**STUDENT RESPONSIBILITY STATEMENT**

I acknowledge and will comply with the following duties and responsibilities with regard to my participation in the clinical education at the Indian Health Service (IHS) facility (“facility”) as part of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program.

1. I agree that my participation is as a student and not as an employee of the facility.

2. I agree to participate in any and all clinical and/or administrative activities deemed necessary by my preceptor, requested by the facility, and/or required by the Institution.

3. I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or his or her designee, and the facility preceptor to be my primary contacts with IHS. I agree to communicate with them prior to my placement, submit all required paperwork through them, and understand that both have authority over my placement and removal.

4. I agree that I will receive no monetary compensation for or as a result of any rotation related activities.

5. I agree to maintain professional liability coverage, in amounts that are reasonable and customary in the community for the appropriate specialty (not less than $1,000,000 per occurrence). I will provide documentary proof of the insurance coverage to the IHS Area Office and facility prior to the start of my clinical experience and such proof will be attached to this Agreement.

6. I must provide evidence of screening for tuberculosis infection and immunity against Rubella, Measles (Rubeola) and Hepatitis B. If the tuberculosis skin test is positive, I will provide evidence of treatment in accordance with DHHS Centers for Disease Control and Prevention Guidelines.

7. I must comply with the infection control guidelines of the IHS facility.

8. I must complete and be responsible for the cost of providing a curriculum vitae (or resume’), all forms, health forms, and/or certificates requested by IHS.

9. I agree to complete the required form “Addendum to Declaration for Federal Employment - Indian Health Service Child Care & Indian Child Care Worker Positions”, as well as all required security forms and send the forms to the IHS Area Office and facility in advance of my placement. I understand that any indication of having been arrested for a crime involving a child, a felony conviction, or being placed on the DHHS Inspector General Exclusion List (<http://oig.hhs.gov/fraud/exclusions.asp>) will preclude me from participation in this program. I further understand that making false statements on any form will result in removal from the program immediately upon discovery, and may subject me to criminal prosecution. I also acknowledge that IHS may immediately remove me without prior notice from participation in this clinical experience based upon my conduct, regardless of where and when the conduct took place that IHS deems detrimental to the interests of the United States, DHHS, or IHS, or any personnel of these entities.

10. I agree to acknowledge receipt of the IHS “Standards of Conduct and Ethics” Policy when they are provided to me by IHS. If they are not provided by IHS during my first day at the facility, I agree to ask for them.

11. I must comply with all applicable policies, procedures, and rules of IHS and the facility.

12. I will conduct myself in an ethical manner, both personally and professionally, at all times.

13. I will demonstrate professional behavior appropriate to the environment, including adherence to the facility’s professional dress code and maintaining high standards of patient care.

14. I will hold protected health information or other confidential information pertaining to patients of the IHS in confidence and in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a; Privacy Act Regulations, 45 CFR Part 5b; Drug Abuse Prevention, Treatment, and Rehabilitation Act, as amended, 42 U.S.C. § 290dd–2, Confidentiality of Alcohol and Drug Abuse Patients Records, 42 CFR Part 2; the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164 and applicable state law.

15. I will participate in the orientation, mandatory education, and skills training as required by the facility.

16. I will obtain prior written consent from the IHS before publishing or presenting any material, including presentations, reports, or publications of any kind, relating to the clinical experience.

17. If applicable, I will notify the designated representatives upon learning that I am pregnant before or during the clinical practicum so that appropriate personal safety precautions can be implemented.

**I have read and understand the terms and conditions contained in this statement and agree to abide by them.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_