

COLORADO NURSES AIDE SCHOOL / NURSE AIDE PROGRAM

STUDENT AGREEMENT

Student Name: _____

By being accepted in the Nurse Aide Program I hereby understand and agree to the following conditions:

1. My tests/quizzes and skills checklist will remain in my student's file at the Colorado Nurses Aide School.
2. I agree to allow the school to submit my Criminal Background Record check.
3. I understand that assigned clinical experience *is not considered employment* and I will not accept any salary/pay for the provided services.
4. I understand that the School assigns clinical practicum site and as a Colorado Nurses Aide School student *I will not act as an independent agent.*
5. I understand that prior to the beginning of the required clinical practicum I must complete all required academic and lab classes with passing grades no less than 85% for the theory and 100% for the lab skills.
6. I understand that during my clinical assignment I must *perform only services I have been trained for* and found proficient by the Instructor and I must act within the Nurse's Aide scope of practice and never perform skills or procedures in which I have not been trained for or outside of Nurse's Aide Scope of Practice.
7. I agree to immediately report, verbally and in writing, to the Colorado Nurse Aide School any accident /incident of which I have actual knowledge and which may involve legal liability. Such report shall be filed within two days after the occurrence.
8. I understand that the clinical affiliates retain the right to require the removal from or deny my access to the facility in the event of my professional ability or disreputable/disruptive conduct to the established practices of the clinical facility.
9. I further understand that it is my responsibility to provide my own transportation to and from the clinical site, and to provide a uniform required by the Colorado Nurses Aide School and clinical site.
 - a. *I shall at all times while on duty maintain personal hygiene and personal appearance as required by the school and clinical facility.*
10. If it becomes necessary at any time to interrupt my assignment, once I have entered, I will discuss this matter with my clinical instructor/program coordinator prior to leaving the clinical site. The interruption does not guarantee a place being held for me.
11. I understand that if I am removed from the clinical facility or asked to leave for any reason, I will immediately notify the Program Coordinator. Removal from the clinical site for any reason may result in termination from the program.
12. I consent to have Colorado Nurses Aide School release grade and performance information if I have applied for employment, education programs, scholarships, etc. to person/institution requesting the information.
13. ***I have read and understand the Colorado Nurses Aide School Attendance Policy, Confidentiality Statement, Clinical Site and Dress Code Policy, Drug Screen and Background Policies.***

Failure to comply with Colorado Nurses Aide School Guidelines for Clinical Performance, Attendance, Attitude and Attire may result in termination from the Program.

STATEMENT OF RECEIPT AND UNDERSTANDING OF POLICIES

I have received a copy of the Nursing Aide Program Student's Handbook and Policies and Procedures, Plan of Instructions and Courses Outlines.

I have read, ask for clarification if needed, understand, and agree to comply with all policies contained therein.

I understand that failure to comply with these policies results in the termination of my program.

Student Signature _____ Date _____