STUDENT AFFILIATION AGREEMENT – ADDENDUM 4

STUDENT SUBSTANCE POLICY CONSENT FORM

Name of School: _____
Name of Facility: _____

Facility policy prohibits Students (as well as applicants, employees and contractors) from using "Substances" including, but not limited to, illegal drugs and legal prescription drugs without a current, legal and valid prescription. Alcohol may not be used in a manner that will cause Student to be impaired while at the Facility. Students shall be tested for Substances as directed by the School or the Facility.

The Substance Policy

The Students are seeking Facility experience that is not granted to the general public.

It is Facility policy to maintain a drug and alcohol free environment.

By choosing to access the Facility through the program, the Student *must* agree to follow the Facility's substance abuse policy, including Substance testing.

Any Student who chooses not to agree to this policy has chosen not to be in the program.

No Student shall be in the program who:

- Has chosen not to comply with the Facility's or School's directives;
- Is unfit for duty; and/or
- Has not passed a Substance test within the twelve (12) months preceding Student's provision of Patient Care Services.

The School shall:

- Cause each Student to complete Addendum 4 Student Substance Policy Consent Form;
- Provide the Facility with a copy of each Student's completed Consent Form or request Student to provide the completed Consent Form to the Facility;
- Conduct testing of Students through a licensed laboratory if School is responsible for Substance testing; and
- Provide to the Facility copies of each Student's test result, for every test, if School is responsible for Substance testing.

Substance Testing may also be required by the Facility:

- When a Student is injured at the Facility;
- When a drug is not accounted for per Facility policy;
- For oversight of a Student who has previously completed a Substance rehabilitation program;

- For a Student who has been absent from the School or program for more than 30 days (except for regularly calendared school breaks); and
- When a Student appears to be unfit for duty.

Student Consent, Disclosure and Release

I choose to:

- Agree with and follow the Substance Policy.
- To provide any specimen(s) and to authorize the School and Facility and any associated persons and/or entities to conduct tests for alcohol and drugs and to allow them to access and utilize Specimen and test information as needed pursuant to the Substance Policy and process.
- Release the School and the Facility and any associated persons and/or entities from any and all claims, causes of action, damages, or liabilities whatsoever arising out of or related to the Substance Policy and process.

Student Choice to Consent or Not Consent

I have read the above and I choose to (check one)

☐ **Consent**

or

☐ **Not consent (not to remain or be in the program)**

Student and Witness Signatures

Student:	Witness:
_____	_____
Signature	Signature
_____	_____
Printed Name	Printed Name
_____	_____
Date	Date

Additional Consent for Students under the Age of 18

As the parent and/or guardian of the Student named above, I hereby consent to and authorize the School and Facility and affiliated persons and/or entities to proceed as outlined above.

_____

Parent and/or Guardian's Signature Date

_____

Student's Printed Name Date

STUDENT AFFILIATION AGREEMENT – ADDENDUM 5

STUDENT BACKGROUND CONSENT FORM

Name of School:_____
Name of Facility_____

Facility policy requires Students (as well as applicants, employees and contractors) to pass background checks before being allowed to access the Facility.

The Background Check Policy

The Students are seeking Facility experience that is not granted to the general public.

By choosing to access the Facility through the program, the Student *must* agree to have a background check as described in the Student Affiliation Agreement and herein, as directed by the School or the Facility.

Any Student who has chosen not to agree to this policy has chosen not to be in the program.

No Student shall be in the program who:

- Has chosen not to comply with the Facility's or School's directives;
- Is unfit for duty; and/or
- Has not passed a Substance test within the twelve (12) months preceding Student's provision of Patent Care Services.

School or Facility shall complete each of the following background checks before Students may provide Patient Care Services at Facility:

- Office of Inspector General ("OIG") List of Excluded Individuals/Entities
  - Facility shall not accept Students who have been suspended or disbarred from any applicable federal payer program. Appropriate screening tools include the Excluded Party Search System, another approved software program, and certain internet sites.

- License or Certification
  - Facility shall not accept Students whose licenses or certifications have ever been suspended, revoked terminated, or otherwise modified as to rights and privileges. However, if such sanctions resulted from use of a controlled substance and the Students have successfully completed a rehabilitation program, Facility may accept them so long as they undergo periodic substance abuse testing as determined by the Facility.

- Criminal Records Check
  - School or Facility shall conduct criminal records checks on Students at the federal, state, and local levels before Student may be allowed to provide Patient Care Services at the Facility and thereafter as often as is required by law. The CEO of Facility will

have the authority to make the final decision regarding the acceptance of any Student with a criminal record.

Student Choice to Consent or Not Consent

The information I have disclosed to the School and Facility is true, correct and complete. I understand that any misrepresentation, falsification, omission or deception of material facts may cause my application to be rejected or any program participation terminated.

I authorize the procurement or release of a consumer report or investigative consumer report about me. I understand this report may include information such as my character, general reputation, personal characteristics or mode of living, criminal, credit, and professional licensure certification.

I authorize any entities or individuals with which I have been associated to supply the School and Facility and their agents with this background information and I release any entities or individuals from all liability whatsoever related to the information or its furnishing.

I also authorize the School and Facility and their agents to contact any government or private entities or persons to verify the validity of any documentation.

I have read the above and I choose to (check one)

☐ **Consent**

or

☐ **Not consent (not to remain or be in the program)**

Student and Witness Signatures

Student:	Witness:
_____	_____
Signature	Signature
_____	_____
Printed Name	Printed Name
_____	_____
Date	Date

Additional Consent for Students under the Age of 18

As the parent and/or guardian of the Student named above, I hereby consent to and authorize the School and Facility and affiliated persons and/or entities to proceed as outlined above.

_____

Parent and/or Guardian's Signature Date

_____

Student's Printed Name Date