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|  | **2021** |
|  | **EMS Program** |



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| **STUDENT HANDBOOK****EMT/AEMT** |
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# I. Program Purpose

This program is designed for individuals interested in providing care to patients in the prehospital

setting. It will provide the participant with opportunities to gain information, skills, and attitudes

necessary for certification as an Emergency Medical Technician/AEMT in the State of Nevada.

The program prepares graduates to:

* Demonstrate personal behaviors consistent with professional and employer expectations of an entry-level EMT/AEMT.
* Demonstrate technical proficiency in all skills necessary to fulfill the role of an entry-level EMT/AEMT.
* Comprehend, apply, and evaluate information relative to the role of an entry-level EMT/AEMT in the cognitive, psychomotor, and affective domains.

# II. Program Description

The Nevada State EMS Office approves this program. It addresses information and techniques currently considered to be the responsibilities of the EMT/AEMT, according to the most current version of the United States Department of Transportation’s National EMS Education Guidelines. The program consists of didactic (lecture) instruction, practical skills training, a field internship training, and clinical internship training.

# III. Program Goals

The program will contain information and skill practice opportunities, which will enable a properly

motivated and capable participant to:

A. Implement an understanding of human anatomy and physiology and the application to the

fundamentals of prehospital care and treatment of the sick and injured.

B. Perform a primary and secondary patient survey.

C. Understand, recognize, and provide appropriate level care for life threatening and non life-

threatening emergencies.

D. Apply the use of and utilize basic/advanced life-support equipment

in the prehospital setting.

E. Complete run reports of occurrences for the use of the receiving hospital as well as a permanent

record for local use.

F. Transmit necessary information from the emergency vehicle to on line medical control in an

orderly manner using mobile communication equipment.

G. Apply the principles of patient/rescuer safety and care at the scene and

through transport to a receiving medical facility.

H. Use critical thinking skills to assess and treat patients in emergency settings.

I. Perform and interpret diagnostic procedures.

# IV. Instructional Materials

1. Required textbook are available in the WNC bookstore or direct from JBlearning.com. The cost for books varies each year and are determined by certification level.

B. There are required online materials that accompany the texts.

C. Additional supplies and materials required are TBA by instructor.

D. Although the textbook selected for the course will be the primary textbook for the entire

curriculum, the student will be responsible for obtaining all instructor required literature and materials.

# V. Program Fees

There will be a tuition and general fee for all student’s TBD by certification level. Students must obtain a photo student ID card to participate in clinical and field internships. These photo IDs will be arranged by the Lead Instructor with assistance from the EMS Program Coordinator.

# VI. Class Location

Classes and laboratory sessions are conducted through multiple platforms to include in person and on campus. Please refer to your course syllabus for location details.

# VII. Class Time

Classes are TBD by instructor and are in the school schedule. Laboratory sessions are part of listed class times unless otherwise noted in class syllabus. Periodically during instruction, class times and meeting sites will change to accommodate specialized education and testing programs. Students will be informed of such changes with as much notice as possible.

# VIII. Clinical Experience

The lead instructor, in cooperation with a medical facility, ambulance service, and/or fire department will provide the opportunity for the program participants to observe and train in a clinical setting. The number of successful skill and objective completions is designated for each specific area of

clinical experience and must be met by each student in order to successfully complete the program. These completions are to be entered into FISDAP.

Additionally, in accordance with this clinical experience policy, each participant in an EMT/AEMT education program must submit to a criminal background check and pre-drug screening before entering clinical rotations. All students must also complete HIPPA training BEFORE clinical rotations begin. Upon successful completion of the EMT/AEMT program verified by the Medical Director and the Program

Director an examination fee will be due to the National Registry of EMTs. This registration fee and application to the NREMT will be required PRIOR to being cleared for the written exam

Clinical Remediation

Students with knowledge base or performance weakness as identified by clinical preceptors or the Program director may enter a remediation program to run concurrently with their clinical experience. In some circumstances, the student may be suspended from his/her clinical studies to successfully complete a remediation program. In the case of remediation, the program will evaluate the student’s knowledge base or performance level and create a plan for improvement; the student may be placed on academic probation during the remediation process. The remediation plan may include independent study, tutoring, participation in skills labs, peer counseling, scenario practice, drills, homework, or additional clinical shifts. It shall be a condition of the plan for improvement and/or academic probation that the student meet terms and attend all activities described in the plan. Any additional requests for assistance from staff or faculty should be requested by appointment. Students who fail to successfully meet all conditions of the plan for improvement and/or academic probation will be terminated from the program.

Removal from Clinical Site

Students may be removed immediately from their clinical site for violations of the Student Handbook or at the discretion of the preceptor. Such removals will be reviewed by the program and may result in disciplinary action up to and including termination from the program. Should a student be removed from the clinical site for any reason, he or she must contact the Clinical Coordinator via email immediately. Students who are dismissed from a clinical site will have all subsequent clinical shifts cancelled pending investigation of the cause for the dismissal, as set forth above. The student will not be permitted to return until the investigation has been completed and a decision rendered.

1. Clinical Attendance

1. Clinical assignments are scheduled by each student. The student is expected to report 15

minutes before the start of the shift/rotation. The student is expected to stay in the area for the entire designated shift, unless advised by their clinical preceptor for educational experience. If the student is

unable to meet the schedule, they must notify the Clinical Site and the lead instructor. .

2. Due to the complexity of scheduling students into limited clinical affiliates, there will be

no change in the assigned clinical training without instructors’ consent. Make-up time is available only upon availability and only on a limited basis.

3. If a student is ill, they must make-up the time based upon availability. Absence from

clinical areas are permitted only for true emergencies. A written excuse from a

physician may be requested for an accepted excuse for failure to meet

assigned clinical rotations. If the student must call off for a shift, the student must FIRST notify the appropriate rotation or affiliate and then e-mail the Instructor the reason for the absence.

4. Unexcused (no call, no show) absences from two clinical/field assignments during the EMT/AEMT class will result in administrative withdrawal from the class.

 5. More than two unexcused absences in any one term will be grounds for

dismissal from the program and the assignment of letter grade F for the clinical

course. Unless prearranged and approved by the Program Director.

6. The stated hours for each clinical area are based on the DOT National Curriculum. This is a minimum requirement and at the discretion of the director of the program and Medical Director, the student may be asked to participate in further clinical learning experiences.

7. In order to document the quantity and quality of clinical experiences in each clinical

field, the student will keep a clinical log (FISDAP) to be reviewed by the instructor on a monthly basis. Failure to have the forms completed and reviewed by the instructor will result in the student being asked to repeat the specific clinical experience.

C. Dress Code for Clinical/Field Experience

1. Students must adhere to the WNC EMS, or agency required uniform. Students must clearly display their picture student ID card while in the clinical setting.

2. The student must present the picture ID to the preceptor when reporting for duty. Students without picture ID will be asked to leave the clinical site.

3. No jeans, sandals, t-shirts, cowboy boots or other inappropriate or revealing attire during clinical

experience as determined by the agency or program director. Students will have hair up, off the collar, be of natural color and height. Students must be free of heavy jewelry, perfume, and inappropriate make-up.

No body pierced jewelry is allowed to be visible during clinical experience. Those with piercings to include earrings must make accommodations to have them removed, such as clear studs to maintain the pierce. Students must be well groomed to include trimmed mustaches and beards or goatees must be trimmed and not interfere with Personal Protective Equipment use and function.

D. Performance on Duty

1. Each student must utilize self-initiative in the clinical area in which they are assigned.

The clinical coordinator/director reviews and coordinates the clinical experience, but

they are not responsible for providing specific activity. Hospitals may vary somewhat

in their approach to the students. The student must tell preceptors which areas they would like more experience in. The request must conform to the guidelines of the specific EMT/AEMT responsibilities. (See specific Clinical Objectives for each area.) The student is expected to be tactful and courteous at all times. If a problem arises during clinical activities, the student is required to contact the program coordinator to intervene.

2. Students may perform activities only under the direct guidance and observation of the

registered nurse, physician, or certified pre-hospital preceptor. If the student is unfamiliar with the duty or has never performed the function outside the classroom, they must relay this information to the preceptor and can only observe. Subsequent availability of these specific experiences warrants a request by the student to actively participate.

3. Students must conform to all rules and regulations of the clinical affiliate during

clinical experience. Students who display unprofessional appearance, substandard hygiene, unprofessional or inappropriate attitude, or misconduct as defined by the clinical affiliates employees handbook and the programs clinical guidelines will be subject to dismissal from the program. In view of the limited time for clinical experience, there should be no area too menial or repetitious for the students to participate. The student should be aware of, and make use of, the vast learning opportunities available in every clinical situation and respect the clinical expertise of the preceptors working in those areas.

4. Students must show progress throughout internships as determined by the instructor and preceptors determined through evaluations. If the student is not showing appropriate expected progress for the specific student, the student may be entered into the disciplinary process as outlined in this handbook.

E. A field internship will follow the rules set forth in the clinical experience as well as follow all state and national guidelines.

Field Internship Remediation

Students with knowledge base or performance weakness as identified by preceptors or program officials may be placed on academic probation and enter a remediation program to run concurrently with their field internship. In some circumstances, the student may be suspended from internship in order to successfully complete a remediation program. The Program will evaluate the student’s knowledge base or performance level and create an improvement plan requiring activities designed to improve his/her identified weakness. The plan may include independent study, tutoring, participation in skills labs, peer

counseling, scenario practice, drills, homework, or ride-along. It is the student’s responsibility to avail him/herself of these activities and request assistance by appointment with the staff or faculty.

A formal progress evaluation will be conducted as a condition of the student’s return to the internship setting. This may include written, practical, oral examinations, and/or evaluations in the clinical setting by the program faculty. This evaluation must be successfully completed in order for the intern to return. If the final evaluation is unacceptable, the student will be terminated from the Program.

Example reasons for the need for remediation are as follows:

• Inability to conduct adequate field assessments

• Inability to determine chief complaint

• Inability to formulate an appropriate treatment plan

• Inability to manage or control the scene

• Poor communications skills

• Inadequate number of patient contacts

* Poor skill performance

Removal from Field Site

Students may be removed immediately from their field site for violations of the Course Policy Manual or at the discretion of the preceptor. Such removals will be reviewed by the program and may result in disciplinary action up to and including termination from the program. Should a student be removed from

the field site for any reason, he or she must immediately contact the Clinical Coordinator. Students who are dismissed from a field site will have all subsequent field shifts cancelled pending investigation of the

cause for the dismissal, as set forth above. The student will not be permitted to return until the investigation has been completed and a decision rendered.

Internship Completion Timeframe

Students MUST be completed with ALL clinical and field internship requirements prior to the end of the semester. **This is to include 15 total patient contacts between field and clinical settings.**  If a student fails to complete the requirements for internship completion by this time, they will not successfully complete the requirements for National testing, and will not pass the course. Also, NO testing, practical or written, can be completed until all requirements of the program are met.

# IX. Attendance Policies

Due to the volume of the material to be covered, the speed at which it will be presented, and State EMS required attendance, the maximum allowable number of absences and make-up arrangements is four per semester. Exceptions to these regulations will be made on a case-by-case basis as determined by the program director and medical director. Participants are expected to take responsibility for getting class notes, handouts, and make-up assignments when necessary. The Instructor is NOT responsible for supplying the student with these items. It is suggested that students designate another student to make sure that all classroom material is obtained. When a student misses a scheduled quiz, the quiz will be made available to the student per student request, and the time will be at the instructor’s discretion.

Tardiness is defined as arrival after the start of class (morning or afternoon session) and leaving before class ends to include clinical or field shifts. A student who is more than 30 min late for the start of class

will be marked absent. After three tardies (cumulatively throughout the semester), a student will be placed on administrative probation. The student may be terminated after the fifth occurrence.

# X. Participant attire

Participants will be required to adhere to clinical guidelines when in an assigned clinical setting. See Dress Code in this handbook.

# XI. Participant Progress Conference

The program director may request program participants to attend progress conference(s) during the

course of the semester. This is including clinical and field internships, and didactic and laboratory sessions. These are beneficial to both the student and instructors to assure student success and continued progress toward program outcomes.

# XII. Examinations/Grading

Each student is expected to complete the reading assignments prior to attending the class sessions. The lectures are based on the US DOT National Standard Curriculum. The lectures vary in sequence from the textbook. The material presented in lectures, textbooks, and assigned readings will be utilized in preparing all examinations.

All assignments must be completed before a grade will be assigned to the student. Quizzes and

Other assignments offer guidelines for individual study and for faculty appraisal of the student's

progress. Late assignments will be reviewed or evaluated at instructor discretion. A final examination, which is comprehensive in design, is given at the end of each term. This exam will be the FISDAP comprehensive exam. Academic dishonesty is grounds for failure of the course. Please refer to The WNC statement on academic dishonesty or contact the Vice President of Student Success and Support Services. In addition, no pagers, cell phones, PDA or other forms of electronic transmission of information are allowed during examinations.

Grading Scale:

Letter Grade

See syllabus

Grades will be determined by the instructor.

Written examinations are the most appropriate and effective process for measurement and assessment

of the participants' success in converting content into knowledge. Practical skills provide feedback to

both the instructor and participant on the ability of the participant to perform specific tasks. Results of written and practical skills and observational reports detailing participants' attendance and participation will be considered on the final grade. Practical skill examinations will be administered during the program and must be successfully completed in order to continue in the program. At the instructor's discretion, a second opportunity to demonstrate competency on skills (prior to the end of the program) may be arranged.

Successful completion of the course will be determined by:

• Overall course grade as stated in the syllabus

• Satisfactory completion of Practical skills

• Satisfactory performance in clinical and field internship sites as evaluated by skill check offs and preceptor evaluations.

• Attendance of no more than 4 absences of all classes and 100% clinical assignments

Failure to successfully complete the above will result in ineligibility to sit for the initial

attempt at the State or National Certification examination, until the time the student has completed remediation as required by the program director, program medical director and program faculty.

# XIII. State Examination Requirements

Upon program completion of all final written and practical examinations and completion of all quantified

clinical/field experiences as addressed in the objectives, the participant will be permitted

to take the National Registry of EMTs or State examination required for State certification.

# XIV. Continuing Education

This course is only the beginning of the participant's experience in EMS. The participant should plan

to devote sufficient time and effort to continuing education to maintain certification in compliance with

requirements set by the State and to maintain an appropriate level of knowledge and proficiency with

patient care skills. Specific requirements for annual recertification training are available from the State

and the National Registry of Emergency Medical Technicians.

# XV. Participant Safety and Health

Good mental and physical health is necessary for an individual to maintain the pace and physical

demands that this course entails. The program director or part-time faculty and clinical preceptors will oversee all student performance in both the classroom and clinical setting. Each student should address any problems or concerns that he or she may have regarding his or her safety immediately to the individual directly involved with the training in progress. Directions given by program personnel should be followed accurately, and if not understood, should be questioned to prevent problems and misunderstandings. All students will perform with normal regard for personal safety as well as the safety of patients and others involved with patient care. At no time will the student perform any act that he or the preceptor deems unsafe or that the student/preceptor feels is inappropriate action for the

student to take. Any student who has an infectious disease (common cold, flu, hepatitis, herpes, or cold sore, etc.) should not participate in activities in the lab or the clinical setting without proper BSI.

Students will be expected to attend class - if their condition permits - and observe others in the practical stations if unable to participate due to an illness. The student will make-up practical time at the

discretion of the program director. The student will be held responsible for the instruction and will be expected to practice on his or her own time to maintain skill levels in keeping with class progress.

In the case of any illness which requires the student to miss more than two classes per term, the student will be required to have a medical release by a physician before being allowed to return to class.

All manikins, airway adjuncts, and other equipment will be properly cleaned with disinfectant between

each student's use (each student will have clean equipment). Due to the nature of the training, it is imperative that all students maintain good personal hygiene habits at all times. A sink and disinfecting

soap is available in the laboratory and will routinely be used by students when working within the laboratory setting.

Any student with a history of chronic health problems, pregnancy, recent surgery, or back injury will be

required to present a medical release from a physician. The program director and the medical director

have the option to request such a release at his or her discretion.

Students should be able to lift 100-150 pounds; however, all students will exercise prudent physical

exertion in labs and on calls - cot lifting, patient lifting, scene safety precautions, etc.

Any time a student suffers an injury/exposure while functioning as a student, he or she will immediately report the occurrence to the preceptor who will in turn make an immediate report to the program director. A written incident report will be filed with the program director and medical director within 24 hours of the occurrence.

The field preceptor on an EMS call or the clinical preceptor has complete authority over the student during his or her clinical rotation. If at any time the student performs patient care actions not approved by the field preceptor, the student will be dismissed from the program.

While riding in emergency vehicles, students will follow the agencies guidelines for passenger safety.

No student is allowed to drive EMS vehicles at any time. Failure to comply with this rule will

result in the automatic dismissal of the student from the program.

# XVI. Student Conduct, Disciplinary Procedures, and Student Grievance Process.

Ethics and Standards of Conduct

Due to the high standards of the Program and the paramedic profession, student conduct must reflect professionalism, integrity and responsibility at all times. The following section sets forth ethical standards, standards of conduct, and examples of misconduct subject to disciplinary action (including probation or termination from the Program).

Ethical Standards

Students are expected to meet the following ethical standards while in the Program:

• EMS Providers are health care professionals regardless of whether they receive monetary compensation for their work. Thus, an EMS Provider is bound by the highest standards of professional conduct and ethics. The program will not tolerate a breach of these standards by its students. Certain acts may be so serious that they subject the student to immediate dismissal without progressive discipline.

• Students must conduct themselves in an ethical manner throughout the classroom, clinical, and field internship phases of the program. Failure to adhere to these standards may result in termination from the program. Violation of these standards includes, but is not limited to, stealing, cheating, or breach of patient confidentiality.

Professional Behavior

The conduct of the student reflects upon the individual, his or her agency, the program, and the EMS profession. Therefore, the student must always conduct him/herself in a professional and responsible manner as described below.

Professional Behavior/Attributes include:

* Leadership. Self-confidence, established credibility, ability to remain in control, ability to communicate, willingness to make a decision, willingness to accept responsibility for the consequences of the team’s action.

• Integrity. Consistent honesty; being able to be trusted with the property of others or with confidential information; complete and accurate documentation of patient care and learning activities.

* Empathy. Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.
* Self-motivation. Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities; participating in tutoring sessions; and completing prescribed remediation.
* Appearance & Personal Hygiene. Appropriate, neat, clean and well-maintained clothing and uniform; good personal hygiene and grooming.
* Self-confidence. Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.
* Communication Skills. Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations
* Time Management Skills. Consistent punctuality; completing tasks and assignments on time.
* Diplomacy in Teamwork. Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.
* Respect. Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.
* Patient Advocacy. Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.

• Careful Delivery of Service. Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Misconduct

Students are subject to disciplinary action up to and including termination from the Program for misconduct, including but not limited to:

• Academic Dishonesty. All forms of academic misconduct, including but not limited to cheating, fabrication, plagiarism, multiple submissions, or facilitating academic dishonesty. For the purposes of this policy, the following definitions apply:

1. Cheating. Cheating includes, but is not limited to, the use of unauthorized materials, information, or study aids in any academic exercise; or helping another student commit an act of academic fraud; or the failure to observe the expressed procedures or instructions of an academic exercise (e.g., examination instructions regarding alternate seating or conversation during an examination).
2. Fabrication. Fabrication includes, but is not limited to, falsification or invention of any information or citation in an academic exercise.
3. Plagiarism. Plagiarism includes, but is not limited to, the use of another's words or ideas as if they were one's own; including but not limited to representing, either with the intent to deceive or by the omission of the true source, part of or an entire work produced by someone other than the student, obtained by purchase or otherwise, as the student's original work; or representing the identifiable but altered ideas, data, or writing of another person as if those ideas, data, or writing were the student's original work.

4. Other Forms of Dishonesty. Other forms of dishonesty, including but not limited to fabricating information or knowingly furnishing false information or reporting a false emergency to the program or to program officials acting in the performance of their duties.

• Forgery. Forgery, alteration, or misuse of any program document, record, key, electronic device, or identification. This policy applies to any individual for whom the program maintains records, regardless of current student status. Signing an attendance roster for another student or signing a clinical evaluation for a nurse are examples of forgery.

• Theft. Theft of, conversion of, misappropriation of, or damage to or destruction of any property of the program or University or property of others while on program or University premises or at official program functions; or possession of any property of the program or others stolen while on program premises or at official program functions.

* Unauthorized Conduct. Unauthorized possession of, receipt of, duplication of, or use of the program's name, insignia, or seal. Unauthorized entry to, possession of, receipt of, or use of any program properties, equipment, resources, or services. Selling or distributing course lecture

notes, handouts, readers, or other information provided by an instructor, or using them for any commercial purpose, without the express permission of the instructor. Inappropriate use of program materials or equipment to include, but not limited to, equipment used other than its intended purpose, equipment used in an unsafe manner, or behaviors not conducive with standards as outlined in this handbook.

Disciplinary Actions

Charges of misconduct or breach of the program’s ethical or professional behavior standards against a student at any stage of the program will be investigated. The student may be suspended during the investigation and review process. The investigation will include an interview with the student. He or she may submit a written summary of the events surrounding the charge of misconduct or breach of ethics or professional behavior within seven days of the interview. The investigation will be completed within 30 days of its start. Within 30 days of the completion of the investigation, the student will be provided with a written summary of the investigation and a decision. The decision may impose disciplinary action, up to and including termination from the program.

Probation

Students placed on probation will be notified in writing. This will include reason for probation and an action plan to correct. A student who fails to comply with the terms of probation will be terminated from the program.

Academic Probation

Students may be placed on probation on academic grounds at the discretion of the program. A student on academic probation may be required to attend weekly tutoring sessions as a condition of his/her probation status. Grounds for academic probation include, but are not limited to:

• Failure of two or more Tests

• Failure of one or more practical skills stations

• Failure of two or more clinical assignments (e.g. Time and Objectives).

• Failure to advance academically in the clinical or field setting, requiring the development of a plan for improvement

Administrative Probation

Students may be placed on administrative probation at the discretion of the program. Grounds for administrative probation include, but are not limited to:

• Failure to comply with the standards of ethics, professional behavior and conduct set forth in this Manual

• Failure to comply with a request or order from a faculty member

• Failure to comply with the attendance policy

• Failure to comply with the dress codes

• Failure to complete or tardiness in submitting documents required for matriculation (ie. – medical screening information, application information)

• Failure to comply with the rules of classroom, clinical site or field site policies

• Tardiness in turning in clinical or field internship documentation or assignments

• Failure to comply with the Exposure Control Policy

* Failure to comply with reporting procedures for Incidents and Unusual Occurrences

Termination from the Program

A student may be terminated from the program for not satisfying the academic or disciplinary policies and rules outlined in the Student Handbook, with or without being placed on probation, as follows:

Academic Grounds

• Failure to meet academic standards as outlined in the grading policy

• Continued sub-standard academic performance after being placed on academic probation

• Failure to meet the conditions of a plan for improvement during the clinical or internship phase of the program

• Failure to meet all conditions of a remediation program

• Failure to meet course requirements during any phase of the program

Disciplinary Grounds

• Substantial or repeated violation(s) of the standards of ethics, professional behavior and conduct set forth in this Manual

• Repeated absences, tardiness or early departure as outlined in the attendance policy

• Repeated failure to comply with applicable dress codes

• Repeated or substantial failure to comply with the rules of classroom, clinical site or field station decorum

• Repeated tardiness in turning in clinical or field internship documentation or assignments

• Continued administrative violations after being placed on administrative probation

• Failure or refusal to participate in necessary investigatory proceedings for an incident or unusual occurrence

Upon termination, the student will be notified of the termination. This documentation will also be placed in the student’s file. The Program Director may require an exit interview at the time of termination. Students who are terminated for disciplinary reasons are not eligible for re-enrollment.

Student Grievance Procedure

If the student wishes to grieve a termination from the program, they may follow WNC’s Student Grievance Policy and contact the Vice President of Student Success and Support Services.

# XVII. Statement of Understanding

I have received and read the student handbook for the program.

I understand the contents of the student handbook and agree to abide by the policies specified in it.

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: This form must be signed and returned to the instructor before the first scheduled examination. Failure to return the form will result in the student being ineligible to participate in the examination