Southeast community college — PRE-ENTRANCE AGREEMENT

HEALTH OCCUPATIONS EDUCATION DIVISION

I have read and understand the regulations of Southeast Community College in the College Student Handbook and the Program Handbook in which I am enrolled. While a student of the College, I do agree to uphold and abide by these regulations and guidelines.

I understand the specific Health Occupation Education admission requirements of the program I have selected.

I understand the health risks involved in a Health Occupation Education program.

I understand that I am responsible for all costs related to any injury sustained while attending school or assigned to the clinical education site.

I understand that direction of clinical education is the responsibility of the SCC Instructors.

I further understand that SCC is not responsible for transportation liability if I choose to ride with others to and from the College, clinical education sites, or to and from any field trips.

I understand that I may be dismissed from Southeast Community College Health Occupations Education programs for reasons, which include, but may not be limited to:

1. Failure in class/laboratory/clinical performance as specified in program guidelines, i.e., not meeting clinical objectives or failure to carry out an assignment.
2. Failure to abide by policies and procedures of a clinical agency, e.g. HIPPA/PHI.
3. Falsification of records, reports, or examinations.
4. If a student is asked to leave a clinical site by the agency and the agency refuses to allow the student to return and, as a result the student is dismissed from the program, the student is not eligible to reapply to any health program at SCC.

*5. Excessive absences.

*6. Personal habits or actions that interfere with performance or success as a health team member, i.e., inappropriate and/or visible tattoos or body piercing that may be offensive to others; i.e., coming to class or clinical under the influence of alcohol or other chemicals or with a hangover.

*7. Inappropriate and/or unethical conduct, e.g., a breach in confidentiality.

*** Defined by each program. Consequences are determined by the professional judgement of the Program Chair and Faculty according to the individual circumstances and program policy.**

Print Student Name	Student Signature		Date
Street Address	City	State & Zip	Telephone
Witness	Title		Date

White Copy – Program Chair **Yellow Copy** – Student