Southeast Tech Health and Human Services Division

**AAS Degree Programs**

- Allied Health
- Biomedical Equipment Technician
- Cardiovascular Technology – Cardiac Ultrasound
- Cardiovascular Technology – Invasive Cardiovascular
- Cardiovascular Technology – Vascular Ultrasound
- Diagnostic Medical Sonography/Abdominal/OB/GYN
- Early Childhood Specialist
- Electroneurodiagnostic Technology (ENDT)
- Law Enforcement Science
- LPN to RN AAS Degree
- Medical Insurance Coding
- Nuclear Medicine Technology
- Surgical Technology

**Diploma Programs**

- Early Childhood Specialist
- Health Information Services
- Licensed Practical Nurse
- Pharmacy Technician
- Phlebotomy/Patient Care Technician
## Student Handbook
### 2014 - 2015
#### Health and Human Services Division
Southeast Tech Student Handbook

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Part I. Purpose

The handbook for the Health and Human Services Division is meant to be a supplement to the Southeast Tech General Catalog. The Health and Human Services industry carries expectations of employees that are somewhat different than other employment industries. Graduates from the Southeast Tech health and human services programs will be expected to have achieved specific competencies. They will be expected to perform these skills with a level of professionalism that will allow them to be effective team members in the professional environment.

For these reasons, the policies in the Health and Human Services Division have been developed to assure that students are prepared to enter that environment. If there is a policy in this handbook that is more stringent than the Southeast Tech General Catalog, the Health and Human Services Division student handbook will take precedence over the Southeast Tech general catalog. This handbook is not a contract, expressed or implied. Students will be expected to be familiar with and comply with all Health and Human Services program policies. The instructors will review this handbook with students each year. Updates and additions may be made to this handbook as approved by Southeast Tech Administration.

Part II. Code of Ethics

Healthcare and Human Services is an important and learned profession. The members of these professions recognize that their work has a direct and vital impact on the quality of life of all people. Accordingly, the services provided by health care and human service workers require honesty, confidentiality, fairness, equity, and dedication to the protection of the health, safety, welfare and comfort of the public they serve.

In the study, as well as the practice of their profession, Healthcare and Human Service workers must perform under a standard of professional behavior, which requires adherence to the highest principles of ethical conduct on behalf of the public client, patient, employer, educational facility, and the profession.

For the reasons stated above, the Health and Human Services Programs at Southeast Tech will reinforce to students the importance of responsibility, attendance, respect for self and others and building a character that is in keeping with the standards of the Health and Human Services Professions. Students attending the Health & Human Services programs are expected to comply with all pertinent state laws and take personal responsibility for their conduct. Southeast Tech policies authorize suspension or termination of any student for misconduct as
outlined in the rules of this policy to include: acts of dishonesty, including but not limited to, cheating, plagiarism, downloading, saving, or printing of tests or course documents without permission, working on assignments without permission, or other forms of dishonesty relating to academic achievement.

Accessing, printing, downloading, saving, or distributing any other student’s work, including sonography scans, EEGs, ECGs or any biographical or demographical data, etc., is strictly prohibited. Any images or data obtained from fellow students or patient volunteers are considered personal and confidential and are to be used only for educational purposes as directed within the designated Southeast Tech course and/or lab and may not be printed, downloaded, saved or distributed in any manner.

**Part III. Social Media**

**REMEMBER THERE IS NO SUCH THING AS A PRIVATE SOCIAL MEDIA SITE!**

Social networking has become an acceptable part of today’s society. Social media sites such as Facebook, instagram, twitter, LinkedIn, blogs, you-tube etc. provide opportunities for communication and collaboration. As a student in the healthcare field, you should understand the effects social media can have on you both personally and professionally. Be aware of your audience and mindful of what you are posting – use appropriate language and post only suitable photos. Be sure to critique photos you are tagged in. Think twice before posting and post in a professional manner. Social media sites are very public. Be cognitive of your digital footprint. How you represent yourself online should be an extension of how you represent yourself in person.

Inappropriate posting about clinical experiences, fellow students, and/or Southeast Tech could be violations of HIPAA and FERPA. Students should not “friend” any faculty, preceptors, clinical instructors, and/or lab assistants while a student, unless specifically allowed by individual instructors for professional or academic purposes.

**Part IV. Skills Required**

Health & Human Services program students should possess sufficient physical, motor, intellectual, emotional and social/communication skills to provide for care and safety of patients/clients and the utilization of equipment. It is recommended that students tour an appropriate facility or career shadow if she/he has questions as to the skills required to perform the specific professional duties of their chosen profession.
Skills required in most Health and Human Services professions are outlined below.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>STANDARD</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Critical thinking sufficient for clinical judgment.</td>
<td>Handle multiple priorities in stressful situations. Make accurate independent decisions. Concentrate and focus attention for prolonged periods of time to attain results. Ability to work alone as well as a member of a team. Apply reasoning and evaluation skills necessary in the safe technical performance of procedures.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient to interact with individuals, families, patients, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Display compassion, empathy and concern for others. Effectively deal with anger/fear/hostility of others in a calm manner. Demonstrate a high degree of patience. Work well with others in stressful situations, such as life and death situations.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form.</td>
<td>Communicate needs in a prompt, clear and concise manner. Accurately record/document pertinent information. Follow verbal and/or written instructions. Interact with others in a professional manner.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room and maneuver in small spaces.</td>
<td>Respond promptly to situational needs. Manipulate equipment, lift minimum requirements according to specific program stipulations, exert, push/pull, stand for prolonged periods, walk, ability to sit for periods, participate as a team member to move an incapacitated person, and provide for safety at all times.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess needs.</td>
<td>Communicate verbally with others. Detect and distinguish sounds of specific program stipulations.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation and assessment necessary in technology.</td>
<td>Observe and monitor situations in full and dimmed light. Visual near acuity such as program requirements. Ultrasound programs require the ability to distinguish depth, color and spatial attributes.</td>
</tr>
</tbody>
</table>
V. Class Information

A. Class Schedules
Students in defined programs are generally assigned to classes Monday through Friday between the hours of 6 a.m. and 6 p.m. However, there are occasional additional evening/weekend classes that may be required. There may be conferences or activities scheduled for weekends or times outside of the program’s normal schedule. These will be stated in the course syllabus. Mandatory participation in weekend events will be calculated into the lecture/lab ratio for credit hours. Hours for evening programs may require attendance as late as 9:50 PM and 12 hour shifts on Saturdays. Examples of other activities outside of the normal schedule may include, but are not limited to the following:

- Clinical experiences such as additional scheduled hours or events
- Participation in community service events
- Educational conferences with outside speakers
- Southeast Tech potential student tours or open houses
- Job Fairs

B. Off-Campus Educational Sessions
Frequently, educational sessions are held off campus. These may include clinical rotations, lectures by specialists at their facility, or professional conferences held at other sites. The course syllabus will describe how these sessions support the objectives of the course. Students are responsible for their own transportation to educational sessions held off campus. Travel time required to get to these sites is not included in class time. Whenever students are at sessions held off campus, it is expected that students will arrive on time, stay for the entire session, and conduct themselves professionally.

C. Children on Campus and Daycare Arrangements
Southeast Tech’s policy regarding children on campus is as follows:

1. Children are not allowed on campus unless accompanied and supervised by an adult;
2. Children are not allowed in classrooms or laboratories unless for educational purposes with permission by the instructor;
3. Children must not be left unattended anywhere on campus, including (but not limited to) hallways, student lounge areas, the bookstore, the library, restrooms, offices, outside on the campus grounds or parking lots, or in vehicles.

Clinical rotations for Health and Human Services Programs often start at 7 am or earlier. Students need to make arrangements for daycare so as to meet the scheduling requirements of clinical rotations. Student schedules will be given as soon as they are available.
D. Attendance
Students are expected to be in class or at the assigned clinical/practicum site on time and to remain for the entire class or shift. Tardy is any time after the designated start time. Three tardy arrivals will be considered an absence.

Regular attendance is expected. Consequences for absences may include a reduction in the letter grade or zeroes for daily work such as quizzes that cannot be made up and may result in a failing grade. Specific attendance expectations are included in the class syllabus.

Attendance at clinical is required. Some mandatory clinical/practicum experiences are not possible to reschedule and students may receive a zero for those absences. Absence at a clinical/practicum rotation without calling to report to the instructor and also the clinical/practicum facility in advance of absence may result in disciplinary action as stated in the clinical/practicum rotation agreement.

If absent with personal or family illness of 3 days or more related to the same occurrence, an instructor may request a physician’s written verification of need for the absence and certification of ability to return to school.

Personal appointments and work schedules should not conflict with class times. If it is necessary to be absent, leave early or arrive late, arrangements should be made in advance with the appropriate instructor.

E. Make-Up Work
The student is responsible to make arrangements for missed content. Missed tests must be taken according to individual syllabi guidelines. The student will need to have a picture I.D. to be given a makeup test.

F. Scheduling Lab Times
Lab equipment is in high demand and used on a scheduled basis. A lab attendant must be in the lab monitoring students who are doing lab assignments.

General expectations:
• Do your part to keep the lab and equipment clean and organized.
• Be courteous of classmates –start on time and end on time; if you cannot attend during your scheduled time, provide sufficient notice so someone else can take that time slot (4 hours notice preferred); if you are not coming, call so the lab supervisor may leave.
  
  Note: if not on time, the lab attendant may leave and lock the lab.
• Children are not allowed.
• Use equipment properly and safely.
• Respect privacy for all involved.
• Adhere to student clinical dress code.
G. General Lab Rules

1. Be professional at all times.
2. Keep all lab equipment in the lab.
3. Instructor must be present to begin procedure.
4. Use proper body mechanics when doing procedures.
5. Instructor must be present for all invasive procedures.
6. Follow standard precautions at all times.
7. Used needles must be disposed of in proper receptacle.
8. Be professional while using all equipment.
   (Ex. needles, tourniquets, mannequins etc.)
9. Wear nametags at chest level on uniform or lab coat during lab times.
10. Keep lab neat and orderly prior to leaving, refold linen, put away equipment and clean tables.
11. Report immediately any injury, including needle sticks.
12. Wear close-toed shoes while in the lab.
13. Notify instructors of any allergies to lab materials such as latex, iodine, alcohol etc.

I have read and understand the above lab rules and agree to adhere to them.
Note: These are general lab rules. I understand that additional lab rules may apply to my specific lab area.

________________________  __________________________
Print Name                  Sign Name

________________________  ________________
Program                    Date
H. General Lab Liability

Health and Law Enforcement Science Lab Participation Liability Notice

Due to the procedures covered in and the physical participation requirements of the Health and Law Enforcement Science labs, students and volunteers are required to sign release forms that provide the student with a description of the required lab experiences, student lab responsibilities, and/or release of liability to the institution. The following are specific forms that will be required to be completed before participating in lab procedures.
Southeast Tech Release For Training And Participation In INVASIVE Procedures
(for all students who ARE enrolled in the course in which this procedure takes place)

I, __________________, understand that I will engage in practicing certain invasive procedures on mannequins and/or consenting volunteers. The invasive procedures that may be practiced on consenting volunteers are limited to finger sticks for blood withdrawal, subcutaneous and intradermal injections of normal saline, venipuncture, and venipuncture with catheter insertion. I understand that an instructor or lab assistant must be in attendance during any practice session in which finger sticks, injections, venipuncture or venipuncture with catheter placement are practiced upon a live person. I will not perform, nor allow to be performed upon me, finger sticks, injections, venipuncture, or venipuncture with catheter insertion in a practice session, unless an instructor or lab assistant is present.

I understand and hereby expressly acknowledge that these activities might, under some circumstances about which I have been advised, pose certain dangers, including, but not limited to, exposure to infectious diseases, such as AIDS and Hepatitis, injury to the area upon which the procedure is carried out, or other complications, and therefore, involve the risk of minor injury, serious injury, or death. I understand and hereby expressly agree that on the occasion of an unintentional needle stick or other inadvertent exposure to suspected bodily fluids, I will abide by the Needle Stick policy of the Southeast Tech.

I, ACCORDINGLY, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or other students from any and all liability, claims, demands, actions or causes of action arising out of any damage, loss or injury to my person or my property or resulting in my death, while enrolled in Southeast Tech and participating in the activities contemplated by this RELEASE, whether such loss, damage, or injury is caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or other students of Southeast Tech or from some other cause.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that I suffer while enrolled in Southeast Tech and participating in the activities contemplated by this RELEASE, caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or other students of Southeast Tech or otherwise.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY and further agree that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

_________________________________  ________________________________  ________________________________
Date                                    Printed name                          Volunteer Signature

_________________________________  ________________________________
Date                                    Printed name                          Witness Signature

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Revised 2/11/2015
Southeast Tech Release For Volunteers For Participation In INVASIVE Procedures (for people/students who are NOT enrolled in the class in which this procedure takes place)

I, ____________________, volunteer to be a “patient” for an invasive procedure performed by________________________, a current student in the__________________ program. The invasive procedures that may be done are limited to finger sticks for blood withdrawal, subcutaneous and intradermal injections of normal saline, venipuncture, and venipuncture with catheter insertion.

I understand and expressly agree that my participation as a “patient” in this laboratory is voluntary, and I will not receive reimbursement. If I am a student, I understand and expressly agree and consent that my participation or lack thereof will not affect my grade. I further understand that this procedure will not result in a diagnosis or record, and I expressly agree that I will not rely or seek to rely upon the procedures in this laboratory as any indicator of my health. Rather, if I have any health concerns, I will consult with my own medical care provider.

I understand and hereby expressly acknowledge that these activities might, under some circumstances about which I have been advised, pose certain dangers, including, but not limited to, exposure to infectious diseases, such as AIDS and Hepatitis, injury to the area upon which the procedure is carried out, or other complications, and therefore, involve the risk of minor injury, serious injury, or death. I understand and hereby expressly agree that on the occasion of an unintentional needle stick or other inadvertent exposure to suspected bodily fluids, I will abide by the Needle Stick policy of Southeast Tech.

I, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Southeast Tech, the Sioux Falls School District, the State of South Dakota, or any of their officers, agents, servants, employees, assigns, or successors, or any students of the Southeast Tech, from any and all liability, claims, demands, actions or causes of action arising out of any damage, loss or injury to my person or my property or resulting in my death, while participating in the activities contemplated by this RELEASE, whether such loss, damage, or injury is caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or any of their officers, agents, servants, employees, assigns, or successors, or any students of Southeast Tech or from some other cause.

I HEREBY EXPRESSLY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that I may sustain while participating in the activities contemplated by this RELEASE, caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or students of Southeast Tech.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY and I further agree that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

Date ___________________________ Printed name ___________________________ Volunteer Signature ___________________________

Date ___________________________ Printed name ___________________________ Witness Signature ___________________________
SOUTHEAST TECH RELEASE FORM FOR VOLUNTEERS FOR HEALTH CARE LABORATORY PROCEDURES

I, ________________________________, volunteer to be a “patient” for

Student ________________________________

Program DMS CARDIAC VASCULAR

I understand that acting as a patient in this laboratory may require disrobing, and procedures involved in this laboratory may be performed by a male or female student in this program.

I understand and expressly agree that my participation as a “patient” for procedures in this laboratory is voluntary, and I will not receive reimbursement. If I am a student, I understand and expressly agree and consent that my participation or lack thereof will not affect my grade. I further understand that this procedure will not result in a diagnosis or record, and I expressly agree that I will not rely or seek to rely upon the procedures in this laboratory as any indicator of my health. Rather, if I have any health concerns, I will consult with my own medical care provider.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Southeast Tech, the Sioux Falls School District, the State of South Dakota, or any of their officers, agents, servants, employees, assigns, or successors, or any students of Southeast Tech, from any and all liability, claims, demands, actions or causes of action arising out of any damage, loss or injury to my person or my property or resulting in my death, while participating in the activities contemplated by this RELEASE, whether such loss, damage, or injury is caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or any of their officers, agents, servants, employees, assigns, or successors, or any students of Southeast Tech, or from some other cause.

I HEREBY EXPRESSLY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that I may sustain while participating in the activities contemplated by this RELEASE, caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or students of Southeast Tech.

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY and I further agree that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

Date ___________________________ Printed name ___________________________ Volunteer Signature ___________________________

Date ___________________________ Printed name ___________________________ Witness Signature ___________________________

Southeast Tech Health & Human Services Handbook
Revised 2/11/2015
I. Attire

It is necessary that students project a professional image when they are in a lab, clinical or practicum setting. By maintaining a professional appearance, students will help to instill confidence in those they serve. Southeast Tech students are expected to be clean, well groomed, and appropriately dressed, reflecting the profession they are entering.

Details specific to each program will be listed in corresponding syllabi.

General guidelines for appearance and safety include, but are not limited to:

- Specific uniform required by program or clinical / practicum site
- Clean, neat, appropriately fitted conservative clothing
- Enclosed toe shoes in good repair
- Name tags worn at chest level
- Neat and clean hair of a natural color; avoid extreme hair styles
- Limited and conservative jewelry and cosmetics
- Limited exposed body piercing and tattoos
- Personal hygiene should limit body odor, including perfumes and colognes
- Smoke odor should not be detectable

Students who attend a lab, clinical, or practicum session not in compliance of the dress code policy may be asked to leave and will be counted absent for that session.

J. Classroom Dress

Follow the guidelines of the Southeast Tech General Catalog. There may be additional guidelines based on specific program areas. See dress code guidelines included in the course syllabus.

K. Confidentiality

Students are expected to conform to HIPAA (Health Insurance Portability and Accountability Act) guidelines. This would also include interaction with patient volunteers.

Failure to follow HIPAA confidentiality guidelines may result in suspension or termination from the program. Please reference Part II Code of Ethics pages 5-6 for additional information.

Part VI. Professional Physical Demands, Latex Allergies, and Immunization Record Requirements

A. Professional Physical Demands

Each profession has specific physical demands. These are stated in the technical standards. Students not able to perform the essential job duties of a profession will not be allowed to go to clinical/practicum.

B. Latex Allergies
Students who have or develop a latex allergy while in a Health program may find it difficult to complete the program’s requirements. A latex-free environment cannot be guaranteed at Southeast Tech or any of our affiliate sites. Students with concerns should contact the appropriate program director and their health care provider to discuss the ramifications of a latex allergy.

C. Immunization policy requirements for all students in all Health Programs:

**All fees associated with obtaining appropriate records, or blood work necessary to prove immunity to the following diseases are at the student's expense.**

- **PPD (mantoux) test - Tuberculosis (TB) (must cover entire time at clinical)**
  - Proof of a negative 2-step TB skin test or;
  - The two step process requires a one week interval between shots.
  - 1 TB skin test if performed annually - documentation of annual tests;
  - Documentation of treatment and proof of inactive status. If know converter, chest x-ray less than twelve (12) months old upon entry into clinical with completion of a Center for Disease Control (CDC) TB Questionnaire annually thereafter.

- **Measles, Mumps, Rubella (MMR)**
  - 2 doses of vaccine or;
  - A statement signed by a licensed physician specifying the date the person had the disease(s) [Measles, Mumps, or Rubella] or;
  - MMR titer showing immunity or a statement signed by a licensed physician or health authority affirming serologic evidence of immunity to disease(s) [Measles, Mumps, Rubella]

- **Varicella (Chicken Pox)**
  - Has had physician/medical record documented case of chicken pox or;
  - Has proof of adequate Varicella titer or;
  - 2 doses Varicella vaccine

- **Tetanus and Diphtheria (Tdap)**
  - 1 dose within last 10 years or;
  - A statement signed by a licensed physician specifying the date the person had Tetanus and Diphtheria or;
  - A statement signed by a licensed physician or health authority affirming serologic evidence of immunity to Tetanus and Diphtheria

- **Hepatitis B (HepB)**
  - 3 doses of vaccine (The Hep B series of 3 shots requires a one month interval between shots 1 & 2, and a 5 month interval between shots 2 & 3) or;
  - Hepatitis B titer showing immunity or a statement signed by a licensed physician or health authority affirming serologic evidence of immunity to Hepatitis B

- **Flu vaccination (If Required)**
  - Current seasonal flu vaccine to cover Fall/Winter season.

- **Other Requirements:**
  - Physical (within past year)
VII. Environmental Exposures

Students are expected to be aware of environmental risks and use proper precautions when exposed.

Quarterly radiation badges are assigned to students in programs that have labs in which they will be working with radiation. When students are at clinical, the site where they are assigned provides the film badge. Radiation levels are monitored and reports are maintained.

Due to the known hazards/risks associated with radiation/chemical/environmental exposure and pregnancy, the clinical/practicum site must be informed by the student of pregnancy status so any necessary precautions from chemicals, radiation areas, etc. may be taken. Maintaining the health of the fetus is the responsibility of students. Therefore, students who think they may be pregnant and have questions regarding necessary precautions when dealing with environmental exposures should speak with their instructors. Students who are pregnant and are involved in clinical/practicum that involve exposure to radiation/chemical exposure must provide written documentation from their health care provider that the student is able to safely participate in clinical/practicum activities.

Part VIII. Leave/Accommodation Policy

Regular attendance is expected in all classes, laboratory sessions, and for all clinical experience hours. All assignments must be completed. Any missed clinical time may be rescheduled. If a medical condition requires the student to be absent, an extended medical leave may be available. In the event of an extended medical leave, including pregnancy related leave, the student may be required to complete additional clinical/practicum hours if the student is unable to demonstrate the required skill/competency level. Student skill level will be assessed by the clinical instructor upon return from leave. The amount of time required to restore the student to the requisite skill/competency level will be determined by the clinical instructor and program director.

Students will be allowed to participate in clinical experience when they are able to safely perform the essential functions required of a health and human services professional, with or without accommodations. If the restrictions are imposed due to a medical condition, including pregnancy, written documentation of activity restriction must be provided by the student’s health care provider to the program director. Illnesses or conditions requiring an absence of 3 days or more, require a physician’s written verification to return to work.

When the student is able to return to performing the essential functions required of a health and human services professional with or without accommodation, the
student will return to his/her assigned clinical/practicum site to fulfill the required clinical/practicum hours, provided this has been agreed to by the affiliate site. In the event the student is unable to complete the clinical/practicum hours at the original site, another site will be found for placement of the student at the soonest possible time; however, this may require the student to move, or experience a delay to fulfill the clinical/practicum hours.

All didactic assignments required during the clinical/practicum semesters will be completed as regularly scheduled, unless the student has made other arrangements with his/her instructor.

**Part IX. Sequencing of Classes and Clinical/Practicum Rotations**

Classes for programs are scheduled in a sequential manner to best prepare students to be successful in their clinical assignments. If students are unable to complete a class in the semester of, or the semester immediately preceding, their clinical assignment, they may be asked to retake the appropriate class or classes in order to be eligible to participate in clinical.

**Process of Assigning Location for Clinical/Practicum Rotations**

Clinical/practicum sites for students are located across the United States. It is therefore necessary to have a process to determine clinical/practicum site assignments. **STUDENTS WILL NOT BE GUARANTEED A CLINICAL/PRACTICUM LOCATION AND SHOULD BE OPEN TO RELOCATING FOR THEIR CLINICAL/PRACTICUM ASSIGNMENT.** Each program clinical site process will be explained by program directors.

**Required to be completed prior to students attending health clinical rotations**

1. Competency Check List including education on the following topics.
   - TB education
   - Blood borne pathogen procedures
   - Age Specific Competencies
   - HIPAA guidelines
   - General Safety
   - Current CPR certification (must be current for duration of clinical)
   - Computer access/use policies
2. Proof of health insurance
3. Physical (within 1 year from start of health program) and proof of immunizations
4. Criminal background check (see Part XIII. Criminal Background Checks and Drug Screening page 27)
5. Drug screening (see Part XIII. Criminal Background Checks and Drug Screening page 27)
6. TB test
Required to be completed prior to students attending Law Enforcement Science Practicum rotations

1. Drug testing
2. Criminal Background check

Part X. Health and Accident Insurance Information

Students are responsible for their own insurance and medical expenses in case of an accident or injury that may happen at school. This also includes accidents that may happen in a lab setting. Examples include, but are not limited to, incidents such as needle sticks, lacerations, or solution splashed into the eyes. Proof of health insurance is also a requirement of facilities where students will be doing clinical/practicum rotations.

Procedure in the event of Student Injury at Clinical Site

Students on clinical/practicum rotations are covered under the Sioux Falls School District workers compensation plan if they are injured at their clinical site. If students are injured or exposed to hazardous materials while on their clinical rotation, they should follow the procedure listed below:

Please be sure and report the injury within three (3) business days. Failure to report within 3 days could result in a loss of workers compensation coverage.

1. Contact the instructor in charge of your program as soon as possible after any injury.

2. Complete South Dakota Employer’s First Report of Injury Form. You will need to complete only the employee information and injury/treatment sections of this form. Be sure and complete top of page with program and clinical start date. When you see the doctor, have him complete the Return to Work Form (or write a note). Scan or Fax SD First Report of Injury Form and Return to Work form to:
michelle.mcconnell@sf.k12.sd.us
Fax # 605-367-4637

3. Complete the Southeast Tech Student Accident Form
Scan or Fax the Southeast Tech Accident Form to the program director.
Fax # 605-367-6108

4. Mail hard copies of the above 3 forms (SD First Report of Injury, Return to Work form, Southeast Tech Accident Form) to:

   (Instructor’s Name)
   Southeast Tech
   2320 N. Career Ave
   Sioux Falls, SD  57107
5. Do NOT use your own insurance information at the ER or physician’s office for injuries or exposures that are related to your clinical/practicum experience. Tell the treatment facility that any insurance forms and bills will be handled through worker’s compensation of the Sioux Falls School District. **All bills must clearly indicate the student’s name and that the student is the patient.**

Send all bills to:
Michelle McConnell  
Instructional Planning Center  
102 E. 38th St  
Sioux Falls, SD 57105  
Phone # 605-367-7662

**Medical Treatment**

1. For injuries, other than with body fluids from a patient, follow the facilities procedure.

2. For needle sticks or other injuries that involve contaminated body fluids, blood needs to be drawn from the student, and the patient, at the same place.
   Proceed as follows:
   A. If at Sanford Hospital, report to the Employee Health Office.
   B. If at a hospital other than Sanford Health with an ER, report to the ER.
   C. If at a clinical site without an ER, follow that facilities protocol.

**Medical Treatment if student is exposed to blood or body fluids (such as a needle stick):**

**Treatment of exposure site:**
Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. You do not have to use antiseptics for wound care. You should not apply caustic agents (such as bleach) or inject antiseptics or disinfectants into the wound.

**Procedure after an exposure site:**
After cleansing the area as above, students need to be seen as soon as possible at a clinic or an emergency room. Staff members at those sites should know the correct protocols for lab work to be done after a needle stick or other exposure.

**Part XI. Student Appeal Process**

Refer to the on-line Southeast Tech General Catalog for guidelines in the student appeal process.

**Part XII. Drug Free Environment**
Refer to the on-line Southeast Tech General Catalog for guidelines on the drug free environment policy.

**Part XIII. Criminal Background Checks and Drug Screening**

Criminal Background Checks and Non-DOT 5 panel drug screenings are required for all Health & Human Services programs. **These must be completed within 1 year before entry into a Health or Human Services program.** The results of these checks and screenings may effect a student’s admission into the program, ability to attend a clinical or internship site, take specific courses, or continue the student’s enrollment in the program. If a student’s status changes due to a conviction (other than a minor traffic violation) after applying for the program but before going to clinical, the student must inform the Program Director and/or Affiliate Coordinator immediately. If a student fails to notify the Program Director and/or Affiliate Coordinator of this status change, they will be subject to disciplinary actions, which may lead up to termination from the program. **A secondary background re-check may be required before a student goes to clinical, if it has been longer than a year since the initial background check was conducted.**

**Cost of background updates are $35.00. Some clinical sites require their own background check prior to admittance to the clinical site. All Early Childhood clinical sites require an additional fingerprinting background check prior to admittance. The cost of this additional check may or may not be picked up by the clinical site. If the clinical site does not pick up the cost, the student is responsible for the additional cost of this background check.**

Applicants with a positive drug screen for all health and human services programs except Pharmacy Technician program will be allowed to reapply after 6 months. Applicants will be required to meet all of the current admissions requirements, including another drug screen. Pharmacy technician applicants with a positive drug screen will not be allowed to reapply for that program. See the General Catalog for details regarding possible additional drug screens. Students can expect to be asked to submit to drug testing at random times throughout his or her career at Southeast Tech.
Part XIV. Law Enforcement Science Admission Requirements

Southeast Tech Law Enforcement Sciences
Admissions/Appearance/Fitness Guidelines

ADMISSIONS
1. You must have a driver’s license. We will keep a copy of your license in the program file. If your license is suspended, revoked or taken from you for any reason during your time in the program, your eligibility may be suspended until your driving privileges are reinstated.
2. You must complete a satisfactory background check; which means your criminal record, if any, may not have any conviction of a felony, whether the final disposition of the suspended or sealed by the court.
3. You must complete a drug screening, with no evidence of illegal drugs or substances.
4. A cumulative GPA of 2.0, including obtainment of at least a C in each law enforcement core course, or higher in the first year of coursework in the Law Enforcement program.
5. Adherence to the program Honor Code.
6. Adherence to all other rules established by the Sioux Falls School District.

APPEARANCE
1. All Southeast Tech Law Enforcement students shall wear a complete school uniform whenever attending classes.
   a. First year students will not be required to be in uniform until October 1.
   c. Failure to wear a complete uniform constitutes a “Honor Code” violation
   d. A student not in uniform may be refused admission to a class unless a prior excuse is granted by the instructor(s)
   e. Students shall not wear hats in the classroom
   f. Students shall not wear jackets, sweaters, pullovers or other coats over the uniform when in the classroom
   g. No buttons, medallions, pins or other items may be worn on the uniform without the permission of the instructor(s)
   h. Students are not permitted to wear the uniform outside of classroom or school functions unless approved by an instructor(s)
2. Uniform inspections shall take place each week
   a. Passing uniform inspection will result in points towards the class in which the uniform inspection takes place.
   b. During the uniform inspection the student will be reviewed by a member of the staff
      i. The inspection will include the completeness of the uniform, if it is clean and pressed, if the shoes are proper and polished and if the uniform is in season.
3. A student may be refused admission to the classroom if not wearing the proper uniform.
4. Students will not wear the uniform for non-program related events or circumstances unless approved by the program director.
5. The uniform shall comprise of:
   a. Short sleeve polo shirt with Southeast Tech LE logo
   b. Khaki tactical trousers
   c. Pant belt (brown)
   d. Boot or shoes that are polished to a shine
   e. During the months of November, December, January, February and March the student MAY wear a white mock-neck long sleeve shirt with Southeast Tech LE logo.

6. Male students shall be well groomed and free of any body odor.
   a. Male students shall be clean shaven. No beards or mustaches shall be permitted.
   b. Hair shall not touch or extend beyond the ears. It shall be clean and combed. Sideburns shall not extend beyond the ears.
   c. No piercings will be allowed while in uniform.

7. Female students shall be well groomed and free of any body odor
   a. Hair shall not touch or extend beyond the shirt collar of the uniform shirt.
   b. One ear piercing will be allowed when in uniform. No other piercings will be allowed when in uniform.

FITNESS
1. You shall diligently work towards the Law Enforcement program physical fitness standards

2. Attendance and full participation in the activities set by the physical fitness instructor will only be excused when directed by a physician and the student understands that while ill or injured their attendance will be mandatory and activity limited by the order of the physician.

I acknowledge receipt of the above information and present questions answered to my satisfaction:

________________________________________________________________________

Signature

________________________________________________________________________

Printed Name

________________________________________________________________________

Date
SOUTHEAST TECH RELEASE FORM FOR LAW ENFORCEMENT
SCIENCE PRACTICAL STUDIES

I, __________________________, volunteer to be a participant in practical studies in the Law Enforcement Science. I understand that participating in this program may involve interaction in practical activities such as physical apprehension or detention, arrest, “take downs,” other physical restraint, or defensive maneuvers including Emergency Vehicle Operation and Control training. I understand that “pepper spray” or similar products and other devices may be used. I also understand that physical interaction in this program may involve other male or female students in this program. I understand there is a risk of injury involved in my participation in these studies.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Southeast Tech, the Sioux Falls School District, the State of South Dakota, or any of their officers, agents, servants, employees, assigns, or successors, or any students of Southeast Tech, from any and all liability, claims, demands, actions or causes of action arising out of any damage, loss or injury to my person or my property or resulting in my death, while participating in the activities contemplated by this RELEASE, whether such loss, damage, or injury is caused by the negligence of the Southeast Tech, the Sioux Falls School District, the State of South Dakota, or any of their officers, agents, servants, employees, assigns, or successors, or any students of Southeast Tech, or from some other cause.

I HEREBY EXPRESSLY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that I may sustain while participating in the activities contemplated by this RELEASE, caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or students of Southeast Tech.

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY and I further agree that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

Date ___________________________ Printed name ___________________________ Volunteer Signature ___________________________

Date ___________________________ Printed name ___________________________ Witness Signature ___________________________
Southeast Tech Law Enforcement Sciences
Program Honor Code

As a student in the Law Enforcement Sciences Program I agree to abide by the program’s Honor Code. This code is in place to protect and advance the Law Enforcement program in the community. I understand that I have a dual responsibility of adhering to the Honor Code and of policing and supporting others’ adherence to it. As a future law enforcement professional I am committed to the principle of the Honor Code on and off campus and appreciate that my conduct away from campus reflects on not only myself, my fellow classmate, the program, as well as the profession.

If I should commit a violation of the Honor Code, or witness another’s act that is a violation of the Honor Code, I will dutifully come forward to report the transgressions. I understand there are consequences for all my actions and accept that violations of this code may result in some form of disciplinary action. Honor Code violations will be handled in accordance with the Student Discipline procedures set in the Southeast Tech General Handbook. Violations of the Honor Code include but are not limited to the following:

1. The commission or attempted commission of any felonious act regardless of whether the appropriate authority prosecutes the act;
2. The commission or attempted commission of any petty offense or misdemeanor act regardless of whether the appropriate authority prosecutes the act;
3. An act that results in the loss of the student’s driving privileges for any reason;
4. Disrupting or attempting to disrupt the peaceful conduct of classes or other Southeast Tech functions;
5. Falsifying or forging official documents;
6. Lying, stealing, cheating or plagiarizing;
7. Failing to wear the proper program’s uniform;
8. Excessive class absences;
9. Violating the terms of any conditional or other sanctions imposed pursuant to the Southeast Tech General Handbook Disciplinary Procedures;
10. Using offensive language, advocating illegal conduct, promoting or exhibiting behaviors that are socially rude, disrespectful, sexually offensive, racially motivated or otherwise likely to intimidate or offend another person;
11. Filing a merit less Honor Code violation report.

____________________________________  __________________________________________
Print Name                                                                 Signature

____________________________________
Date
Part XV. Satisfactory Academic Progress

Students must maintain satisfactory academic progress to remain in a program within the Health and Human Division. The maximum number of applications, including re-applications to the same program is two.

1. Satisfactory Didactic Progress:
   - Maintaining an overall grade average of 80% (RN/LPN 85%).
   - Maintaining a minimum of 80% (RN/LPN 85%) in all program specific courses.
   - Students in programs that have didactic classes scheduled concurrently with clinical/practicum must maintain 80% (RN/LPN 85%) in didactic classes to remain in clinical/practicum.
   - Students should visit with instructors and utilize available tutor services if they are not achieving an 80% (RN/LPN 85%) in a class.
   - An unsuccessful attempt of a health core course (designated by HC), program specific prerequisite course, or a program specific course will result in the student being removed from his/her program. The student will need to reapply for his/her program acceptance. If, however, a student subsequently meets course and program requirements and maintains published academic sequencing, the student may remain, with program director’s approval, in the program.
   - Two unsuccessful attempts of the same health core course (designated by HC), or program specific prerequisite course will result in the student being unable to reapply for the same program.
   - Two unsuccessful attempts of one program specific course (the same course twice) will result in the student not allowed to reapply for the program.
   - Two unsuccessful attempts of program specific courses (different courses even within the same semester) will result in the student not allowed to reapply for the program.
   - An unsuccessful attempt does include a “no-show” or early withdrawal.

2. Satisfactory Clinical Progress:
   - Students not achieving an 80% (RN/LPN 85%) will not be allowed to apply/draw for clinical/practicum site assignments until they are achieving 80% (RN/LPN 85%). This may mean that the site the student prefers may be taken by the time the student is able to select a clinical/practicum site.
   - Those students failing to maintain an 80% (RN/LPN 85%) may be removed from clinical/practicum and not be allowed to continue in the program. This will result in a failing grade in clinical.
• Students not performing satisfactorily in clinical/practicum may be removed from clinical/practicum and not be allowed to continue in the program. This will result in a failing grade in clinical. If these students are performing satisfactorily in their didactic courses, they may complete the didactic portion of their classes; however, they will not be allowed to complete the clinical/practicum portion of the program.
• If the student fails to meet the requirements in the clinical portion of their program, they will not be re-admitted to the program and similar programs.

3. Additional Requirements:
• Students working under the professional license of an instructor or preceptor must meet the expectations of that instructor or preceptor for professional standards. These may be less measurable competencies relating to peer relations and communications, dependability, honesty, and attitude toward the profession of health and human services. If an instructor documents questionable student performance of professional standards, a meeting will be scheduled with the program director and administration to determine the status or terms for the student’s continued participation in the program. Depending on the severity of the violation, discipline may result; discipline will follow guidelines as listed in the Southeast Tech General Catalog.

• Working in a caring profession brings with it special responsibilities to the people being served. These responsibilities include the reporting of peers who are impaired or who are behaving in an unsafe, unethical or illegal manner in either an on-campus or clinical experience.

Part XVI. Program Readmission

• The student must meet all current entrance and academic requirements for the year in which they are reapplying.
• Acceptance and placement in the program may be limited by space available, and will be determined based on the student’s academic effort, demonstrated clinical/lab/practicum skills, completion of recommendations for academic record, effort, and demonstrated skills success. Readmission into the program must have special approval by the instructor, program advisor, and academic administrator.
• The maximum number of applications, including re-applications to the same program is two.
Part XVII. Physical Form

Physical Examination Form
Southeast Tech
Health and Human Services Programs
Sioux Falls, SD

THIS FORM MUST BE COMPLETED WITHIN ONE YEAR
PRIOR TO GOING TO CLINICAL OR INTERNSHIP

A physical examination is important for students enrolled in the various Health and Human Services programs to provide evidence that they can meet the demands of their profession without hazard to themselves and others.

Student Name: ____________________________________________

Social Security Number: XXX - XX - _______ _______ _______ _______

Southeast Tech Program ____________________________________________

MEDICAL HISTORY (Please check all that apply)
Does the student have a history of:

___ Asthma  ___ Diabetes Mellitus  ___ Alcoholism
___ Chronic cough  ___ Polyuria  ___ Drug addiction
___ COPD  ___ Seizure disorders  ___ Drug allergies
___ Allergies (include latex)  ___ Unexplained syncope  ___ Hemorrhoids
___ Tuberculosis  ___ Frequent headaches  ___ Hernia
___ Emotional disturbances  ___ GI disorder  ___ Thyroid disorder
___ Weak back/back surgery  ___ Chicken Pox (Varicella)  ___ Urticaria
___ Pregnancies/miscarriage  ___ Smoking  ___ Varicose veins
___ Sinusitis  ___ Fallen Arches

Please provide information concerning any boxes checked:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Present Medications:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Allergies:

Reactions:
Latex Advisory
In addition, the individual has been advised of exposure to latex/latex-based products in health care environments and the associated potential health risks for individuals with sensitivities or allergies.

PHYSICAL EXAMINATION
Date of Birth: _____/_____/______ Height: _________ Weight: _________
T/P/R: _____/_____ BP: _____/_______
Vision Acuity: _______ Vision Corrected: 20/____ (L) 20/____ (R)
Color Blindness: __________
HEENT: __________ Hearing Assessment: ___________
Cardiopulmonary: __________ Neurological: ______________
Abdominal: __________ Musculoskeletal: ______________
Back: __________ Rectal/GU: ______________
General: ____________________________
List any physical limitations noted: ____________________________

Certificate of Good Physical Health and Latex Exposure Counseling Statement
I have reviewed the information in this form, including medical diagnoses (if any) and medications (if any) and found:

___________________________________________________________________________

(Name of student) Suitable for ____________________________ (Name of health program)

☐ Check box if you would recommend re-evaluation for a change of health program.

Examiner's Signature Examiner's Name (Print) Date

Licensed as a (circle one): MD DO PA ARNP CNP CNM

License Number: ____________________________ State/Country Licensed: __________

Telephone: ( ) ______________________________

Address: Street City State Zip

*Attention Southeast Tech Student: Return this completed form to Clorinda Beitelspacher, Affiliate Coordinator located Health Science Center, Office HC200D, FAX 605-367-6108
Part XVIII. Required Immunizations

Student ID # ______________

Required Immunizations
Southeast Tech
Health and Human Services Programs
Sioux Falls, SD

Student Name: __________________________________________

Social Security Number: XXX-XX-______

Southeast Tech Program _______________________________________

Mandatory Immunizations (If not performed at the time of the physical exam, documentation is required)

- 2-Step PPD (mantoux) Tuberculosis (TB) Test must be repeated annually
  Date of 1st test: ___________________________ Results: ____________
  Date of 2nd test: ___________________________ Results: ____________
  If positive, documentation of treatment and proof of inactive status is required. If know converter, chest x-ray less than twelve (12) months old upon entry into clinical with completion of a Center for Disease Control (CDC) TB Questionnaire annually thereafter.

- MMR (Measles, Mumps, Rubella): (Check all that apply – must have 1 of the three)
  Initial MMR immunization Date: ____________ Booster Date: ____________
  or
  Have proof of adequate measles titer Date: ____________ Results: _______
  Have proof of adequate mumps titer Date: ____________ Results: _______
  Have proof of adequate rubella titer Date: ____________ Results: _______
  or
  Has a physician-documented case of measles Date: _______________________
  Has a physician documented case of mumps Date: _______________________
  Has a physician-documented case of rubella Date: _______________________

- FLU Vaccination (If Required) – Current seasonal flu vaccination
  Date vaccinated: ________________________
**Chicken Pox (Varicella)** (Please check one of the following)

- Documented case of chickenpox
  
  Month/Year: ________________________________

- Have proof of adequate Varicella titer
  
  Date: ________________________ Results: _______________

- Have **2 doses** of Varicella vaccine
  
  Dates vaccinated: 1st __________________________
  
  2nd____________________________

**Tetanus and Diphtheria (Tdap)**

Date: Initial________________ Most Recent Booster____________________

*Vaccination must be within the last 10 years*

**Hepatitis B (HBV)** (Please check one of the following)

- Have proof of adequate Hepatitis B titer
  
  Date: ______________________________ Results: __________________________

- Have **3 doses** of Hepatitis B vaccine
  
  Dates vaccinated:
  
  #1_________________________ #2____________________ #3____________________

Examiner's Signature ______________________ Examiner's Name (Print) __________________________ Date ____________

Licensed as a (circle one): MD DO PA ARNP CNP CNM

License Number: __________________________ State/Country Licensed: _____________

Telephone: ( ) __________________________

Address: ________________________________

Street __________________________ City __________________________ State __________________________ Zip

*Attention Southeast Tech Student: Return this completed form to Clorinda Beitelspacher, Affiliate Coordinator located Health Science Center, Office HC200D, Fax 605-367-6108*
Part XIX. Acknowledgement Form

ACKNOWLEDGEMENT

Program

Print Student Name ___________________________ Date ___________________________

The purpose of this signature is to:
1. Acknowledge that I have received and read the Southeast Tech Health and Human Services Division Student Handbook.
2. Acknowledge that I am aware that the on-line Southeast Tech General Catalog is available on line at www.southeasttech.edu.

My signature confirms my knowledge and intent to comply with the stated policies and guidelines during my enrollment at Southeast Tech.

Student Signature

Instructor Signature

TO STUDENT: Please sign and return this authorization to your program instructor. This authorization will be filed in your program student file.
Part XX. Release of Information Authorization Form

Student ID # __________________

AUTHORIZATION TO RELEASE INFORMATION

I authorize that the instructors of the program at Southeast Tech in which I am enrolled may provide the following information to prospective clinical/practicum sites and/or employers.

1. School/program activities
2. Degrees, awards, Certificate of Completion
3. Most current GPA/most current program GPA
4. Synopsis of clinical experience
5. Information regarding attendance and behaviors in didactic and/or clinical experiences
6. Recommendation for employment

Print Student Name _____________________________  Program _____________________________

Student Signature _____________________________  Date _____________________________

TO STUDENT: Please sign and return this authorization to your program instructor. This authorization will be filed in your program student file.
Part XXI. Release of Information Authorization Form

Student ID # ____________________

AUTHORIZATION TO RELEASE INFORMATION

I authorize the affiliate coordinator at Southeast Tech where I am enrolled to provide the following information to prospective clinical/practicum sites and/or employers.

1. Results of criminal background checks
2. Results of drug screens
3. Results of physical form and immunization records

__________________________________________
Print Student Name

__________________________________________
Program

__________________________________________
Student Signature

__________________________________________
Date

TO STUDENT: Please sign and return this authorization to your program instructor. This authorization will be filed in your program student file.
Part XXII: Criminal Background Questionnaire

CRIMINAL BACKGROUND QUESTIONNAIRE

Name:_______________________SS#:XXX-XX- __ __ __ __ Program:______________

Please answer the following questions. If you answer “yes” to any of the questions, please provide a complete description of dates and circumstances in the space provided. You must provide supporting documents that are applicable.

1. Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony/misdemeanor or other criminal offense (such as a simple assault, DUI or minor consumption, etc.)? Note: The fact that a conviction has been pardoned, expunged, dismissed, stayed or deferred does not mean that you answer NO, you should answer YES.

   Yes______  No______

   If yes, please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Is there any pending criminal prosecution against you in which you are charged with commission of a felony?

   Yes______  No______

   If yes, please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Please read the following statement:
If you have been convicted, pled guilty or no contest to, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations), you are advised that it may not be possible for you to participate in the internship or clinical portion of this program. You are further advised that the failure to fully and accurately complete this questionnaire could result in your termination in this program. If a student’s status changes due to a conviction (other than a minor traffic violation) after applying for the program but before going to clinical, the student must inform the program director/Affiliate Coordinator immediately. If a student fails to notify the program director/Affiliate Coordinator of this status change, they will be subject to disciplinary actions, which may lead up to termination from the program. You may also be prevented from taking required certification examinations, and you may be prevented from gaining employment in this field. Southeast Tech has no ability to affect the employers’ determination. The risk is borne solely by the student. You are also advised that Southeast Tech will share the above information with all clinical and internship sites.

I, the undersigned, say that I am the person referred to in the foregoing information and that all information supplied therein is true to the best of my knowledge, and that I have read and understand the above statement.

Signature:______________________________  Date:__________________
SOUTHEAST TECH
ACADEMIC/CLINICAL HEALTH/HUMAN SERVICES PROGRAM
AGREEMENT

If my actions as a student at Southeast Tech and/or clinical warrant grounds for discipline, Southeast Tech has the right to apply the Health Program Discipline Policy to the fullest extent.

**Grounds for Discipline**

1. Inappropriate dress
2. Habitual tardiness or absenteeism
3. Endangering patients health or life
4. Sexual harassment
5. Use of violence, force, coercion, threat, intimidation or similar conduct
6. Stealing or attempting to steal private or school property
7. Possession of a weapon at Southeast and/or clinical
8. Under the influence of alcohol or drugs, which includes odor from the use
9. Possession of alcohol or drugs at Southeast Tech and/or clinical
10. Failure to maintain program academic requirements
11. Lying and deception
12. Cheating, plagiarism, or any violation of the “Southeast Tech Health and Human Services Code of Ethics”
13. Breaching confidentiality
14. Or any other behavior that is deemed immoral, unethical, illegal or unprofessional
15. Any violation of terms of the Southeast Tech Health Handbook or Southeast Tech Catalog/Student Handbook

____________________________________  ________________________
Student  Date

____________________________________  ________________________
Instructional Staff  Date
Part XXIV: Southeast Tech Early Childhood Statement of Commitment*

SOUTHEAST TECH EARLY CHILDHOOD STATEMENT OF COMMITMENT*

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the National Association for the Education of Young Children’s (NAEYC) Code of Ethical Conduct, as published at www.naeyc.org. To the best of my ability I will

• Never harm children.
• Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
• Respect and support families in their task of nurturing children.
• Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
• Serve as an advocate for children, their families, and their teachers in community and society.
• Stay informed of and maintains high standards of professional conduct.
• Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
• Be open to new ideas and be willing to learn from the suggestions of others.
• Continue to learn, grow, and contribute as a professional.
• Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

______________________________  ____________________
(Student Signature)            (Date)

*This Statement of Commitment, while not part of the NAEYC Code of Ethical Conduct is a personal acknowledgement of the individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession.

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