



UNIVERSITY of MISSOURI HEALTH CARE
STUDENT POLICIES AND PROCEDURES ACKNOWLEDGMENT

By initialing each section, and signing at the end of the document, I _____ hereby acknowledge that I understand the information contained in this document, and that each of the sections in the Student Handbook has been clearly discussed, and that the Student Honor Code has also been clearly discussed. My signature also means that I will abide by the rules, policies, and conduct stated, and that any violation of the rules, policy, and conduct in the Student Handbook and/or Honor Code will result in my receiving one or more sanctions of varying severity.

I also recognize that it is my responsibility to ensure that I understand the rules, policies, and conduct therein stated, and to seek appropriate clarification if any section is not understood. I further acknowledge that ignorance of any rule, policy, or conduct does not constitute a defensible argument, and that I will still be held responsible for same.

Should there be any changes in the future that require substantive content change, students will be duly notified, and the changes will be provided in writing (either by letter or email) as required. The student will be held responsible for any changes in the Student Handbook or Student Honor Code for which they have been duly notified.

STUDENT HANDBOOK:

- ___ GENERAL POLICIES AND PROCEDURES STATEMENT:
___ STATEMENT OF NON DISCRIMINATION:
___ STATEMENT OF ACCOUNTABILITY AND RESPONSIBILITY:
___ ADA STATEMENT:
___ INTELLECTUAL PLURALISM STATEMENT:
___ COURSE SCHEDULE:
___ CLASS CANCELLATION DUE TO INCLEMENT WEATHER:
___ CLASS CANCELLATION FOR OTHER REASONS:
___ ATTENDANCE:
___ LEAVE OF ABSENCE:
___ COURSE WITHDRAWAL:
___ RE-ENROLLMENT:
___ COURSE COMPLETION DEADLINES:
___ NREMT EXAMINATIONS:
___ PRE-REQUISITE REQUIRMENTS:
___ BOOKS:
___ CLASS PREPARATION:
___ LECTURES/PRACTICAL LABS:
___ TUITION:
___ PAYMENT PLANS:
___ SCHOLARSHIPS OR OTHER FUNDING:
___ COURSE FEE REFUND SCHEDULE:
___ PARKING:
___ MEDICAL INSURANCE:
___ MEDICAL LIABILITY INSURANCE:
___ GRADING POLICY:
___ ACADEMIC PROBATION:
___ REMEDIAL INSTRUCTION:
___ FERPA:
___ PROFESSIONAL ATTITUDE:
___ SEXUAL, ETHNIC, AND GENDER-BASED HARASSMENT:
___ STUDENT CONDUCT:
___ STUDENT HONOR CODE:
___ EMT OATH
___ EMT CODE OF ETHICS
___ DRESS CODE AND EQUIPMENT REQUIREMENTS:
___ PERSONAL HYGIENE:
___ PAGERS/CELL PHONES/ELECTRONIC DEVICES:
___ ALCOHOLIC BEVERAGES/ILLEGAL DRUGS:
___ SAFE PRACTICE POLICY:
___ SLEEPING:
___ CONFLICT OF INTEREST:
___ PARTICIPANT HEALTH AND SAFETY:
___ PHOTO AND RECORDING RELEASE
___ DISCIPLINARY PROCESS:
___ RULES OF PROCEDURES IN STUDENT CONDUCT
___ MATTERS (DUE PROCESS DETAILS)
___ LAB / SKILLS REQUIREMENTS
___ CLINICAL ROTATIONS:
___ CLINICAL ROTATION SITES:
___ CLINICAL ROTATION SCHEDULING AND ATTENDANCE:
___ CLINICAL ROTATION PRECEPTORS:
___ CLINICAL ROTATION DOCUMENTATION:
___ CLINICAL ERRORS:
___ CLINICAL ROTATION SKILLS AND DOCUMENTATION REQUIREMENTS

SIGNATURE: _____

Printed Name: _____

Date: _____