

Student Agreement 2018-2019

My initials and signature on this learning contract acknowledge that I have received, read, understand, and agree to comply with the expectations and restrictions specified in the NCH Paramedic Program student policies and procedures and guidelines of Harper College. The terms of this agreement extend from **August 31, 2018 until my date of graduation.**

Initials	<p><u>Required policy compliance to retain student status includes but may not be limited to the following:</u></p> <ul style="list-style-type: none"> • Maintaining required CPR credentials • Maintaining an active EMT, AEMT, or EMT-I license until licensed as a paramedic • Completing health requirements, immunizations, and providing required documentation on time • Satisfying required criminal background and urine drug screening clearance • Verifying personal health insurance that remains in full faith and force throughout the student tenure • Completing and documenting required hospital clinical and field internship assignments and patient care contacts in compliance with Program instruction plans • Completing all evaluations on time in compliance with Program instruction throughout scheduled course and up to 6 months post-graduation. • Maintaining HIPAA and confidentiality standards and universal standard precautions at all times, plus contact and/or droplet precautions as indicated during class labs as well as in the clinical settings
	<p><u>Student behavior and conduct:</u></p> <ul style="list-style-type: none"> • Demonstrating principles of professionalism and complying with the codes of conduct in achieving the affective objectives as defined by the program. • Complying with principles of ethical behavior as defined by the Harper College Code of Conduct, NWC EMSS Ethics policy, program guidelines and course syllabus. • Assuming an active role for learning through engagement and compliance with course requirements. • Being respectful of hospital property and adhering to rules of use for them. • Refraining from recording or photographing lectures or class activities without the instructor's permission.
	<p>I affirm that I have received a copy or have been directed to electronic access to the NCH Paramedic Program Student Handbook, NWC EMSS Standard Operating Procedures, Policy Manual, Procedure Manual and Standard Drug & Supply list. I understand that I am accountable for fully reading each and acting in compliance with the standards and requirements set forth in each.</p>
	<p>I affirm that I have received a class academic calendar as currently planned. I understand that it may change for cause and it is my responsibility to check the System website for updates and to attend all classes, labs, examinations, and clinical experiences and to complete all assignments in compliance with Program policies.</p>
	<p>I understand that failure to comply with Program policies in compliance with quality and time standards will trigger corrective action and disciplinary consequences as specified in the student handbook.</p> <p>I understand that if my behavior results in a clinical agency refusing to allow me to return, the program/college are not obligated to find an alternate site, which will affect my continued participation in the program.</p>
	<p>I understand that under the Family Educational Rights and Privacy Act (FERPA) I have access to my student records and that the Program will hold my records confidential under the Act unless I consent to their release.</p>
	<p>I affirm that I have been informed my IDPH EMT license number will be required on every quiz and exam Scantron sheet as it will serve as my unique identifier for the grading software. Furthermore, I am aware that failure to provide this number WILL NOT be considered an extenuating circumstance that would allow a make-up exam.</p>
	<p><i>Furthermore, I also understand that:</i></p> <ul style="list-style-type: none"> • The Program reserves the right to change class policies or requirements without prior notification and that the Program will inform me of those changes. • This signed document will be placed in my student records. • My social security number may be disclosed as required for regulatory and licensure requirements.

I release and fully discharge NCH, and its employees, agents, and representatives, from any claim, damages, liability, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this agreement. I represent and certify that my true age is at least 18 years old and am competent to contract in my own name. I have read this entire Student Agreement. I fully understand the contents, meaning, and impact and agree to be bound by it.

Student name (PLEASE PRINT)

Student signature

NCH Paramedic Program representative

Date