student shall not perform functions in which he/she has not received instruction.
 - A. Making an unoccupied bed
 - B. Assist only in making an occupied bed
 - C. Give/remove and clean bedpan (same sex)

- D. Prepare patient for meals
- E. Carry nutrition trays and prepare beverages
- F. Feed a patient
- G. Adjust a patient's bed
- H. Assist with a bed bath (same sex)
- I. Transport by wheelchair
- J. Assist with Vital Signs
- K. Answer patient call lights
- L. Measure Height and Weight
- M. Measure Intake and Output

*****NOTHING INVASIVE IS ALLOWED*****

- N. **Each facility has the option to choose not to allow the students to perform these activities and the student will only shadow/observe at that facility.**
21. I will sign in/out **for myself only** at the assigned area/s. Signing out for someone else will result in removal from the program.
 22. The purchase of Liability Insurance is required at the cost of the student. It is \$15.
 23. Each student is required to receive a TB tuberculin skin test, complete all the series of the Hepatitis immunizations, the Varicella (chicken pox) immunization, the Measles or Measles, Mumps and Rubella Vaccination (MR or MMR), the meningococcal vaccine, and the TDAP is suggested but not mandatory. If the student has had the chicken pox, you must have the doctor's office document it on the immunization "blue" card. They should document the month and year of the disease. If you did not see a doctor during the time you had the disease, you may have to have a Varicella titer or get the vaccination. The immunizations may be given at the Health Department at the cost of the student. You may elect to have the immunizations given at your physician's office. Flu Shots are required by all medical facilities and will become available in October. Students that do not receive the Flu Shot will not be allowed to shadow or will have to wear a mask at ALL TIMES in the hospital. This is not **School Name's** policy, but it is the policy for the medical facility sites that we will go to. **All pre-clinical forms are due by Date.**
 24. Students who lose their placement for any reason will report to me immediately.
 25. The HOSA organization is an integral part of the Health Science program; therefore, students are strongly encouraged to join and actively support this organization. Through HOSA, students have the opportunity to compete with other students at the state and international level in events such as Medical Terminology, Vital Signs Skills, Speaking, etc....
 26. **No food or drinks allowed at clinical.**
 27. You remain under the same guidelines as noted in the **School System** Public School System Code of Conduct. **If you do not follow the code of conduct you are subject to removal from the program. You will not remain in the Health Science Program.**

PLEASE READ CAREFULLY

ABSENCES:

- a. Notify the instructor as soon as you know the date you will be absent.
Any known absences should also be given to your contact person in writing.
- b. Notification is the responsibility **of the student**, not the parent.

- c. For any unexcused absence or after two excused absences a page report will be required for each day missed. An unexcused absence will result in a zero for the day. **Five unexcused absences** will result in removal from the program and **a loss of credit** from the class.
- d. **Procedures to follow for illness or emergencies:**
 1. Send instructor a Remind Text or call the school at **phone number**. If unavailable, leave a message on the answering machine. **I should always know if you are not attending clinicals!!!**
 2. Call the contact person/s at your clinical site. **This is not optional you must call the clinical site.**
 3. **Document** who you talked with at the clinical site and the time notified on your daily shadowing log.
 4. **Failure to follow procedure for absences or absences without just cause can result in the termination of the clinical rotation and receiving a “0” for your clinical grade.**

GRADES:

65% Clinical Grade/Test

Tests, clinical evaluations, case studies, professional interviews and following clinical guidelines.

35% Quizzes, classroom assignments and daily shadowing logs. It is your Responsibility to keep up work even if you are absent.

Shadowing logs are due by the end of the day every Monday after each week at clinical. 11

Points per day will be deducted for late assignments or incomplete sheets. For days in class, I **will** stay on task, work with others quietly, complete assignments without constantly being told, follow directions, bring books to class, etc.

Students will receive a calendar at the beginning of the clinical rotation, indicating what site they should be reporting to each week. As parents, please talk with your child about their transportation. **Transportation is the student’s responsibility.** If your child transports other students, ensure that your insurance company will cover them in an accident. Also, if your child will depend on others for transportation, make sure they are driving with an insured driver. I need written permission from each set of parents if students are riding together. If your child is unable to attend clinicals because their ride is not at school, they will receive a zero for that clinical day. *(incorporate your school systems transportation policies here)*

Required forms are expected to be returned before you may attend clinicals:

The following items are be due by: *Insert date*

- STUDENT PARTICIPATION CONTRACT (Signed by Student/Parent/Guardian)
- STUDENT INFORMATION SHEET
- STUDENT CONFIDENTIALITY AGREEMENT (Signed)
- NOTARIZED STUDENT TRANSPORTATION CONSENT
- COPY OF ALL IMMUNIZATIONS (Current)
- COPY OF DRIVER’S LICENSE (If applicable)
- COPY OF MEDICAL INSURANCE CARD
- COPY OF AUTOMOBILE INSURANCE CARD
- CARPOOL PERMISSION SLIP (ONLY FOR STUDENTS THAT WILL BE CARPOOLING)
- CLASS FEE
- LIABILITY INSURANCE \$15
- TB SKIN TEST
- UNIFORM

Clinical Rotation Contract Signature Page

Your signature will indicate that you concur in this job placement experience and that you assume full responsibility for your child's safety, conduct, and transportation to and from clinical. I understand that if I break the guidelines of the above four-page **Clinical Rotation Contract**, disciplinary measures will be taken and termination from the program may be necessary. If termination occurs, a "0" will be given for the clinical portion of your grade and a loss of credit may take place. You will not graduate as part of the Health Science Program.

This contract releases Montgomery Preparatory Academy for Career Technologies, faculty, and administrators, Health Science department, Career Technology, Montgomery Public Schools, all participating health agencies and designated clinical areas, all supervisory personnel, and the Health Science instructor from any and all liability for any injury incurred during the hours of classroom and clinical including travel to/from clinical sites. I authorize release of information regarding skill achievement, courses completed, absences, or any other information that might be requested by a site facility.

Thank you for your interest and cooperation. Please contact me if you have any questions.

Student's Signature: _____ **Date** _____

Parent's Signature: _____ **Date** _____

Parent's Signature: _____ **Date** _____

Sample Internship Checklist

This checklist should include every item and form required by your school system in order for a student to attend clinicals.

Each student should have their own checklist and it should be kept in their file for reference.

This could also be recorded in spreadsheet form with all clinical students combined on one page. This should also be filed for easy referencing.

**HEALTH SCIENCE INTERNSHIP
CLINICAL FORMS CHECKLIST**

STUDENT NAME: _____ **DUE BY:** _____

- PROGRAM FORM (If required)
- TRAINING AGREEMENT (Health Science instructor must keep on file)
- LIABILITY INSURANCE BLANKET POLICY (Health Science instructor must keep on file)
- COPY OF TIME SHEET AND JOURNAL
- COPY OF EVALUATION OF STUDENT PERFORMANCE (Preceptor completes evaluation)
- STUDENT CONFIDENTIALITY AGREEMENT (Signed)
- COPY OF CLINICAL GUIDELINES
- COPY OF STUDENT PARTICIPATION AGREEMENT (Signed by Student/Parent/Guardian)
- COPY OF INSTRUCTIONS FOR COMPLETING CLINICAL DOCUMENTATION (Provided by instructor)
- COPY OF STUDENT'S CLINICAL SCHEDULE (Provided by Health Science instructor)
- COPY OF ALL IMMUNIZATIONS (Current)
- CHICKEN POX (VARICELLA) – (Date of disease or copy of vaccine)
- COPY OF TB SKIN TEST RESULTS (Must be up-to date)
- COPY OF HEPATITIS B SERIES (Must be up-to date)
- COPY OF DRIVER'S LICENSE (If applicable)
- COPY OF MEDICAL INSURANCE CARD
- CLASS FEE- \$_____(Includes liability insurance)
- UNIFORM- FEMALE \$____ UNISEX \$_____(If required)
- UNIFORM PATCH/CLINICAL NAME BADGE- \$_____(If required)
- CPR CERTIFICATION-\$_____
- SAFETY TEST (Provided by Health Science instructor)
- LIABILITY INSURANCE \$_____
- DRUG TESTING/BACKGROUND CHECK (If required by clinical site)

OTHER DOCUMENTS/FORMS (As required by Health Science instructor, Local System, or Agency)

Date _____ **Parent/Guardian Signature** _____ **Parent Phone (for emergency)** _____



Health Science Pre-Clinical Placement Checklist

- Current year's Memorandum of Understanding (M.O.U.)
- Current year's Declaration of Liability Insurance for applicable programs
- Current year's Safety Assessment
- Current CPR Certification
- Skills Performance Evaluation document current for each student
- Copy of student Immunization Record if applicable to training site
- Signed Student Participation Agreement
- Signed Confidentiality Agreement
- Signed Field Experience Authorization/Release
- Review/discuss Health Science Pre-Clinical requirements
- Schedule/discuss required clinical hours and make-up if any
- Schedule/discuss required clinical attire
- Plan/schedule C.R.I. test dates; secure test evaluator(s)
- Review Prometric/NHA Candidate Handbook and certification criteria
- Identify other program criteria as required by Health Science instructor, district, or training facility

HEALTH SCIENCE INTERNSHIP
CLINICAL FORMS CHECKLIST

STUDENT NAME: _____ DUE BY: _____

- STUDENT PARTICIPATION CONTRACT (Signed by Student/Parent/Guardian)
- STUDENT INFORMATION SHEET
- STUDENT CONFIDENTIALITY AGREEMENT (Signed)
- NOTARIZED STUDENT TRANSPORTATION CONSENT
- COPY OF ALL IMMUNIZATIONS (Current)
- COPY OF DRIVER'S LICENSE (If applicable)
- COPY OF MEDICAL INSURANCE CARD
- COPY OF AUTOMOBILE INSURANCE CARD
- CLASS FEE
- LIABILITY INSURANCE
- TB SKIN TEST
- UNIFORM

Date _____ Parent/Guardian Signature _____

Parent Phone (for emergency) _____

Student Cell Phone _____ Email _____

Sample Internship Syllabi

Samples only

These are specific to your program, school system policies, credentialing needs, and clinical site requirements.

Each syllabus should also meet the requirements of the review process, EQIP.

HEALTHCARE SCIENCE AND TECHNOLOGY

Insert Teacher name and contact info and QR code with same info



Scan QR code
for teacher
and class
information

- COURSE NAMES:** HEALTH SCIENCE INTERNSHIP (2 CREDITS)
- COURSE GOALS:** Upon successful completion of this course, students will be able to integrate employability skills and have experience in a healthcare job.
- ESSENTIAL QUESTION:** What are the skills and knowledge needed for success as a healthcare worker in the 21st century?

COURSE DESCRIPTION: **Health Science Internship** is a 2-credit course that includes a variety of knowledge and skills necessary for becoming a health care worker or for preparing students for postsecondary health care education programs.

Students will participate in authentic work environments by rotating through clinicals in diverse healthcare specialty areas or by employment in health-related jobs. Clinical placement is subject to passing grades, completion of skills check offs, a negative drug screen & TB test, liability insurance and demonstration of professional behavior. Clinical involvement is part of the curriculum and is **not** optional. Some clinical sites require Hepatitis vaccinations.

Students must attend clinicals in order to receive the required hands on hours; therefore, a maximum of four clinical days per semester can be missed without making them up. Students are responsible for make-up hours **on their own time** and at the discretion of the clinical site.

Failure to complete the required hours results in failure of the class regardless of paperwork grade.

REQUIREMENTS: Medical and liability insurance, planner, paper, folder, pen/pencils, an active email account (school account is ok) and scrubs w/ appropriate shoes for clinical work.
Negative TB and drug screen
(Student is required to attend on screening day or have tests done on their own)

FEES: \$70.00 (Includes: class fee, liability insurance, TB test, drug screen & *HOSA)
*HOSA is designed to be incorporated into the curriculum, but membership and associated fees are optional

PREREQUISITES: Completion of the two semesters of HST with a C or greater average and competency in all the basic skills. Demonstration of professional dress and behavior.

INSTRUCTIONAL PHILOSOPHY: All students are expected to comply with all school and course requirements. Course requirements are designed to meet regulatory standards for healthcare; therefore, each student must meet basic goals **without** accommodations. A variety of teaching techniques will be utilized to maximize student compliance and understanding.

Students are expected to participate in community-based health projects and clinicals while demonstrating professional appearance, attitude, and competence. Preceptors at the clinical sites will evaluate the students' performance each month and this will be factored into the daily grade. Consistently poor evaluations will result in a teacher conference and a **drop of one letter grade** if not improved immediately. **Required removal** from a clinical site (by instructor OR clinical site) **will result in failure. If a student does not participate in lab, they will receive zeros for the work missed. This includes suspension and ECAP.** Attendance to clinicals is essential. Unexcused or excessive clinical absences can result in failure. **A maximum of two clinical days can be missed.** Do not come to school on a clinical day and plan to stay in the classroom. Points will be deducted if you must remain in the classroom on a clinical day and

alternate work will be assigned. If you are well enough to come to school, you are well enough to attend clinicals.

Employability skills are stressed in Healthcare. **Students are graded daily on their participation in class and clinical. A student that is not present cannot participate and therefore does not receive points for that day. This includes students in SAC and ATS.** Students are encouraged to observe as much as possible while in a real healthcare setting.

COURSE OUTLINE:

Content Standards	Hours	Skills	Hrs.
ID basic treatments for diseases/disorders	20	Dosage and calculations	15
Workplace readiness skills critiques	20	PDR usage	10
Demonstrate legal/ethical behavior	20	Withdrawing meds from a vial	10
Synthesize medical terminology in facility	30	Fingerprinting	10
Electronic communication usage in facility	5	Blood typing	10
Develop a health and wellness plan	15	Capillary sticks	10
Analyze medications and treatments	20	Intramuscular injections	10
Therapeutic Communication skills in facility	20	Suturing	15
Describe client care procedures	15	Resume'	15
Explain techniques used in client care	10	Skills depend on career set	

ASSEMENT PROCEDURES: Performance will be assessed by written test, demonstration, module work, research essays and daily participation. **Students have more than one day to complete a skill. Zeros are given for skills not completed by the deadline (even if absent on the last day)**

GRADING SCALE:

Subject	Grade Percentage
Daily Participation (20 points per day)/written work	35%
Skills/Tests	55%
Portfolio	10%

Semester Grade: The two 9 weeks grades average for 80% and 20% is the final exam

CTSO: HOSA: Future Health Professionals

CULMINATING PRODUCT: Skills/knowledge needed to pursue a career in medicine.

AVAILABLE CREDENTIALS: Pharmacy Technician, Certified Patient Care Technician, Post-secondary certs in the laboratory, radiologic, and forensic fields.

CONDUCT:

1. Keep lab and work areas clean and organized
2. Provide a positive example for Foundations students
3. Be responsible for assignment due dates
4. Respect others, work without disrupting class
5. Absolutely no vulgar or disrespectful language. Be aware of non-verbal language.
6. Use professional terminology at all times (class and clinical)
7. Be PROFESSIONAL. Arrive at clinicals on time and properly groomed.
8. **Uphold patients' rights and confidentiality at ALL times**

- SAMPLE B
9. ALL patient contact should be compassionate, respectful, and professional
10. Do NOT use or sit on equipment without permission!!



HEALTH SCIENCE INTERNSHIP

Course Syllabus

INSERT SCHOOL NAME

I. GENERAL INFORMATION

A. Department: Health Science

B. Instructor: **INSERT TEACHER NAME**

C. Credit: One

D. Course Description: Health Science Internship is designed for students in Grades 11 or 12. This course provides students with the knowledge and skills necessary for becoming a healthcare worker or for preparing students for postsecondary health care education programs. Theory and laboratory components comprise at least ten percent of the course. Health Science Internship is designed to be completed in a hospital, extended care facility, rehabilitation center, medical office, imagery laboratory, or other health care facility.

E. Textbooks: L. Simmers; Diversified Health Occupations; multiple web-based resources; Dean Vaughn Medical Terminology, ATI Allied Health

F. Prerequisite: Foundations of Health Science & Therapeutic Services

G. Student Organization: HOSA Future Health Professionals is the student organization associated with the Health Science program. Career and technical student organizations are integral, co-curricular components of each career and technical education course. These organizations serve as a means to enhance classroom instruction while helping students develop leadership abilities, expand workplace-readiness skills, and broaden opportunities for personal and professional growth. Dues are \$20 per year. **NTHS-** The National Technical Honor Society is the honor society associated with recognizing outstanding student achievement in career and technical education.

H. CREDENTIALING AVAILABLE IN CPR INSTRUCTOR (some changes), PHARMACY TECHNICIAN, EKG TECH, MEDICAL ASSISTANT, & PATIENT CARE TECHNICIAN

II. Program Goals: Students will be expected to meet the course objectives/goals listed below and be able to demonstrate their underlying key concepts. The instruction will be laboratory & application based and will include some lecture, demonstration, problem solving sessions & project-based learning. Students will draw upon academic skills in math, science, writing, & oral communications. Both on campus & off campus clinical volunteering is available.

III. Course Objectives:

Students enrolled in Health Science Internship will:

1. Demonstrate basic healthcare skills according to facility protocol.
2. Identify basic treatments for selected diseases and disorders.
3. Critique key workplace readiness skills needed in a healthcare career.
4. Demonstrate legal and ethical behaviors in the health care setting.
5. Synthesize medical terminology used within the health care facility or agency.
6. Utilize electronic methods of communication within the health care facility or agency.

7. Develop a health and wellness plan based on client health history.
8. Analyze medications and treatments of selected clients using medical references to determine classifications, indications, contra-indications, side effects, and dosages.
9. Demonstrate therapeutic communication skills in the health care facility.
10. Describe client care procedures, including surgical procedures, Foley catheterization, and tooth extractions.
11. Explain techniques used in selected client care situations, including providing bed baths, taking vital signs, performing range of motion (ROM) exercises, and performing audiometry and vision screening.

IV. Essential Questions: How prepared am I to enter the world of work? How prepared am I to enter college? What can I provide my future employer with that will make me more employable than the next applicant?

V. Class Activities:

- | | | |
|---------------------------|-------------------------|-------------------|
| A. Lecture | D. HOSA Activities | G. Guest Speakers |
| B. Small group discussion | E. Outside Assignments | H. Videos |
| C. Lab Activities | F. Computer assignments | |

VI. Culminating Products: Credentialing, job shadowing, interning, HOSA competitive events, resume'

VII. Attendance Policy: Outlined in the **SCHOOL NAME** Code of Conduct (must attend Internship Days)

VIII. Classroom Safety & Security:

All students are expected to be familiar with emergency evacuation procedures, emergency medical procedures, & potential classroom hazards. The instructor will review these procedures at the beginning of the semester either orally or in writing. Please ask for clarification if you do not understand these procedures.

IX. GRADING POLICY

The grades for Health Science will be based on the following criteria:

- | | |
|----------|-----|
| 1. Major | 60% |
| 2. Minor | 40% |

X. CLASSROOM MANAGEMENT

All matters of student behavior will be dealt with according to **School System's NAME Code of Conduct. Additional HS expectations are as follows:**

1. HS students are involved in a program that prepares them to enter the world of work. Students are always expected to exhibit mature and respectful behavior.
2. Students will be involved in laboratory and skills activities during the school year. Absolutely no horseplay will be allowed. Do not misuse or deface medical equipment and supplies.
3. No food, drinks, or chewing gum are allowed in the classroom.
4. Students will complete housekeeping and laboratory cleanup as assigned.
5. Students who have repeated behavior problems in the HS classroom can expect a parent/teacher conference and may be restricted related to the HOSA activities in which they can participate.
6. Students are expected to ride the CTE bus to and from the facility unless otherwise approved by their home school principal. The "Off Campus Learning Agreement" must be on file at your individual school for you to participate in this course and potentially drive here. Students cannot carpool and must park in the designated parking near the south-wing closest to the Physical Therapy Dept.

I have read and understand the Health Science grading policy, rules, & procedures. I have reviewed the Code of Conduct. I agree to follow all rules and procedures. I understand that the Code of Conduct will determine consequences for noncompliance.

Student Signature

Parent/Guardian Signature Date



HEALTH SCIENCE INTERNSHIP COURSE SYLLABUS

Instructor:
Classroom Phone:
Email:

Course Title: Health Science Internship

Fees

Liability Insurance: \$15

TB Skin Test: \$15

Course Description: Health Science Internship is a one credit course designed for students in Grade 12. This course provides students with the knowledge and skills necessary for becoming a health care worker or for preparing students for postsecondary health care education programs. Theory and laboratory components comprise at least ten percent of the course. Health Science Internship is designed to be completed in a hospital, extended care facility, rehabilitation center, medical office, imagery laboratory, or other health care facility. The prerequisite for the course is Foundations of Health Science and Diagnostic Services and Therapeutic Services or their equivalent.

Career and technical student organizations are integral, co-curricular components of each career and technical education course. These organizations serve as a means to enhance classroom instruction while helping students develop leadership abilities, expand workplace-readiness skills, and broaden opportunities for personal and professional growth.

CTSO: HOSA

Prerequisites: Foundations of Health Science (minimum) and completing the application procedure guidelines

Course Goals:

Students will learn how to:

Follow safety procedures

Perform quality work

Demonstrate quality behavior

Demonstrate knowledge of Health Science standards with a minimum of ____ % accuracy

Develop skills needed to be a contributing and productive member of society

Essential Question(s): What skills and knowledge are needed for success as a Health Care Worker in the 21st Century?

Course Outline:

Orientation/ Safety

Employability Skills

HIPPA/clinical rotations

Legal and ethical behavior/clinical rotations

Basic health care skills/clinical rotations

Communication skills/ clinical rotations

Basic health care skills/clinical rotations

Client care procedures/clinical rotations

Basic health care skills/clinical rotations

Client care tech/clinical rotations

Instructional Philosophy: The Health Science philosophy is to provide an environment for developing proper skills, knowledge, safety habits, work ethics and pride in achievements.

Students will be expected to meet all the course goals and to demonstrate their understanding of the underlying concepts. The instruction will be lecture, videos, computers, demonstration, question and answer, laboratory, guest speakers and hands on application. The course requires students to use academic skills, such as Mathematics, Science, and Language Arts. Students will be expected to take part in discussions, work in groups, work individually, and complete homework assignments and complete assignments on time.

Assessment Procedures: Student assessment will be based on attendance and participation in class, daily work, performance tests when applicable, and course projects. If necessary, students will be provided remediation for course standards. Students will complete all course requirements at a minimum of 80% accuracy to pass the course.

Grading Scale:

- A = 90 – 100
- B = 80 – 89
- C = 70 – 79
- D = 60 – 69
- F = 59 and below

Culminating Product(s): Journals, test, preceptor evaluations, clinical rotations in a health care facility, competency in clinical skills

Available Student Industry Credentials/Career Readiness Indicators (CRIs):

Patient Care Technician

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____



SAMPLE MISCELLANEOUS DOCUMENTS

Create the documents your LEA
needs to assure
students/parents/clinical sites
understand all requirements, grading
procedures, clinical requirements,
and processes, etc.



Health Science Driver Permission Form

Student Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____

Parent's Telephone Number: _____

Student's Driver's License Number: _____

Insurance Company: _____

Policy Number: _____

Make of Car: _____

Model of Car: _____ **Tag Number:** _____

School Parking Permit Number: _____

Owner of Car: _____

I give permission for my child to drive to a clinical (healthcare) site. I understand that my child is not allowed to drive anyone else in the car and they must drive directly to the clinical site and to the school. I understand my child will lose their ability to drive to a clinical site if the policy is violated.

Parent or Guardian's Signature: _____

* The Health Science teacher will make a copy of the student's driver's license and insurance card.

Clinical Checklist					
What	When	How	Cost	Why	✓
Signed clinical contract with parent signature on transportation form notarized	November 15	Read contract, return signature page only notarized	Free at board of education office or check with your bank	Contract explains student requirements and gives parental permission to drive to clinicals and attend	
Driver's license-current	November 15	Bring ID to school and make a copy	Free	Students allowed to drive for school functions need to have proof of DL	
Car Insurance	November 15	Bring card to school and make a copy	Free	Students allowed to drive for school functions need to have proof of ins	
A watch with a second hand (no digital watches)	January 6	Waterproof is recommended	\$5 or more depending on preference	Required to check pulse and respiration.	
Hepatitis immunizations, the Varicella (chicken pox) immunization, the Measles or Measles, Mumps and Rubella Vaccination (MR or MMR), the meningococcal vaccine, and the TDAP is suggested but not mandatory.	November 15	Bring a copy of shot records from the doctor	Free	All health care workers must have this per the CDC	
Tuberculosis Test (PPD or Mantoux) Hepatitis proof	November 15	Your doctor, urgent care, Cares, or health dept	Depends on your ins. <i>Hep B vaccine on blue card</i>	All health care workers must have this per the CDC	
CPR card –copy in folder on file	November 15	All student took CPR with me	Free copy	Most of our state & clinical sites require all employees to be BLS CPR certified	
Flu shot for the current flu season	November 15	Health Dept or private MD	Free-\$35 depending on ins Health Dept is cheapest	CDC recommends it and our clinical sites require it	
Proof of Health Insurance	November 15	Purchase insurance and bring card to copy	Cost of ins varies Copy of card is free	Students are at risk for injury or infection during clinical. CCCTS and some of our clinical sites require it.	
One pair of rubber soled tennis shoes, white, gray, or black.	January 6	Purchase at local shoe stores	Depends on choice	Shoes are PPE and protect the foot from body fluids and dropped sharps. They need to be wipeable and cover the foot completely	
Liability Insurance	October 1	Pay school for our blanket insurance	\$15	Clinical Sites and state require this. It covers if	

				the student causes harm to a patient	
One Monogrammed Pewter Scrub Set	September 6	Order on cheddar up website	\$30	Uniform is required by clinical sites. White Monogrammed Jacket is optional.	
Clinical site 1 forms	November 15	Read the forms and sign	Free	Clinical Site Requires	
Clinical site 2 forms	November 15	Read the forms and sign	Free	Clinical Site Requires	

CLINICAL SITE LIST AND INFORMATION

Clinical Site	Phone	Contact Person	Address	Drive/Bus	Comments
VETERINARY					
HOSPITALS					
DOCTOR'S OFFICES					
PHYSICAL THERAPY					
DENTISTRY					
MENTAL HEALTH					