MLAB 2360 Clinica I
Course Syllabus
Statement of Understanding

I have read the MLAB 23601 Clinical I course syllabus and agree to abide by the policies, procedures and requirements within. I have had an opportunity to ask questions and my initials below indicate my acknowledgment and understanding of all areas.

Initials

_____ Attendance Policy
_____ Service Work Policy
_____ Clinical Schedule Information
_____ Dress Code
_____ Behavioral Conduct
_____ Substance Abuse Prevention Policy
_____ Student Evaluation and Determination of Final Grades
_____ Promotion, failure and/or dismissal from the program.
_____ Health, Liability, and Accident Insurance Policies
_____ Accident/Blood and Body Fluids Exposure Procedures
_____ Environment of Care training requirements
_____ Work Place Violence training requirements
_____ Health Insurance Portability Accountability Act (HIPAA) training requirements

Signature: __________________________________ Date: _________________