STUDENT HANDBOOK DECLARATION FORM
To be completed by all NHS Students

All NHS Students accepted to a Nursing & Health Sciences Program must print a copy of this form and upload a signed copy to their CastleBranch account.
(also available on CastleBranch.com under “to-do” lists.)

Accountability Statement

I, __________________________, hereby declare that I am responsible and accountable for the information set forth in the 2018-2019 NHS Student Handbook, including the program specific content in the appropriate Appendix. I understand this handbook is subject to change. I also understand that I will be informed via my LC Mail account or a posting to the division web page (www.lcsc.edu/nursing) of any policy changes made during this academic year. My signature below indicates my agreement to familiarize myself with the contents of this Handbook and abide by these Nursing & Health Sciences policies to the best of my ability. I understand I am to refer to the LCSC College Catalog for college-related policies and procedures. I understand I am to use LC Mail for all electronic communication with faculty and that I am responsible for accessing LC Mail and the division website on a regular basis.

__________________________  ____________________________  ____________
Signature               Program               Date

Confidentiality Statement

I, __________________________, hereby declare that I have read the confidentiality statement in this handbook. I have been provided the opportunity to ask questions and understand what constitutes confidential information. I agree, as a student of Lewis-Clark State College, to keep confidential, information to which I am exposed during all clinical and classroom experiences. This includes information presented in clinical mid or post conference, case studies and classroom discussions, as well as information associated with patients to whom I provide care. I understand that if I am found to have shared confidential information with unauthorized individuals in any form (verbal, written, electronic, or through any social medium), it may be grounds for immediate termination from the NHS program.

__________________________  ____________________________  ____________
Signature               Program               Date