NURSE AIDE COURSE CONTRACT

\_\_\_\_\_ I have received and read the Course Syllabus and understand all Policies and guidelines explained to me.

\_\_\_\_\_ I have received and read the Nurse Aide Candidate Handbook.

\_\_\_\_\_ I have received a copy of the Virginia State Law regarding Criminal Conviction and Barrier Crime information.

\_\_\_\_\_ I have read and I understand that I need to have completed a Certified Background Check and a PPD before going to clinical.

\_\_\_\_\_ “As a Nurse Aide student, I understand that information about the facility practices and residents will be available to me. I agree to respect and protect this information. All discussions, written information provided to me during and after the lecture, and clinical rotation will remain confidential.” Set by National HIPPA Guidelines and Rules governing the medical field.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Witness’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Printed Name Witness’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Instructor’s Signature Date