

Colorado Nurses Aide School

Attendance Policy

This is a setting for adult learners. That being said, we expect you to conduct yourselves like adults during our time together at the Colorado Nurses Aide School / Nursing Aide Program.

This means that we expect you to arrive to class on time. If you are going to be late, please text or call your instructor (phone numbers will be provided).

If you are going to be absent please call or text your instructor. **It is your responsibility to make up missed assignments and tests.**

If you miss one (1) class, you will be asked to retake the course at the next time the course will be offered.

If you are going to be late for lab, please text or call your instructor.

Missing lab is not an option. This is where all of your hands-on experience happens. If you miss a lab, you will need to make it up at another time when lab is offered.

Drugs and Alcohol Policy

If you come to school or clinical smelling like alcohol, marijuana or are suspected to be under the influence of any behavior-altering substance, you will be asked to leave. The school setting is a professional area and you should conduct yourself accordingly.

The above information has been explained to me. I understand my responsibility as a student at the Colorado Nurses Aide School and the consequences should I not fulfill my responsibility.

CONFIDENTIALITY STATEMENT

As a student of Colorado Nurses Aide School / Nurse Aide Program, I realize that while working in any health care facility during the program as part of my assigned clinical experience, I am dealing with confidential information and communications.

I understand, that information about clients/residents, their families, diagnosis and treatment, financial situation, as well as employees of the facility, staff, and faculty during the course of study is to be discussed only in accordance with my professional responsibilities.

I shall not discuss any information in the provision of care in any other manner.

I understand and assume my responsibility to protect the rights of patients, their families, all employees of the facility, staff and faculty by maintaining confidentiality of communication.

I am aware that violation of the above agreement will be grounds for probation or dismissal as determined by program instructor, program coordinator and school administration.

Signature

Date