

**EXHIBIT A**  
**Student Participation Agreement**

**POLICY:**

Piedmont Healthcare (PHC) is accountable for patient care and related duties when students are functioning in a learning capacity at any PHC facility.

PHC will provide appropriate learning experiences for students to facilitate accomplishing their learning goals and objectives, based on student's learning needs and opportunities available.

PHC and each school operate under a written contractual agreement. The contract is signed by both parties prior to student placement and renewed every three years.

Prior to the first day of the educational experience, the instructor will ensure that each student has the requisite immunizations, TB and hepatitis testing, as well as the student liability insurance.

The representative of each school will adhere to all policies (including but not limited to the "Confidentiality Policy") and procedures established by Piedmont Healthcare.

**PURPOSE:**

To define accountability for patient care and related duties in relation to the practice of Schools at Piedmont Healthcare.

- I have read the above Policy and agree to adhere to the guidelines established by Piedmont Healthcare.
- I acknowledge that I have reviewed, read and understand the Piedmont Healthcare Code of Conduct and Confidentiality Agreement. By signing this page, I agree to comply with its terms as a condition of continuing affiliation with Piedmont Healthcare.
- I have completed the necessary paperwork and met all requirements of the Piedmont Online Application. By signing this page, I confirm that all submitted information is current and accurate.
- By signing this page I confirm that I have completed orientation for all required topics: Vision/Mission & Values, Piedmont Promise, Service Excellence, Quality of Care, Risk Management, Positive Relationships & Teamwork, and Compliance/Privacy & Code of Conduct, Occupational Health Services, Infection Control, Environment of Care and Ergonomics, and Always SAFE.
- I acknowledge and understand that my participation in a learning experience at Piedmont may involve exposure to contagious illnesses. I am responsible for all costs of treatment or care that I may require or any loss that may arise. I am participating voluntarily and with knowledge of the risks involved.

Student Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Piedmont Facility: \_\_\_\_\_

Faculty Name (printed): \_\_\_\_\_ School Signature: \_\_\_\_\_ Date: \_\_\_\_\_