

SPOKANE COMMUNITY COLLEGE

HEALTH & ENVIRONMENTAL SCIENCES DIVISION

CLINICAL AGREEMENT

I, the student, understand that it is my responsibility to complete and turn in to the Health Sciences office all of the required documentation listed in this agreement for participation in a clinical experience. I understand that it is my responsibility to keep a copy of all documentation, as it may be requested by the clinical site I attend, or by a future employer. I understand that the documentation I turn in becomes property of the Spokane Community College Health & Environmental Sciences Division, and will not be returned to me or copied for me upon leaving the program.

- Background authorization
- Blood borne pathogens certification
- Clinical agreement
- CPR card
- Drug screening
- Flu vaccination
- HIPAA
- Hepatitis B form – with titer
- Copy of License (nursing students only)
- Medical insurance
- MMR
- Physical
- TB Test
- TDaP
- Varicella vaccine – with titer

Please read the clinical requirements explanation prior to completing them.

I understand that when I attend clinical that I am obligated to follow the college and the clinical site policies and that I am to wear appropriate uniform/clothing with an official SCC Clinical ID. I understand that when I attend clinical that I remain a student and am not an employee of the clinical site and am not entitled to any monetary or other remuneration for services performed at the clinical site. I understand that if I am injured or have an incident involving contamination, I am responsible for the cost of any health care services, and I agree to participate in the appropriate follow-up testing which may be needed. I understand that I am responsible for any medical expenses that may occur to me while I am a student at Spokane Community College.

In consideration for Community Colleges of Spokane/Spokane Community Colleges allowing me to participate in the clinical experience, I hereby release Community Colleges of Spokane, Spokane Community College, its Board of Trustees, employees, agents, representatives, and contractors from and against any and all claims, and damages arising out of or in connection with my participation in the clinical experience.

I have reviewed this clinical agreement and agree to all of its terms.

(Student signature)

(SID)

(print name)

(Date)