

State of Illinois TNS Program – ALGH/NCH site

STUDENT LEARNING CONTRACT F17

This agreement shall be signed by the TNS student on the first day of class after orientation and submitted to Connie Mattera.

I affirm that I am responsible for complying with the policies, procedures and guidelines of the Trauma Nurse Specialist Program including, but not limited to, the following:

Initials	Attestations
	I have received a copy of the TNS Course policies. I understand that I am responsible for reading this document and will be held accountable for acting in compliance with the standards and requirements set forth in it.
	<p><u>Student behavior and conduct:</u></p> <ul style="list-style-type: none"> • Demonstrating principles of professional behavior as defined by the program in the student policies. • Complying with ethical principles of academic honesty as defined by program guidelines. • Assuming an active role for learning through engagement in classroom activities and compliance with program and course requirements. • Being respectful of classroom and hospital spaces and adhering to rules of use for them. • Paying all course, exam and licensure fees promptly and honorably.
	I have received a class academic calendar. I understand that it is my responsibility to complete all class assignments (homework questions) and to attend all lectures, labs, and examinations as scheduled unless alternate arrangements have been made with the course coordinators in advance.
	I understand that failure to comply with these provisions or failure to complete a mandatory course component will trigger actions that may include a grade and/or CEU reduction, a delay in course completion, a delay in being recommended to take the state written exam, course failure, and/or dismissal from the program depending on the nature of non-compliance.
	I understand that under the Family Education Right to Privacy Act (FERPA) I have a right to access my student records and that the TNS CCs will hold my specific grades as confidential in compliance with Program policy unless I authorize in writing to release them to a named party.
	<p>I also understand that:</p> <ul style="list-style-type: none"> • It is my responsibility to make electronic application with Continental Testing Services (CTS) to take the State TNS written exam as soon as I have successfully completed all course requirements. • That my eligibility to sit for the Illinois TNS exam for the first time will only be in effect for 90 days from the date the TNS CC submits a student roster with my name on it to CTS. • That I have a total of 3 attempts to pass the state exam within one year of completing the course. • That a TNS license will not be awarded until I pass the exams and pay a licensure fee to IDPH. • This signed document will be placed in my student file.

The terms of this agreement extend from September 6, 2017 until November 21, 2017 for class and 90 days after a testing roster is submitted to CTS with this student's authorization to test.

Student name (PLEASE PRINT)

Student signature

Hospital affiliation

email address

TNS Course Coordinator

Date