

## **Student Agreement and Memo of Understanding**

Student, by reading and signing the document below you are providing documentation you have the understanding of the requirements and expectations of the Allied Health course you are attempting. This is a required document to be mailed in with the rest of the student's documents.

### **STATEMENT OF CONFIDENTIALITY**

While participating in special educational projects, clinical experience, or other activities while enrolled as an allied health student at Pratt Community College, the student may have access to information which is of a confidential nature. Because these learning activities are at a professional level, the individual is expected to respond at all times in a professional manner. Any information, either written or oral, having any relevance to patient care is strictly confidential. Any information about any clinical facility's organization, personnel, maintenance, and activities is the concern of the facility and should not be discussed. Discussions regarding patients and the clinical facility's matters are restricted to the proper professional environment under the supervision of appropriate health care professionals. Any use of information related to the education project, clinical experiences, or other activities must have prior approval of clinical facility's administration and the Pratt Community College's allied health faculty.

### **COMPUTER KNOWLEDGE**

I have basic knowledge in computer usage and have Internet access. I understand the expectations of the online course if applicable. My computer has Microsoft Word and I understand how to attach and email files.

If I need help with the content of the course my instructor will be available via email or phone number that has been supplied in the syllabus.

I have created my Self Service account

### **SPECIAL ACCOMADATIONS**

If I need special accommodations I have contacted the Student Services office at the Pratt main campus.

### **INTEGRITY**

As a student with Pratt Community College, I agree to be responsible for my own work in any course I take at Pratt Community College. I will treat this course as a serious learning adventure as well as an addition to my education in Health Care.

### **COURSE REQUIRMENTS**

I have downloaded and reviewed the course syllabus.

### **LAB DAY AND CLINICAL DAYS VERIFICATION**

I understand this is a contract with Pratt Community College Allied Health Department. I understand there are no make-up days for the lab and clinicals. **I understand I will be given a letter grade of "F" if I do not attend all the dates that will be given to me by the instructor or from the Allied Health Office.** I will be attending all sessions of lab and clinical times.

\*\*Pratt Community College reserves the right to change lab or clinical days due to unforeseen circumstances and will reschedule dates as soon as possible.

\*\*\*Pratt Community College reserves the right to remove a student who does not meet the requirements of the course and award a Failing grade.

IF YOU ARE A CONCURRENT HIGH SCHOOL STUDENT; PLEASE PROVIDE A PARENTS SIGNATURE AND CONTACT INFORMATION.

**By my signature, I verify that I have read the above information and agree to abide by Pratt Community College's policies.**

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student E-Mail Address (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if applicable)

\_\_\_\_\_  
Parent contact phone number

Please note: Some Allied Health classes do not require clinicals.

**Nurse Aide and Medication Aide have REQUIRED lab and clinical days.**