Addendum to SCC student handbook relative to the ICT program. Rev.12/10/19

Failure to progress: Each course of the curriculum must be passed in sequence with a minimum of 2.0 GPA. If a failure occurs and a student wishes to return, the student must start again at the beginning of the program to ensure learning continuity of didactic, lab, and clinical competency. A student can attempt the ICT program twice. Clinical sites may ask for or have access to crime check results and CCS behavior contracts. The contents of these documents may preclude your placement at a facility. If you are dismissed from a clinical site for cause it leads to a failure of the clinical grade and you would not complete the program.

Drug screen: Students may be asked to submit a drug screen prior to clinical placement. Once in clinical students should be prepared to submit a subsequent drug test the same day of request. Failure to comply will be considered a positive result and lead to dismissal from clinical. We will follow testing facilities guideline for interpretation of results ie. a diluted sample X 2 will be equivalent to a positive result.

(Positive result = failed drug test)

Absenteeism in clinical: More than 3 missed clinical days not made up before the end of the quarter may result in failure.

Clinical placement protocol: Summer, first rotation/ 40 hours per week for one month = 160 hours: I have the students place their requests in writing dated and signed. This is spurred on during the first couple of weeks into the program by class discussions and an essay they write about where they want to train and end up post-graduation. I take them in the order they were received. Out of the 14 students usually 10 will travel to out of town locations the others stay in Spokane. Scott runs similar protocols in Tacoma but there are many more slots in Puget sound and very few need to leave home. I take any Tacoma students out of western WA. and run them with my Spokane cohort travelers.

Fall/Winter rotations: We are back in town and have 14 hrs. week of clinical. We keep the same sites as Summer for those who did not travel. The returning travelers are split between our local sites. We generally have a Mon/Th and a Tu/Fri rotation. I have them write down their preference and usually they fall into place. If more want one rotation I ask them to talk to each other and balance the # of students between the 2 schedules. They are usually able to do this on their own. If not I have a sit down and we come to a group decision.

Spring 3 months full time 40 hours/week to a total of 396: The students who traveled out of town have the right of first refusal to their summer sites. If they do not wish or are not invited back another student may use it. For those who wish to stay in Spokane I have them submit their resumes and the local lab staff select who they will invite. For those who are traveling to a new site I use the summer protocol rotations are handled in the order they are received.

I often develop new sites to help students move into an area they are interested in or have family ties to. I keep this process very transparent to all students and share the wish list with all, no favorites. Managing these site placements and clinical relationships is one of the most important facets of my job as program director. It is heavily reliant on our relationships with lab personnel and the past reputation of our students.

I have been running these clinical for 23 years and have had very few student complaints with this system. Early, continuous, and transparent communication with the students is key.

I have read and understand this document_____date_____