



## 2023 Student Handbook Agreement

I, (print name) \_\_\_\_\_ ,

attest that I have received and read the 2023 Ochsner Health Student Handbook and that I understand and agree to abide by the regulations and procedures as set forth in the Handbook, including but not limited to:

- Mission, Vision, and Values
- Professional Conduct
- Identification Badge Policy
- Substance Abuse and Tobacco Policies
- Severe Weather Policy
- Confidentiality & HIPAA Policy
- Documentation
- Parking Regulations
- Occurrence Reporting
- Safety and Security Codes & Protocols
- Infection Control Protocols
- Medication administration (Nursing and APP only)
- Nursing Student Expectations (Nursing and APP only)
- Student Restrictions (Nursing and APP only)

I agree to maintain awareness of policy updates throughout my clinical rotation period and to review any Student Handbook updates should they occur. I understand and agree that failure to abide by the terms set forth in the Handbook could result in disciplinary action, up to and including dismissal from my clinical rotation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_