



Career and Technical Education Nursing Assistant Program

STUDENT AGREEMENT

This agreement is to be strictly practiced at all times during the Nursing Assistant Clinical Rotations.

1. I will make it my responsibility to know, understand, and keep within the guidelines of my clinical assignments in order to ensure the health and well-being of each patient/resident. In the event that I do not understand any aspect of my assignment, I will speak to my clinical instructor prior to providing care to any patient/resident.
2. I will uphold all of the patient's/resident's rights while working in the hospital/nursing home.
3. I will uphold the patient's 'right to privacy' by holding in confidence all information gained concerning staff, patients/residents, and hospital/nursing home. I will stay out of the nurse's station, unless otherwise directed.
4. I will adhere to the dress code of the Nursing Assistant program.
5. I will telephone or e-mail my instructor if I will be late or absent.
6. I will complete all assigned work before leaving the clinical site (I&O, documentation, etc.)
7. I will respect and properly care for all equipment.
8. I will not go to any department or floor, other than the one I am assigned to, unless directed to do so by my instructor. I will not leave the unit until directed by my instructor.
9. I will not be provided with a break* while I am on clinical, since I will be on the assigned units for no longer than 2 hours per day. *All day clinic will have a lunch break.
10. I understand that I am not to eat, drink, smoke or vape (or chew) while on clinical. I will use only designated bathrooms, never a resident/patient bathroom.
11. I will practice good oral communication with the staff and patients/residents while not discussing my personal life and maintaining professional behavior.
12. I will maintain all safety measures and infection control practices outlined and performed in the classroom to ensure patient/resident, employee, and personal safety while at clinic.
13. I understand that I will not be able to have my cell phone with me at clinical and will leave it in one of the offered options (locker, teacher's desk, charging station, etc.) I understand that in the event of an emergency my parent or guardian may reach me at 315-963-4251 and then locate me at my clinical site.

I understand that failure to comply with any of the above items may result in my suspension or expulsion from the clinical experience/program and an alternative assignment may be given. No clinical hours will be awarded due to the infraction.

Student's Name (print): _____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____