

**Statement of Policy Regarding Acceptance for Clinical Training  
in the Following Programs at Durham Technical Community College**

Associate Degree Nursing	Practical Nursing
Clinical Trials Research Associate	Respiratory Therapy
Occupational Therapy Assistant	Surgical Technology
Pharmacy Technology	Medical Assisting

Students accepted into the above programs must meet the standards of both the College and the affiliated clinical site in order to participate in the appropriate clinical training for the program. Each clinical site where a student receives training reserves the right to refuse clinical training to any student found to be unacceptable according to that site's policies and regulations. **Clinical sites require a Criminal Background Check prior to the student's placement for training at that site.** Reasons for refusal could include, among other considerations, a documented police record indicating convictions for drug or alcohol related charges, child abuse or molestation, burglary, larceny, or other convictions deemed inappropriate to the particular clinical setting.

The student must confirm to and be subject to all policies and regulations of the assigned clinical site. The site reserves the right to end clinical training of any student whose performance violates rules, policies, procedures, or professional standards expected by the agency. Written justification from the clinical site must be provided to the College for such suspension. The clinical site and college personnel reserve the right to take appropriate immediate action, when necessary, to maintain the proper and safe operation of its facilities and the safety of clients in the clinical setting.

**Criminal Background Check:** A Criminal Background Check form will be sent to students at the time they are accepted into the clinical portion of their health program. The background check will include reports from all states where the student has lived within the past ten (10) years or from the date that the student turned eighteen (18) year of age, whichever is shorter. **Students will pay a fee directly to a designated vendor to for this background check.**

Additional information on the Criminal Background Check requirement

may be obtained from the Durham Tech website:

<http://www.durhamtech.edu/html/prospective/programsofstudy/healthtechbackgroundcheck.pdf>

*I verify that I have read and fully understand the Statement of Policy Regarding Acceptance for Clinical Training at Durham Technical Community College. I also understand that a Criminal Background Check is required for placement in clinical training sites for Durham Technical Community College.*

**NAME (Print)** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**PROGRAM OF STUDY** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STATEMENT OF STUDENT RESPONSIBILITY**

I verify that I have read all the information regarding admissions to the Associate Degree Nursing program, and understand the steps I must take to qualify for admissions. I understand that it is my responsibility to notify the Nursing Admissions Counselor regarding changes in name, address, phone number, and completion of developmental courses, prerequisite science courses, NET test results and non-nursing courses. .

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_