COLLIN COLLEGE | Health Sciences
Continuing Education

Veterinary Assistant Practicum

Name: _____ Mailing address: _____ City: _____

Preferred phone: _____ Other languages: _____

E-mail address: _____ Date available to start: _____

Statements of understanding:

- I have attached ALL required documentation for consideration.
- I have read & understand the rules & regulations of the college this program abides by & these are terms of my continuation in the program.
- Information given is factual. Falsification of required documentation results in application rejection.
- I understand I must pay for the Practicum upon & the additional fee of liability insurance assessed at registration.
- I will submit to ArcPoint for a background check, at my expense. The results will be reported directly to the College.
- I will submit to ArcPoint for a drug screening, at my expense. The results will be reported directly to the College. Once I begin the Practicum, I may be subject to future drug screens in the event that "for cause" behavior (suspicious in nature) is demonstrated in the classroom or clinical areas or per agency/clinical requirement. I further realize that a positive test result may deem me ineligible for progression in the Practicum. This can be cause for withdrawal from the program with a "No-Pass" grade and referral to a substance abuse program.
- I have read & understand the terms related, & release Collin College & its employees from any liability.
- I understand completion of the application does not guarantee me a position at a clinical site. Applications are screened, & if selected for participation, I will be notified.

_____ _____

Applicant Signature Date

Documents	VALIDATED BY / DATE
Tetanus - within last 10 years	Good until:
Meningitis Vaccine – only if student is under 30 years of age	
Background check (must be done within the past 6 months) ARCPointLabs.com/Plano	Good until:
Drug Screen (must be done within the past 6 months) ARCPointLabs.com/Plano	Good until:

WAIVER, RELEASE & INDEMNIFICATION AGREEMENT

I,_____, being of legal age, have voluntarily agreed to participate in an Practicum (the "Practicum") at:_____ (the "Facility"). In consideration for being permitted to participate in the Practicum, I, acting individually & on behalf of my children, parents, heirs, successors, assigns, personal representatives & estate, hereby agree as follows:

1. **Release from Liability**. I hereby release, acquit, & forever discharge the Facility, Collin College & their respective employees, agents, servants, officers, directors, trustees, owners, affiliates & representatives (in their official & individual capacities) (collectively, the "Released Parties") from any & all liability whatsoever for any & all damages, losses, or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses & attorneys' fees, which arise out of, during, or in connection with my participation in the Practicum, including, but not limited to, any damages, losses, or injuries to persons or property or both which may be sustained or suffered by me or any person in connection with my association with, participation in, or travel to & from, & in conjunction with the Practicum.
2. **Indemnification**. I hereby agree to indemnify, defend, & hold harmless the Released Parties from any & all liability, loss or damages they or any of them incur or sustain as a result of any claims, demands, damages, actions, causes of action, judgments, costs or expenses including attorneys' fees, which result from, arise out of, or relate to my participation in, or travel to & from, & in conjunction with, the Practicum.
3. **Severability**. I agree that this Waiver, Release, & Indemnification Agreement is intended to be as broad & inclusive as permitted by the laws of the State of Texas, & if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force & effect.
4. **Representations**. I release & discharge the Facility from all responsibility & liability for all injuries, illnesses, medical bills, charges, or similar expenses I may incur while participating in the Practicum.
5. **No Employment**. I understand & agree that my relationship with the Facility is not one of employer/employee. None of the benefits provided by an employer to an employee, including but not limited to minimum wage & overtime compensation, workers' compensation insurance & unemployment insurance & other employee benefits, shall be available from or through the Facility to me.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE & INDEMNIFICATION AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS & SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS.

Name (Last, First, M.I.)	Date
Address	Telephone
City, State, Zip	Signature
In case of emergency, please notify (NAME)	
Relationship	Telephone

Rights & Expectations

1. I understand that upon registration & payment for the Practicum experience, Collin College will make every effort to arrange a Practicum interview/orientation with a site within 45 days.
2. Upon registration & full payment for the Practicum experience, Collin College will arrange for 1 interview with a potential clinical site. If I am not chosen by that site to complete my hours there, or if I refuse the placement, Collin College will find 1 more site. If I am not chosen by that second site, the obligation held by Collin College has been fulfilled, & my Practicum registration fee will not be refunded.
3. As a student extern, my behavior at site is to be professional. If, after Practicum hours have begun, I am asked to leave site due to poor performance, behavior, attitude, or insubordination, Collin College is under no obligation to find me another site. The obligation held by Collin College will have been fulfilled, & my Practicum registration fee will not be refunded.
4. I understand that I am expected to arrive at my site with all necessary paperwork (skills checklist, timesheet, & personal identification). I will arrive at least 10 minutes prior to my interview time.
5. Once I have been accepted by the site & my Practicum hours have begun, I will take initiative with tasks & be open to instruction & new techniques. I will be coachable in all aspects of the profession.
6. Timesheets are due to the Clinical Coordinator every week. I will have them signed by my site supervisor & will return them to Collin College via email, fax, or will personally deliver them each week.
7. After completing my assigned hours, I will submit my completed & approved skills checklist to the Clinical Coordinator.
8. My site supervisor will have the opportunity to submit an evaluation upon the completion of my Practicum. The evaluation will be given by the site supervisor directly to the Collin College Clinical Coordinator who will then review it with me. Poor performance on this evaluation will result in a grade of No-Pass (NP).
    a. If the NP is due to poor behavior & I would like an opportunity to earn a Pass-Competency (PC) for the Practicum, I will be required to repeat Health Career Success, then repeat the Practicum. Repeats of all classes will require new registration & payment in full.
    b. If the NP is due to poor performance on skills & I would like an opportunity to earn a Pass-Competency (PC) for the Practicum, I will be required to repeat the full course or a remediation course, then repeat the Practicum. Repeats of all classes will require new registration & payment in full.

I have read the above rights & expectations & will comply with the best of my ability.

_____ _____

Student Signature Date

_____

Student Printed Name

ArcPoint Background Check Instructions

All students applying for a healthcare externship must complete a student background check through ArcPoint. **The cost of this service is $45.**

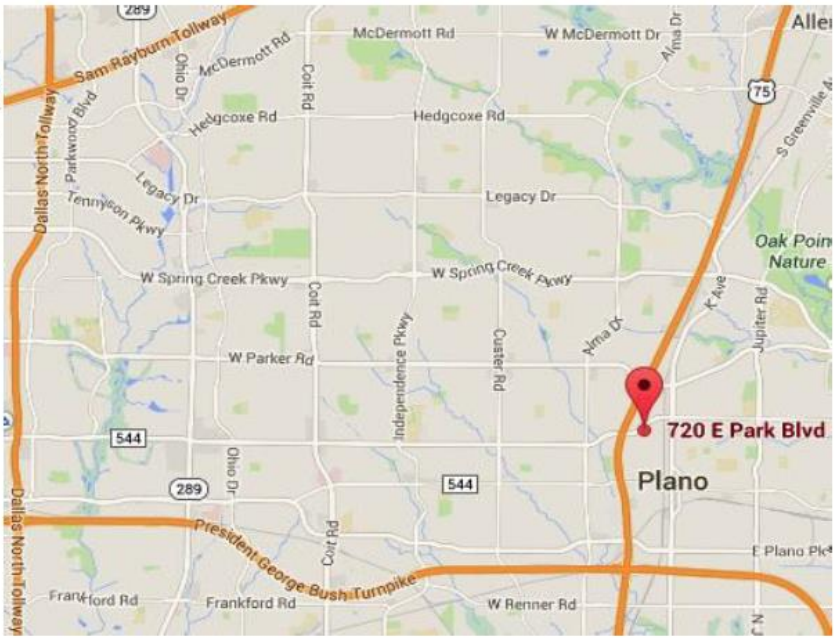
ArcPoint Drug Screening Instructions

Organization/Company Collin College – Continuing Education in accordance with their policies hereby require you to go to ArcPoint to complete drug screening. **The cost of this service is approximately $30.**

Person to be tested (print) _____ DOB __/__/____

Person requesting testing: CE Health Science Department – Dr. Kimberly Head

arcpoint labs
accurate. reliable. confidential testing.

Drug Alcohol DNA Background

ARCpoint Labs of Plano
720 E. Park Blvd., Suite 102
Plano, TX 75074
PH: 469.656.7999
FX: 469.331.4177
ARCpointLabs.com/Plano
Hours: M-F 8:30am-5:30pm
Sat. 8:30am - 12:30pm, Call for Appt.