

APPENDIX B – UHV Nursing Program Student Signature Page

I have completed the required reading of the selected UHV Nursing Program policies and procedures, which are found in the RN to BSN Student Handbook. I understand if I have questions, I should ask my course faculty for clarification or information. My initials and signature indicate I am aware of and agree to adhere to and consistently implement the nursing policies and procedures.

(Please initial each item and then sign and date the Signature Form)

1. Student Professional Behavior and PLE Unprofessional Conduct

Initial here:

2. Policies and Procedures Related to HIPPA

Initial here:

3. Annual PLE Passport Policy

Initial here:

4. Student Confidentiality Agreement –

As a student, I will receive information about clients/agencies in written form and verbal discussion with faculty and agency staff. I agree to abide by Federal HIPPA guidelines and individual agency policies related to the sharing of client/agency information. I understand I am to hold all information in strict confidence and will consult a Nursing Program Faculty member before sharing any part of PLE activity or classroom content related to clients. I agree not to send or receive client information via electronic means unless instructed to do so by the Nursing Faculty member. I also understand I am not to share any client-related information from class or PLE with individuals not a part of the class or PLE, including family and friends. I understand the violation of confidentiality laws/policies may result in immediate dismissal from the Nursing Program.

Initial here:

5. Nursing Program Honor Code – I have carefully read the Nursing Program Honor Code as listed in the RN to BSN Student Handbook. I understand that failure to adhere to all

sections to the Nursing Program Honor Code may cause me to fail a course or be dismissed from the Nursing Program. ***Initial here:***

6. Maintain current immunizations, TB test, and CPR and Texas RN license.

Students must download, print, sign and submit this form to the secure document tracker site within one week of the first semester and annually thereafter. Failure to sign this form may result in PLE agencies denying student PLE privileges and may result in dismissal from the Nursing Program.

Initial here:

Signature:

Print Name:

Student ID#:

Date:

[Amended by the NPFC 04/11/17]