

N442 (Spring 2024)
Population and Global Health Clinical
Clinical Expectations Acknowledgement

This is a requirement prior to Clinical Experience.

(After you sign this, make a copy for yourself and turn in the original to the appropriate Dropbox)

Student's Printed Name: _____Karlie Roberts_____

This acknowledgement applies to every clinical attended for this course, and also includes research day.

The Student will arrive to clinical on time each week.

The student will be professionally groomed and dressed according to **LCN clinical and specific site specifications**.

Hair must be clean, and freshly groomed.

Ensure fresh breath, use deodorant, no heavy colognes, or body sprays.

Any site not requiring clinical scrubs e.g. some of the Legacy projects. require that the student's clothing will be clean, without wrinkles, or holes.

Shirts, T-shirts, hoodies, or sweat shirts and pants, will be plain, and appropriate, unless it's LCN wear.

Clothing may not represent any brand advertisements, beer, bar, or other humor, except LCN,

Jewelry is limited to a single pair of post earrings, and wedding rings.

Nails are to be clean, with no artificial nails, gels, tips, or acrylics, no chipped paint or other unkempt appearance.

The student will participate in all site services as assigned to the student by the clinical site representative.

The student will NOT ask site representatives for permission to leave the site early.

Clinicals are 8-3 unless otherwise indicated by the clinical coordinator.

If the student is unable to attend a clinical due to illness on the scheduled day, the student will call the site a minimum of 1 hour prior to the clinical to alert them to the absence and then notify the clinical instructor coordinator immediately after. In the case of an emergency, notify at the first available opportunity.

Any missed clinical must be made up within 2 weeks with an 8-hour volunteer day at Salt and Light in Urbana, Illinois. The student will arrange for the make-up hours and notify the instructor of the date and time of make-up day for Instructor confirmation.

Your signature on this form is indication that you have read, understand, and agree to comply with the above clinical expectations.

_____Karlie Roberts_____

Student Signature

_____1/7/24_____

Date