

APPENDIX D: HSHS STUDENT ACKNOWLEDGMENT OF NON-COMPLIANCE

I, _____, have met with the department chair/director and dean regarding the program's clinical requirements and have been offered a placement that requires acknowledgments.

I understand that **I do not currently meet the program standards required to be placed at program clinical or workplace facilities.**

I understand that due to my non-compliance, I have limited options for a clinical assignment, and those options may change suddenly putting my continued enrollment in the course at risk of not being able to continue if I cannot come into compliance.

I understand that at any time **I may be required to be reassigned** and that reassignment may result in not being able to meet the new facility's requirements and thus unable to proceed in the program's course of study.

I acknowledge that clinical affiliates mandate the standards and those standards may change without notice, thus possibly affecting my ability to be placed or continue in the program.

I acknowledge that I have been counseled on the ramifications of not being able to proceed in the program if these event occurs, including but not limited to taking a leave of absences or being removed from the program.

I understand these statements and wish to continue in the program as agreed with the program chair and dean.

Student Name: _____

Student Signature: _____

Program: _____

Date: _____

Program Chair's Signature: _____

Dean's Signature: _____

This document shall be kept in the student's file.