

Conditions of Participation Sisters of Charity Providence Hospitals

I, _____, acknowledge that I am a student at _____
Name of Student Name of Educational School

_____, and that I am fully qualified to participate in a clinical training event at Sisters of Charity Providence Hospitals (“Hospital or Providence”).

I agree to abide by the following conditions of participation:

1. I agree to complete all required homework/self study assignments according to assigned timeframes.
2. I agree to abide by all Hospital policies, including those pertinent to safety, infection control, dress code, security, drug and health care screenings, patient care (as applicable) and conduct.
3. If my clinical experience involves direct patient care, I agree to provide the Hospital with documentation of (non reactive) tuberculin skin testing within the past year. In the event that I do not have such documentation, I agree to submit to a PPD Tuberculin Skin Test.
4. I agree to submit to drug testing at any time if required by Providence.
5. I am not actively infected with any communicable or infectious disease. I will promptly inform Sisters of Charity Providence Hospitals should I be exposed to any communicable or infectious disease, regardless of where this exposure occurs.
6. I agree to perform only the duties to which I am assigned and only under the supervision of designated hospital and/or instructional staff.
7. Should I sustain an “on the job” injury, I understand that I am not covered by the Hospital’s worker’s compensation program nor by any Sisters of Charity Providence Hospitals benefit program including health insurance.
8. In the event of injury, I understand that I may seek Hospital emergency department services, in which case routine emergency department charges will be applied.
9. I agree that I or the school must provide and maintain professional liability insurance in amounts satisfactory to Sisters of Charity Providence Hospitals, before I may begin my clinical training and throughout my clinical training inform Sisters of Charity Providence Hospitals.
10. I agree to immediately disclose to the Hospital any debarment, exclusion or other event that makes me an ineligible person with respect to participation in any federal health care program.
11. I agree to participate in any orientation and training required by Providence, including Life Safety Training.

I have read this document, have had an opportunity to ask questions, and I fully understand its contents. I am signing this document freely and voluntarily.

Signature of Student/Date

Signature of Parent/Guardian - Date

Note: Each student participating in a Clinical Training Event at Sisters of Charity Providence Hospitals is required to agree to the following Conditions of Participation, which are incorporated as an Addendum to all Clinical Training Agreements. The terms of these Conditions of Participation are not intended to form any employment relationship of any kind between Student and Providence, and Providence may revoke Student’s participation in the Program at any time for any reason.