# Duties and Responsibilities of Student (THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION)

1. The Student will complete and be responsible for the cost of providing all health forms, health insurance, testing, and certificates requested by the Facility.
2. The Student will comply with all applicable policies, procedures, and rules of the Facility.
3. The Student will participate in orientation, required mandatory education, and skill training as required by the Facility.
4. The Student will demonstrate professional behavior appropriate to the environment, including adhering to the

Facility’s established dress code and maintaining high standards at all times.

1. The Student will follow the policies, rules, and regulations of the Facility, including those regarding confidentiality of information.
2. The Student’s conduct at all times, both at the Facility and outside normal business hours, will be in a personally and professionally ethical manner.
3. The Student will make appropriate arrangements for transportation and housing, if necessary, and be responsible for all travel and living expenses incurred in relation to the educational experience.
4. The Student agrees that the University may share information received from a Student's Criminal Background Check and Drug Testing with the Facility, if applicable.
5. The Student will conform to the work schedule of the Facility and make up time and work missed during unavoidable illnesses, in consultation with Facility supervisor, the Student’s University placement coordinator and/or instructor.
6. The Student will obtain prior written approval from University and the Facility before publishing or presenting any material relating to the educational experience outside the normal educational settings of the University.
7. The Student acknowledges the inherent risk of exposure to COVID-19 which exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By participating in the program, the Student assumes all risks related to exposure to COVID-19.

# I have read and understand this acknowledgment and agree to abide by its terms and conditions:

Student Name:

(Please type or print)



Student Signature Date

Principal, Internship Revised 11/21/2022 jo/kb