

Student Clinical Agreement

Please print clearly in ink, complete every section, and sign before beginning your clinical experience.

Please Note: Print and complete this form by hand. Bring the signed form with you along with a copy of your resume and a valid government-issued photo ID. Do not return this form by email.

STUDENT INFORMATION

Name**Last 4 Digits of SSN****Email****Preferred Phone #****Place of Employment / Immediate Supervisor Name and Contact Information****Term / Course (check applicable):**

- ☐ Nurse Practitioner
- ☐ Medical Student
- ☐ Medical Administrative Assistant
- ☐ Post Graduate Clinical Rotation

ROLES AND EXPECTATIONS

Students are required to comply with the policies, rules, regulations, and ethical standards of Access Family Care, LLC in providing care to individuals across the lifespan. Students must behave in a respectful manner, perform in a manner that respects and accepts cultural differences, and agree to accept guidance from the assigned clinical trainer. Students are expected to be active participants throughout the clinical experience. Students are required to:

- Demonstrate professionalism in appearance, behavior, and communication
- Complete the assigned number of clinical hours agreed by the institution
- Be punctual, and speak directly to the office manager / supervisor for other time conflicts
- Maintain confidentiality and privacy

CLINICAL PLACEMENT DETAILS

Name of Attending Institution

Program

Program Start Date

Program End Date

Reason Why You Chose This Field

Goals for This Clinical Experience

EMERGENCY CONTACT

Name

Phone

Relationship

Student Signature

Date

Name of Supervisor

Date

A copy of your resume and a government-issued photo ID must also be submitted along with this form.