

McDowell Technical Community College
EMERGENCY MEDICAL PROGRAM STUDENT AGREEMENT
EMS Program Student Handbook

I, _____, the undersigned student, enrolled in the MTCC EMS PROGRAM, hereby understand and agree to the following conditions, including during my clinical education at assigned FACILITIES:

I understand my participation in this program in which I will receive structured clinical experience is contingent upon my satisfactory performance and cooperation with the FACILITY staff, and if at any time I do not abide by the below conditions, I understand that I may be removed from the Program.

I understand my clinical performance as it relates to Program objectives will be evaluated on a regular basis by designated faculty and/or FACILITY representatives and that I may be dismissed if my performance is not satisfactory.

I understand that the records and documents of the FACILITY are legally confidential, and I will not divulge any personal and/or medical and/or business information concerning any person and/or record which I encounter at any FACILITY.

I understand that during my participation in the clinical experience I am not an employee of MTCC and am not entitled to any of the benefits of employment such as worker's compensation coverage, wages, or medical insurance. I understand that I also am not an employee of the FACILITY and am not entitled to any employment benefits during my participation in this Program.

I understand that I am responsible for my transportation to and from the FACILITY and to any clinical assignment.

I understand that I am responsible for expenses related to my own illness.

I have reviewed a copy of the Exposure Control Plan which outlines the Program's requirements regarding vaccinations, precautions, and education concerning blood-borne pathogens, and my responsibilities and options should an exposure occur.

I am in compliance with North Carolina General Statute 130A-155.1 and North Carolina Immunization Rules and have provided the college with evidence of the following current immunizations: (a) diphtheria-pertussis-tetanus or tetanus-diphtheria, (b) measles (rubella), mumps, and rubella (MMR is the preferred vaccine), (c) chicken pox (varicella), and (d) a tuberculin skin test (PPD) or a chest X-ray if the skin test is positive. This list is subject to change depending on the clinical site requirements.

I understand that I am responsible for following the administrative policies of the FACILITY, and for completing and providing a record of mental and physical health, immunizations, current CPR certification, and other informational forms (using Departmental forms) requested by the FACILITY or the EMS Faculty.

I will submit to any additional laboratory tests required by clinical agencies with which the college has an educational affiliation agreement. I will follow the recommendations of a qualified health care provider for corrective measures in instances of a known health problem.

I understand that I am responsible for adhering to the dress code of the Program and FACILITY and for any necessary expense in attaining and maintaining appropriate uniforms.

I understand that I am responsible for reporting to the designated individual (faculty or FACILITY liaison) at the FACILITY on time during my scheduled assignment, and that I must notify the designated individual of any deviation from my scheduled arrival/departure times.

I understand that I am required to adhere to the policies and procedures delineated in the EMS Program Student Handbook.

I agree to verbally report promptly to my clinical faculty instructor any incident of which I have actual knowledge which might involve legal liability on the part of myself, a classmate, or licensed nursing personnel. I agree to report promptly in writing to the EMS Program Director any incident of which I have actual knowledge which might involve legal liability on the part of my supervising faculty instructor. Such report shall be filed within two days after the occurrence of such incident.

I pledge on my honor as a professional student in the EMS Program that I will comply fully with the academic honesty policy in the MTCC Student Handbook, which precludes:

1. Cheating--intentionally using or attempting to use unauthorized materials information, or study aids in any academic exercise.
2. Fabrication--intentional falsification or invention of information or citation in any academic exercise.
3. Plagiarism--intentionally or knowingly representing the words or ideas of someone else as one's own in any academic exercise.
4. Facilitation of academic dishonesty--intentionally or knowingly helping or tempting someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

The EMS faculty has my permission to keep samples of my written work to use as exhibits for approval and accreditation processes.

I understand that EMS Program faculty will consult with each other regarding my clinical and academic performance.

I acknowledge that I have received a copy of the student handbook and I understand the above conditions of acceptance and agree to perform accordingly.

Student Signature

Date

A copy of this contract will be filed in the student's EMS Program academic folder after it is signed and dated.