STUDENT AGREEMENT CONCERNING EDUCATIONAL TRAINING PROGRAM

In consideration for being permitted to participate in a clinical training experience at Emory University d/b/a Emory University Hospital, Emory University Orthopedic and Spine Hospital and Emory University Hospital Midtown; Emory Johns Creek Hospital, Wesley Woods Center, The Emory Clinic and Emory Children’s Center at Emory University in Atlanta, Georgia (individually or collectively referred to herein as Emory”), I hereby agree to the following:

1. To follow the administrative policies, standards and practices of Emory including, but not limited to the following:
   a. Students administer medications when under the direct supervision of Institution’s faculty. Direct supervision is defined as retrieving medications from the medication room through administration of medications at the bedside. This means that 100% of the medication administration process is observed by the Institution’s faculty for every medication administered by a student. If for any reason the Institution’s faculty is unavailable to supervise the process from the medication room to the patient’s bedside, and the medication cannot wait until the Institution’s faculty is available, the patient’s nurse will administer the medication.
   b. Two licensed RNs will perform the “double-check” for any medications or procedures requiring a “double-check” pursuant to Emory policies and procedures.

2. To report to Emory on time and to follow all established rules and regulations of Emory.

3. To comply with federal and state laws, including but limited to the Health Insurance Portability and Accountability Act of 1996 and its accompanying federal regulations, and the rules and regulations of Emory regarding the confidentiality of all medical, health, financial and social information (including mental health) pertaining to particular clients or patients.

4. To not publish any material related to my educational training program that identifies or uses the name of Emory or its members, clients, students, faculty or staff, directly or indirectly, unless I have received written permission from Emory.

5. To follow all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.


7. To arrange for and be solely responsible for my living accommodations while at Emory.

8. To provide the necessary and appropriate uniforms and supplies required where not provided by Emory.

9. To wear a nametag that clearly identifies me as a student.

I understand and agree that Emory shall not be responsible for any loss, injury or other damage to myself or my property arising during my participation in the educational training program.

Further, I understand and agree that I will not receive any monetary compensation from Emory for any services I provide to Emory or its clients, patients or staff as a part of my educational training program.

I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of Emory; that Emory assumes no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; and that I am not entitled to any benefits available to employees. Therefore, I agree not to in any way hold myself out as an employee of Emory.
I understand and agree that I may be immediately withdrawn from the educational training program by Emory based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of Emory, if I pose a direct threat to the health or safety of others or, for any other reason Emory reasonably believes that it is not in the best interest of Emory or Emory’s patients or clients for me to continue.

I understand and agree to show proof of professional liability insurance in amounts satisfactory to Emory, and covering my activities at Emory, and to provide evidence of such insurance upon request of Emory.

I further understand that all medical or health care (emergency or otherwise) that I receive at Emory will be my sole responsibility and expense.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, suffer under no legal disabilities, and that I have freely and voluntarily signed this “Educational Training Program Agreement.”

This the ____ day of _______________________, 201__.

_________________________________ _________________ _______________
Signature      Witness Signature

Name:___________________________  Name:___________________________
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