

Wallace Community College

Associate Degree Respiratory Therapist Program

STUDENT CLINICAL ROTATION CONTRACT

Student Name: _____

Student ID #: _____

I, _____, understand that the primary
(Student Name)
objective of the Respiratory Therapist program at Wallace Community College is to prepare program graduates to perform competently as a safe, professional respiratory therapist. In order to achieve this objective, it is necessary that each student complete _____ hours of clinical experience in a health care facility. Such experience is educational in nature and is designed to develop each student’s professional skills in order that each student may demonstrate specific entry-level competencies upon program completion. Program objectives and entry-level competencies are stated in the College catalog.

As a condition for enrolling in the Respiratory Therapist program and subsequently participating in clinical experiences at

_____ to satisfy the requirements of
(Health Care Facility)

_____ during the _____
(Course Name and Number) (Semester)

semester, I, _____, understand that:
(Student Name)

1. I am a student at the College, enrolled in a clinical course requiring my presence at a health care facility;
2. I am not acting as an employee of the institution or of the health care facility
3. I am not expecting and will not receive compensation for participation in the clinical course from either the institution or the health care facility;
4. I have not been promised and am not expecting to be offered a job at the health care facility as a result of participation in the clinical course.

Student Signature

Department/Division Chairperson Signature

Date

Date

Witness Signature

Date