

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
Print Full Name
accountable for the information set forth in the 2021-2022 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 LCMail for all electronic communication with faculty and that I am responsible for accessing LCMail 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

Student Photo/ Video Consent Form

I consent for the Nursing and Health Sciences Division at Lewis-Clark State College to place my photo in my NHS student file. The photo will be a replica of the one taken for my LCSC-NHS Student ID badge. I understand the purpose is to help faculty and staff become acquainted with NHS Students and to aid in identifying NHS Students should an emergency arise. I further consent that photos and/or videos taken of me during enrollment in an NHS program may be used for promotional materials such as the division website, brochures, and other electronic & printed media. I also consent to videotaping of all simulation experiences. Videotaping allows NHS faculty an opportunity to review and evaluate my performance. I may view the videotapes upon request to my clinical faculty or the Simulation Lab Technician.

Signature _____ Program _____ Date _____

Student Code Violations Consent Disclosure Form

I hereby authorize the Vice President for Student Affairs to release any records of LCSC Student Code violations that have occurred while I have been enrolled at the college. I understand that these records will be reviewed as a part of a formal background check related to admission to my program of study.

Signature _____ Program _____ Date _____

Authorization for Release of Record

I hereby authorize the Nursing and Health Sciences Division to release information as requested by clinical agencies. Such information may include, but is not limited to maintenance of health requirements and background check results.

Signature _____ Program _____ Date _____

Drug Testing Consent Form

I, _____, have read the LCSC Nursing and Health Sciences Drug and Alcohol Testing Policy. I understand and agree to comply with the policies and procedures and specifically consent to Drug and Alcohol Testing as provided for in the Drug and Alcohol Testing Policy. I understand some clinical agencies may require students to have a drug screen or other testing performed prior to allowing students to complete their clinical in their agencies. I further understand I am responsible for the cost of such testing.

Signature _____ Program _____ Date _____

NURSING & HEALTH SCIENCES DIVISION STUDENT HANDBOOK

The rights and responsibilities of all NHS students are detailed in the Lewis-Clark State College Catalog, while policies and procedures specific to NHS students enrolled in one of the Nursing & Health Sciences programs are detailed in the current year NHS Student Handbook. The NHS Student Handbook is updated annually and as needed. Changes are communicated to all NHS Students via LCMail, posting on department bulletin boards in Sacajawea Hall, and on the division website.

NURSING & HEALTH SCIENCES DIVISION MISSION STATEMENT

In concert with LCSC, the Nursing and Health Sciences Division exists to facilitate the development of outstanding healthcare providers committed to excellence in the delivery and management of patient centered care.