The Clinical Practicum Manual For The

Medical Laboratory Technician Program

Pearl River Community College Forrest County Center

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Pearl River Community College
Medical Laboratory Technology Program

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Introduction to Clinical

Welcome to the Pearl River Community College Medical Laboratory Technician Clinical Practicum stage of your education. As a sophomore student, you know first hand the rigors of being a student here. Beyond the challenging academic expectations, we also expect you to be a positive force as a clinical laboratory technician professional. **We expect you to shine!** As a sophomore, you have passed the scrutiny of the admissions department, and survived the rigors of medical laboratory technician education in lecture and student laboratory. You have been selected; we want you here. You have worked hard and your instructors want to help you do your best. The key word is help. **You must be a full participant in your education to achieve success**.

We have high hopes for each PRCC MLT student. Your PRCC and Clinical Practicum instructors take their roles seriously as your teachers, mentors and advisors; in a few short months, they will be your peers. They expect you to work hard and to bring quality to the field of laboratory medicine. They expect you to "make us proud." For a student to gain practical experience required to perform the duties of an MLT, it is necessary for the student to spend a certain amount of time in the actual work environment where the type of work they will do takes place. To provide this experience for you, PRCC has teamed up with excellent Clinical Practicum Affiliates. Please remember that the primary responsibility of the Clinical Practicum Instructors is patient service and maintenance of quality laboratory results. Each student is expected to be of assistance in any way possible. The student is there to learn as much as possible in a very limited time so please take advantage of this opportunity by being present all hours scheduled.

The student will follow the schedule planned by the Education Coordinator. Attendance at special lectures and enrichment activities arranged by the Education Coordinator usually occurs during regular class time hours. These may include such activities as: lectures by the Pathologists or staff Physicians, observation of autopsy, observation of gross dissection of surgical specimens, observation in hospital departments other than the laboratory, attendance at seminars or workshops on relevant subjects, and meeting with visiting PRCC Faculty members. Under NO circumstances will a Clinical Practicum Affiliate be asked or required by a student to fund any student activities (conventions seminars, student bowl, etc.). Acceptance or solicitation of tips/gratuities from patients in Clinical Practicum is prohibited.

Unique Standards Medical Laboratory Technician (MLT)

Preamble

Objectives

A universal concern of PRCC's Medical Laboratory Technician Program is ensuring that the materials and procedures used in the program meet the essentials set forth by the National Accrediting Agency for Clinical Laboratory Sciences 5600 N. River Road, Suite 720, Rosemont, Illinois 60018-5119. Phone: 773.714.8880. Fax: 773.714.8886. E-Mail: info@naacls.org Website: http://www.naacls.org. The purpose of these Standards and the Description of the Profession is to establish, maintain, and promote standards of quality for educational programs in the clinical laboratory sciences and to provide recognition for educational programs which meet or exceed the minimum standards outlined in this document. The Standards are to be used for the development and evaluation of medical laboratory technician programs. Paper reviewers and site visit teams assist in the evaluation of the program's compliance with the Standards. Lists of accredited programs are published for the information of students, employers, and the public.

Description of the Medical Laboratory Technician Profession

The medical laboratory technician is qualified by academic and applied science education to provide service in clinical laboratory science and related areas in rapidly changing and dynamic healthcare delivery systems. Medical laboratory technicians perform, evaluate, correlate and assure accuracy and validity of laboratory information; direct and supervise clinical laboratory resources and operations; and collaborate in the diagnosis and treatment of patients. The medical laboratory technician has diverse and multi-level functions in the areas of collecting, processing, and analyzing biological specimens and other substances, principles and methodologies, performance of assays, problem solving, troubleshooting techniques, significance of clinical procedures and results, principles and practices of quality assessment, for all major areas practiced in the contemporary clinical laboratory.

Medical laboratory technicians practice independently and collaboratively, being responsible for their own actions, as defined by the profession. They have the requisite knowledge and skills to educate laboratory professionals, other health care professionals, and others in laboratory practice as well as the public.
The ability to relate to people, a capacity for calm and reasoned judgment and a demonstration of commitment to the patient are essential qualities. Communications skills extend to consultative interactions with members of the healthcare team, external relations, customer service and patient education. Laboratory professionals demonstrate ethical and moral attitudes and principles that are necessary for gaining and maintaining the confidence of patients, professional associates, and the community.

Description of Entry Level Competencies of the Medical Laboratory Technician

At entry level, the medical laboratory technician will possess the entry level competencies necessary to perform routine clinical laboratory tests in areas such as Clinical Chemistry, Hematology/Hemostasis, Immunology, Immunohematology/Transfusion medicine, Microbiology, Urine and Body Fluid Analysis, and Laboratory Operations.

The level of analysis ranges from waived and point of care testing to complex testing encompassing all major areas of the clinical laboratory. The medical laboratory technician will have diverse functions in areas of pre-analytical, analytical, post-analytical processes. The medical laboratory technician will have responsibilities for information processing, training, and quality control monitoring wherever clinical laboratory testing is performed.
At entry level, the medical laboratory technician will have the following basic knowledge and skills in:

A. Application of safety and governmental regulations compliance;
B. Principles and practices of professional conduct and the significance of continuing professional development;
C. Communications sufficient to serve the needs of patients, the public and members of the health care team.

Confidential Information

Confidential information disclosed must be regarded as a sacred trust and must never be divulged. Through the student's work and professional relationship with the patient, the student may become aware of information concerning the patient's illness, treatment, or personal lives. This information should not be discussed on campus or inside or outside the Clinical Practicum Affiliate with, or within hearing distance of, anyone not professionally connected to the patient. Any breach of this policy could result in not only dismissal, but also legal action by the patient as well.

Clinical Practicum Affiliates and Assignment

The Clinical Practicum Affiliates are listed below in this manual. The Clinical Practicum Affiliates may or may not be used based upon the site's current needs and responsibilities due to implementation of changes. The MLT department reserves the right to add or delete Clinical Practicum Affiliates as needed. The Clinical Practicum is spent gaining experience in a laboratory with which this MLT program is affiliated.

Each student will be under the direct supervision of the qualified person assigned to the area. Instructors reserve the right to make day-to-day changes in this assignment as is deemed necessary to insure departmental continuity and a good balance of clinical experience. Phlebotomy experience will occur as deemed necessary by your Clinical Practicum Instructor. If the Instructor leaves the Clinical Practicum Affiliate at an earlier time of day than the student does, the student should assist with phlebotomy or perform your approved lab duties. Once entry-level competency is achieved, phlebotomy will be limited to the amount of time needed for each student to maintain his or her skills. The student is the responsibility of the Clinical Education Coordinator while at the Clinical Practicum Affiliate. Scheduling will vary among the Clinical Practicum Affiliates, which is necessary to provide the optimum educational experience in each laboratory section. The daily routine will vary slightly from one Clinical Practicum Affiliate to another. Most of the time will be spent on the bench working under the direct supervision of a qualified Lab Employee. This time may be supplemented with lectures, special presentations, and general seminar-type review sessions.

Clinical Practicum Affiliates

The MLT program at PRCC is currently affiliated with the following Clinical Practicum Affiliates: Hancock Medical Center (Bay St. Louis, MS); Highland Community Hospital (Picayune, MS); Jasper General (Bay Springs, MS); Marion General Hospital (Columbia, MS); Our Lady of the Angels Hospital (Bogalusa, LA); Providence Hospital (Mobile, Alabama); Riverside Medical Center (Franklinton, LA); Slidell Memorial Hospital (Slidell, LA); South Central Regional Medical Center (Laurel, MS); Southern Surgical Hospital (Slidell, LA) and Wayne General Hospital (Waynesboro, MS).

The above clinical practicum affiliates may or may not be used based upon the site's current needs and responsibilities due to implementation of changes. I have been made aware that the following Clinical Practicum Affiliates are utilized the last 6 months of my education and I am willing to commute to any of these facilities. It is the responsibility of the student to provide his/her own transportation to the assigned site. Each student has the final responsibility to ascertain that he or she has complied with all applicable catalog requirements for graduation. MLT Faculty advisors assist students in developing their programs, but these advisors cannot waive or vary degree requirements as they appear in the PRCC Catalog.

Clinical Practicum Rotation Student Selection

1. Initially, each Clinical Practicum Affiliate was drawn out of a hat to determine original assignment order. This order will rotate for each subsequent class, i.e. #1 will become #2, #2 will become #3, #3 will become #4, #4 will become #5, #5 will become #1, etc.
2. The students will be arranged in GPA order from highest to lowest, and the Chairperson will automatically assign the highest GPA to Clinical Practicum Affiliate #1, the second highest to Clinical Practicum Affiliate #2, etc. up to the maximum numbers of students as designated by NAACLS or the Clinical Practicum Affiliate's request. Students will be assigned to affiliates on a rotational basis. **Student preferences will not be considered**.
3. If any Clinical Practicum Affiliate desires to not take any students, the Clinical Practicum Affiliate may go into the "Inactive" status one year and be automatically reactivated with the next class.
4. The Clinical Practicum Affiliates and quotas have been approved by NAACLS.
5. A Clinical Practicum Affiliate may request assignment of fewer students than the maximum provided:
   A. The numbers of students accepted for the six-month clinical phase allows.
   B. The Clinical Practicum Affiliate makes its request before the assignment procedure begins.
6. Clinical assignments will be during the Fall Semester of the sophomore year and approved by the Education Coordinators' Committee. Notification emails will be sent to the Clinical Practicum Affiliate as soon as students are assigned.
7. Regulations governing a request to trade hospital assignments:
   A. Students must notify the Chairperson in writing of reasons with signatures of both students who are requesting to trade.
   B. Request for trade must be submitted within two weeks of receiving the Clinical Practicum assignment.
   C. If both hospitals to which the students have been assigned agree to allow the trade, the Chairperson will present the trade request to the Education Coordinator's Committee for approval.
   D. Students requesting a trade should have comparable GPAs.
8. In a case where the hospital cannot keep its commitment for student(s) assigned, the student(s) will be notified of the vacant slots and allowed to select among the vacant slots. If more than one student desires the same slot, the student having the highest overall MLT GPA at the beginning of the Sophomore Fall Semester will be assigned to the available slot.
9. In the event that the number of students admitted to the program exceeds the number who can be accommodated in the affiliated sites, the students will be assigned on a competitive basis based on GPA in MLT, math and science courses and on interviews with the Clinical Practicum Affiliate. Students who have never been assigned to a Clinical Practicum will have preference over any repeating students. Those who are not assigned immediately will be placed on an alternate list. As places become available, these students will be given preference to progress to the Clinical Practicum phase.
10. Appeal of the hospital assignment will be addressed by the Appeals Committee and their decisions are final.

Clinical Practicum Schedule

The Clinical Practicum is spent in each of the four major Laboratory departments and the final week on the PRCC campus. To progress to the Clinical Practicum, the student must have completed all didactic courses and student laboratory training maintaining a "C" in each course. All Clinical Practicum Affiliates have the same learning objectives and competency check-sheets to assure standardization set forth by NAACLS. The purpose of the Clinical Practicum is to focus on the application of principles to broaden and refine clinical skills to the point of producing competent, productive employees. During the Clinical Practicum, the students will be required to come back to the PRCC campus on designated days for guest lectures, review lectures, and to provide completed, necessary paperwork and mock BOC exams. The Program Instructors will occasionally visit each Clinical Practicum Affiliate. The total time required to complete the degree requirements is six semesters.

Orientation to Clinical Practicum Affiliates

Orientation to Clinical Practicum Affiliates is arranged by the MLT clinical education coordinator, clinical site, and student prior to beginning the Clinical Practicum. Online testing and other procedures may be required by some Clinical Practicum sites prior to students starting Clinical Practicum.

Attendance at Clinical Practicum

A student should refrain from incurring any absence during the Clinical Practicum (at Clinical and PRCC). Should an absence occur, the student is required to promptly notify the Clinical Practicum Affiliate **and** Mrs. Henderson. Full time attendance is required in the Clinical Practicum and promptness for the Clinical Practicum are important. It is very important that each student be present at Clinical Practicum as scheduled, because attendance and attitude while as a student usually reflects the student's work performance as an employee. Prospective employers frequently contact the Clinical Practicum Affiliate where the student did their Clinical Practicum for pre-employment references. **Students are subject to the same attendance policies as the employees of the Clinical Practicum Affiliate to which they are assigned**. Any **absence** from the Clinical Practicum must be documented and made up. Daily attendance is an absolute requirement! These absences will be made up at the discretion of the Clinical Education Coordinator and the absence must be made up in the department in which the absence occurred.

Habitual tardiness will not be tolerated and may result in dismissal. **All** absences require valid documentation to be presented to the clinical facility and faxed to Mrs. Henderson at 601.554.5476 on the day you return to Clinical. Valid documentation may include: Doctor's excuse, mandated court appearance, funeral (only first-degree relatives: father, mother, siblings, child) etc. During the Clinical Practicum, students will observe the same holidays as PRCC. Although valid documentation is required for all absences, it is still considered an absence. Students incurring 3 absences will be given a probation notice. A student missing 5 days must have valid documentation for **ALL** 5 absences or the student will be dismissed from the MLT Program. A student that misses 5 days but provides **ALL** valid documentation may make an appeal to the Program Director and Clinical Education Coordinator at PRCC and the Clinical Practicum Affiliate for special circumstance and asked to be reinstated into the MLT Program. This does not guarantee reinstatement into the MLT Program. For a student to be reinstated, the following circumstances may include but not limited to: number of days missed in their Clinical Practicum, student's performance in their Clinical Practicum, tardiness, behavior and attitude. It is imperative for each student to be in daily attendance during their Clinical Practicum because absences cannot be made up on weekends or during PRCC holidays. Any student at a Clinical Practicum Affiliate on a day not considered a class day at PRCC must be working as an employee at that affiliate. This is not to be used to remove an absence from the student's record. Note, absences also include lack of attendance at scheduled days at PRCC, or enrichment activities (student bowl, tours, etc). **The impression you leave on your Clinical Practicum and your fellow classmates will follow you for your entire career.**

The student is subject to all Clinical Practicum Affiliates' policies, including those concerning tardiness. If a student arrives past the scheduled arrival time, he/she is considered tardy at the Clinical Practicum Affiliate. If the Clinical Practicum Affiliate's policy dictates suspension, the action taken for the student will be to record a day of absence. Tardiness refers not only to morning arrival but also return after breaks and lunch.

- Three tardies in any one rotation equals one absence. Failure to phone in if more than 1 hour tardy results in an unexcused absence.
- Clinical Practicum Instructors will notify the Education Coordinator of unexcused or excessive absences, tardies, or frequent requests to leave early, etc. This will go on the student's permanent record and may result in the Program Director requiring probation, dismissal or verification of reasons given for the absences and/or future absences.

If a student is absent from their Clinical Practicum for school activities or enrichment activities (attendance at PRCC, conventions, etc.), the days missed will not count as an absence in the student's Clinical Practicum. It is the responsibility of each student to provide documentation of attendance at such activities to the Clinical Practicum Affiliates as well as the MLT Department at PRCC. If documentation is not provided, the days will be counted as an absence**.**

It is a requirement for students to notify the Clinical Instructor/Clinical Education Coordinator as well as the PRCC MLT Department at least one hour before the shift begins (or as soon as a phone is accessible) if they must be absent or tardy. The notification can be via email, voicemail, text or a phone call. Students who must leave the lab early for a valid reason (such as emergencies or illness) must obtain permission from their Clinical Practicum Instructor prior to leaving**. It is never acceptable for a student to leave their Clinical Practicum early without obtaining permission from your Clinical Instructor.** Tardiness and early departures will be made up; tardies on the day they occur with exception for emergencies; early departures on the next scheduled Clinical day or scheduled day off. Only the Clinical Instructor in that department will grant exceptions to this. Personal appointments must **NOT** be scheduled during Clinical Practicum hours or times scheduled at PRCC. Remember, if you are unable to be present when scheduled, for any reason, **you** are to notify the Clinical Practicum Instructor **yourself**, if you are physically able. If your phone is out or your internet isn't working then notify the Instructor as soon as service is restored.

Clinical Practicum Dress Code

The dress code for MLT students is based upon professional and safety considerations, and is designed to be consistent with codes of the Clinical Practicum Affiliate Laboratories. The dress code of the individual Clinical Practicum Affiliates' laboratories may vary in detail; therefore, the student will be informed of the assigned Clinical Practicum Affiliates' dress code at the beginning of the Clinical Practicum and each student is expected to abide by the dress code. Students must be properly and professionally attired when on duty. The way the student appears to patients and Clinical Practicum Affiliate staff is a reflection on the Clinical Practicum Affiliate, the Laboratory, and PRCC.

Male and Female Clinical Students:

1. Students will follow the same dress code as the personnel employed at the Clinical Practicum Affiliate. Clothes are to be kept clean and pressed each day and a fastened lab coat must be worn over appropriate scrubs.
2. The toes and heels of shoes must be enclosed. For safety reasons, no canvas shoes, shoes with perforations, high top athletic shoes or sandals will be allowed.
3. It is necessary for all personnel to keep themselves in such a manner as not to be offensive to others. This includes good personal hygiene (daily baths, deodorant, oral hygiene, clean, closely trimmed fingernails, etc.). Make-up and fragrances (perfume/after shave/cologne) should be worn sparingly and in good taste while in the clinical area.
4. The only jewelry allowed is a small stud earring in each ear. No other visible piercing and no visible tattoos are allowed.
5. Lab coats and gloves must be worn while working with any body fluid.
6. Females are expected to wear full slips or camisoles if underwear is visible under white uniforms/ clothes. Bras must be worn while attending class or Clinical Practicum.
7. Male students must have clean and neatly trimmed mustaches, beards, and sideburns.

The Clinical Practicum Affiliates and the MLT Department reserve the right to make judgments regarding appropriate dress, good taste, and other grooming aspects. If at any time a student is corrected about their dress, the student is expected to correct this problem at that time. This may include going home to make the correction and this time will be counted as an absence. It is suggested that each student keep an extra set of clothing in their car or locker at the Clinical Practicum Affiliate, just in case there is an accidental spill, soiling, etc.

Clinical Accessories

- **ID TAG:** You must always wear your PRCC ID or an ID furnished by each Clinical Practicum Affiliate. In times of disaster, the ID badge must be worn to be admitted into the Clinical Practicum Affiliate.
- **NOTEBOOK**: Each student should carry a small notebook in their pocket to note any special instructions given to each student by their Instructor.
- **PENS:** Pens (ball-point/sharpie) are required.
- **CELL PHONES**: Cell phones are to be kept in a locker or in your vehicle during clinical clock hours; you may only check them during your break at your Clinical Practicum. Please don't use social media during clinical clock hours!

Clinical Practicum Transportation

All students are required to provide their own transportation. On occasion, the student may be asked to participate at educational workshops located elsewhere or to return to campus for scheduled activities.

Service Work Performed by Students

Students will perform only that service-related work which is clearly defined by clinical objectives and only during the hours of clinical assignment. After demonstrating proficiency, students may be permitted to perform laboratory procedures with qualified supervision if the Clinical Practicum Affiliate's regulations permit this activity. All test results reported by students **must be verified** by qualified personnel.

Clinical Practicum Affiliate Benefits/Accidents

Students are not eligible for any of the benefits provided for the Clinical Affiliate employees. Therefore, we advise students to carry their own hospitalization insurance, or remain on their parent's or spouse's. Students have Liability Insurance through PRCC's group policy. If injured while on duty, the student should first report to their immediate Clinical Instructor. There will be an accident report filled out **no matter how small the injury may seem**. Immediate care must be rendered in the Emergency Room if the Pathologist or the Laboratory Supervisor deems it is necessary. If further attention is required, the student will be referred to a Physician. The Clinical Practicum Affiliate or PRCC is not liable for illness/disease/accident that occurs during the affiliation with the Clinical Practicum Affiliate. The student is responsible for all expenses incurred (including medical) while at the Clinical Practicum Affiliate for their Clinical Practicum. **All patient accidents must be reported immediately,** to the student's immediate Clinical Practicum Instructor. Accident reports must be filled out before an outpatient leaves the department and they should be shown to the Pathologist, if one is present at the Clinical Practicum Affiliate.

Students as Clinical Practicum Affiliate Employees

Occasionally, a PRCC student is also an employee at the Clinical Practicum Affiliate. The college has no authority to specify who qualifies for work, when they work, or who hires or supervises them. All agreements concerning student employment are between the student and the Clinical Practicum Affiliate. The terms of the student's employment and compensation are the same as for any other employee, and are not in any way contingent on or related to his/her status as a student. Students are not allowed to work for pay during class hours; employment cannot interfere with a student's Clinical Practicum.

Pregnancy of MLT Students

A nursing or career & technical education student who becomes pregnant shall submit written verification from the attending physician of her ability to safely continue in the program. Policy: PRCC Student Handbook. **Procedure:** A written statement shall be secured from the attending physician indicating that the pregnant student is both physically and mentally able to meet the requirements of the respective programs. This

statement shall be submitted to the MLT program director and the MLT Educational coordinator as soon as pregnancy is confirmed and on an ongoing basis as needed. Pregnant students must still follow the attendance policy as set forth by the PRCC MLT Program.

Inclement Weather

If road conditions are dangerous (ice/snow/flooding) in the area where a student must travel, **use common sense concerning attendance during such conditions.** If a student lives close enough to the Clinical Practicum Affiliate to arrive there safely, it is highly recommended that the student report to Clinical. If PRCC is closed due to bad weather, the student cannot attend Clinical. Students should always exercise caution when driving and seatbelts are strongly encouraged. Please refrain from texting and other distractions while driving; this endangers your life as well as other innocent people.

Clinical Practicum Rules for Behavior

1. When assigned to a department, work in that area only. No loitering in unassigned areas unless the student has business concerning a patient.
2. If the Clinical Instructor to whom the student is assigned has no laboratory duties, then this time must be used for restocking, tidying the department, or helping in other Clinical Instructor approved departments. It is **NOT** acceptable to use cell phones, play cards, books, magazines, or cross word puzzles, etc.
3. Interpretation of lab tests and discussion of test results is the responsibility of the Pathologist. Please refer any questions concerning the patient to the attending Physician, Pathologist, or Clinical Practicum Instructor.
4. Absolutely no lab tests are to be performed without a written or verbal order from a Physician. If a patient, friend, or relative requests the student to perform a test, refer the person to their Physician.
5. The student will be instructed in the correct safety procedures for handling specimens, reagents, and equipment, which are to be applied always. Replacement and repair of equipment is costly and time consuming; therefore, negligence will not be tolerated.
6. Follow quality control procedures explicitly. If the quality control (QC) results do not fall within accepted limits, notify the Instructor immediately. **Do not report any patient results until the cause of the incorrect QC result is determined and corrected**.
7. Results of all lab tests performed by students must be reviewed by a qualified Lab Employee before being reported.
8. Any intentional falsification of laboratory results on patient specimens or on quality control specimens will result in dismissal from the MLT Program
9. Personal use of telephones is **strictly prohibited at the Clinical Practicum Affiliate except for emergencies (includes cell phones and lab phones).**
10. The student needs to leave the Clinical Practicum Affiliate at the end of the assigned duty or school day. It is acceptable to return or remain only if the student has school assignments or permission from the Clinical Practicum Instructor.
11. To maintain accurate records; report any address or telephone number changes immediately to the Clinical Practicum teaching Staff and the MLT Department in case of emergency.
12. In addition to the above rules and policies, the student is expected to adhere to the Personnel Policies of the Clinical Practicum Affiliate.

Clinical Practicum Grades and Competency Check-Sheets

A record of the clinical experience is to be kept by the student. Once the student has attained the entry-level competency, the student must have their Instructor circle the corresponding number (1 through 5 or reading assignment- for tasks not performed at the site) on the Clinical Practicum task list. All student Clinical Practicum records become a part of each student's permanent file. Each student's final grades will not be submitted to the Office of Admissions and Records or to any certification board (i.e., ASCP Board of Registry or National Certification Agency) until all Clinical Practicum documentation is on file with the PRCC Education Coordinator. Evaluation of the Clinical Practicum is the responsibility of both the Clinical Practicum Instructor and the MLT Program Instructors. The course syllabi and grades are posted in Canvas for student

viewing. The Clinical objectives, departmental task lists, evaluations (at the middle and end of each rotation) are in their Clinical Practicum Manual which is printed out by each student and brought to their orientation that is done before their first day of clinical. During each rotation, the student presents a case study (in Power point) before their peers and MLT instructors. If a lab practical is administered at the site, the Clinical Practicum Instructor is responsible for documentation of each lab practical. At the middle and end of each rotation, the Clinical Practicum Instructor will formally evaluate the student and suggest any necessary remedial work. A Clinical Practicum grade form will be completed for each area by the Clinical Practicum Instructor and submitted by the student to the MLT Department at PRCC. The Clinical Practicum Instructor will discuss the Clinical Practicum grade form with each student and both the student and Clinical Instructor will sign the Clinical Practicum grade form. **The student is responsible for making sure all required paperwork has been completed, signed and submitted to the MLT Department at PRCC.**

Request for Removal of Students from the Clinical Practicum

The Clinical Practicum Affiliate may request withdrawal of any student whose performance is unsatisfactory or whose conduct or disregard for Clinical Practicum Affiliate regulations compromises quality patient care or has a detrimental effect on laboratory operation and/or personnel. A student may appeal any dismissal to the Campus Vice President in writing within three days of the dismissal date. When it becomes obvious that a student is not maintaining standards necessary for the training and, in the opinion of the College and the Clinical Practicum Affiliate, cannot improve his/her status to a satisfactory performance, the student can be dismissed from the MLT Program at any time, upon mutual agreement of the College and the Clinical Practicum Affiliate. The student will remain in attendance until a formal hearing is held. Examples of causes for dismissal include (though not limited to) the following:

- Inadequate academic and technical competency.
- Theft or dishonesty (cheating, forgery, plagiarism, etc.), threatening, intimidating, or coercing patients or others.
- Unauthorized possession of weapons, firearms, or explosives on premises or conviction of a felony.
- Willful damage of Clinical Practicum Affiliate's equipment or property.
- Immoral or indecent conduct in performance of duty.
- Physical assault/battery or abusive language on PRCC or Clinical Practicum Affiliate employees, patients, or another student during working hours or anywhere on PRCC or Clinical Practicum Affiliate premises.
- Deliberate omission or falsification of significant information on time sheets or Clinical Practicum Affiliate records.
- Possessing, consuming, or being under the influence of intoxicants, narcotics, or non-prescribed barbiturates on the premises.
- Absence of five or more days during Clinical Practicum
- Willful acts or conduct detrimental to patient care or Clinical Practicum Affiliate operations that result in negligence or abuse of any patient.
- Insubordinate act(s) or statement(s), or failure to carry out orders.
- Altering or adjusting any time sheet.
- Unauthorized copying of Clinical Practicum Affiliate records, including patient medical charts.
- Violation of safety standards that could result in harm to patients/employees or major damage to equipment.
- Drawing blood or performing procedures without approval of Teaching Personnel
- Disclosure of confidential information or discussion of any patient information with unauthorized personnel.
- Negligence or misconduct in the performance of duty.
- The Clinical Practicum Affiliate has the right to refuse admission (or re-admission) to the Clinical Practicum to any student based on:
  1. Academic record

2. Clinical Practicum Affiliate's policy violation or negligent, incompetent, or intentional actions that jeopardize patient care or failure to meet the Clinical Practicum Affiliate's standards for safety, health, or ethical behavior
3. Negligent or intentional violations of QC practices

If the Clinical Practicum must be repeated, the student must re-apply for admission to the program. If readmitted, it is preferred that the Clinical Practicum be repeated at a different Clinical Practicum Affiliate. If a student must withdraw from their Clinical Practicum for any reason, it is highly recommended that all fall semester MLT courses be successfully repeated. The Laboratory Manager/Education Coordinator/ Clinical Instructor(s) will be informed that the student is repeating the Clinical Practicum. The Clinical Practicum Affiliate may require an interview with the student before acceptance. Students will be allowed to repeat a Clinical Practicum only if clinical space is available after non-repeating students are assigned clinical spots. Repeat of the Clinical Practicum will be allowed only once.

Clinical Practicum Student Task List

The Clinical Practicum Instructor monitors the checklist for completion and performance of technical tasks. The task lists are a general outline of the tasks that a student should have the opportunity to perform or observe during the Clinical Practicum. Not all Clinical Practicum Affiliates are able to offer each student the same experience; therefore, the task lists have additional blank spaces so that each Clinical Practicum Affiliate can list unique tasks. If the Clinical Practicum Affiliate does not perform the task listed on the checklist, the Clinical Practicum Instructor should mark RA (reading assignment) and the student is to turn in the RA to the PRCC Education Coordinator for a grade. The task evaluation should be based on observed terminal performance (not grading the students the first time they perform the task). Technical tasks are evaluated according to the following criteria:

Clinical Practicum Professional Evaluation/Task List Grading

The clinical instructor will evaluate student/s at middle and end of each rotation according to the following criteria:

Excellent: (A: 90-100) The student performs the task with superior technical skill, needs minimal supervision, and expresses a complete understanding of the principle and its application.

Good: (B: 80-89) The student performs the task with the expected technical skill, needs minimal supervision, and expresses a complete understanding of the principle and its application.

Average: (C: 70-79) The student performs the task with average technical skill, requires supervision, and understands the basic principles of the assay or procedure.

Below average: (D: 60-69) Unacceptable performance. The student performs task(s) with inconsistent technical skills and needs direct supervision with constant and detailed instruction to perform the assay.

Failure: (F: below 60) Error, **Unacceptable** performance. The student performs the task with inconsistent technical skills and does not adhere to affiliate policies during task performance. The student has consistent performance errors, appears unwilling to improve performance, or both.

Clinical Practicum Grading Criteria

The grading criteria for the Clinical Practicum consists of technical task list completion, mock BOC examinations (through MediaLab®, ASCP, etc), case study presentations, and an evaluation of the student's professional capabilities. The student is rated according to observed terminal behaviors. A section on the bottom of the form is for the Clinical Instructor comments on student strengths and weaknesses and a section is provided for student comments. The grading scale consists of the following:

A = 90 - 100
B = 80 - 89
C = 70 - 79
D = 60 - 69
F = Below 60

Clinical Practicum Rotation Grading Forms

Refer to the Clinical Practicum Manual for the clinical rotation grading forms. If you have any questions, please contact Tamara Henderson at 601.554.5524.

Goals, Objectives, and Competencies

It is the primary goal of the MLT Program to provide excellent undergraduate professional education.

Program Goals

1. Provide students with a broad educational background by using a variety of educational resources and experiences.
2. Provide a strong undergraduate curriculum based on current needs.
3. Maintain the level and quality of instruction in the clinical laboratory science courses by including the latest in technological advances.
4. Develop in students the professional attitudes and ethics required of Medical Laboratory Technicians.
5. Educate students in the merits of continuing professional development.
6. Provide the region served by the program with graduate Medical Laboratory Technicians who can function at career entry levels and who can assume leadership roles as health professionals.

Affective Objectives

1. Comply with biosafety regulations by practicing proper disposal of biohazardous material, as evidenced be complying with established safety regulations.
2. Exhibit interest in the laboratory assignments and lecture discussions by participating.
3. Help maintain a neat, clean, and orderly work area in all the laboratories without being asked.
4. Demonstrate proper care and use of laboratory equipment, as evidenced by lack of breakage.
5. Attend class or in-services regularly and be punctual.
6. Demonstrate preparedness for the laboratory by following directions and completing the tasks assigned with little need for additional instructions.
7. Cooperate by communicating with and helping other students.
8. Exhibit assurance and confidence in performing laboratory tasks.
9. Demonstrate integrity by recognizing and repeating questionable tests.
10. Act responsibly and be punctual at each clinical rotation.
11. Accept instruction and constructive criticism maturely.
12. Show respect for other students, instructors, and patients.
13. Comply with stated dress codes.

Career Entry Competencies

The ultimate goal of the program is to prepare students for career entry positions as clinical laboratory scientists. Therefore, specific professional competencies are the goal of graduates. The program strives, through its educational methods, to incorporate all facets of quality laboratory practice into the professional development of students. The curriculum is designed to prepare graduates in various testing and analysis skills.

1. Collect and safely handle biological specimens for analysis.
2. Perform accurate laboratory testing.
3. Evaluate and interpret laboratory test data.
4. Identify problems, trouble-shoot, and take corrective action.
5. Use quality assurance to monitor procedures, equipment, and technical competency.
6. Operate equipment properly and perform preventative and corrective maintenance.
7. Comply with established laboratory safety regulations.
8. Use computers and laboratory software effectively.
9. Evaluate the efficiency of new procedures and instrumentation for a given setting.
10. Demonstrate ethical behavior and maintain confidentiality in terms of patient results.
11. Interact professionally with patients and other health care personnel.
12. Apply principles of educational methodology.

Practice BOC Examinations

The PRCC MLT department utilizes MediaLab® online exam simulator, Medical Laboratory Science Review CD, and the ASCP BOC Study Guide App to aid our students in preparation to sit for their BOC examination. Each student completes at least 45 sessions culminating in scores of 80% or above in the latter sessions.

Certification and Licensure

Upon completion of the program in July, students receive an Associate in Applied Science degree at PRCC and they are eligible to sit for a national certification examination. Candidates must have high school education or equivalent and have successfully completed a NAACLS approved program. Applications must be submitted online accompanied by the appropriate fee. The graduate is responsible for submitting an official transcript to the agency upon completion of the program. Once the student has applied for examination, a notification is sent to the Program Director for verification of completion of the program. Those who pass the exam and meet all other requirements shall be issued a certificate, which confers upon the applicant the right to use the title "Registered Medical Laboratory Technician" and its abbreviation, MLT (ASCP). Most students choose certification through the American Society of Clinical Pathology Board of Registry (ASCP), or American Medical Technologist (AMT). Completion of the MLT Program at Pearl River Community College is not contingent upon passage of any external certification examination.

Graduate Surveys

About six months after graduating you will receive a link to a survey via email. Questions will include employment status, salary ranges, duties, continued education and comments or suggestions about the Program. This survey is confidential and used for program statistics and tracking for NAACLS, Office of Career and Technical Education at the Mississippi Community College Board (MCCB) and Southern Association of Colleges and Schools Commission on Colleges (SACSCOS).

Employer Surveys

Employers of our MLTs will receive a link to a survey. Questions will include adequacy of preparation, duties, specific knowledge areas, skills, etc. This information is confidential and composite data will be used only for MLT Program improvement, statistics and tracking for NAACLS, Southern Association of Colleges and Schools Commission on Colleges (SACSCOS) and for the Office of Career and Technical Education at the Mississippi Community College Board (MCCB). Mississippi Community College Board

2-Week Evaluation of Student's Professional Capabilites

Student Name:_____ **Rotation #:** _____

Clinical Affilitate: _____ **Department:**_____

Please mark an X by the appropriate score and total the points at the bottom of the evaluation.

5: Excellent 4: Good 3: Average 2: Below average 1: Failure	5	4	3	2	1
Initiative					
Perfoms routine assigned tasks					
Seeks unsolicited tasks					
Interest					
Asks relevant questions & is alert & attentive					
Responsibility/Professional Performance					
Maintains professional composure and dress code					
Resolves QC problems					
Maintains work quality and quantity under stress					
Completes required assignments					
Uses equipment according to protocol – maintenance, service, & troubleshooting					
Organizes workload					
Prioritizes task					
Informs instructor when leaving area					
Tardies: **Deduct 2.5 pts for each tardy on 5 wk of evaluation sheet.**					
Absences: **Deduct 5.0 pts for each absence on 5 wk evaluation sheet.**					
Reaction to Criticism					
Accepts & applies constructive criticism					
Interpersonal Relationships					
Works as a team member					
Demonstrates good communication skills – verbal, written , fax, & phone etiquette					
Integrity					
Recognizes & admits to errors or mistakes					
Follows through with documentation of corrective action					
Follows procedures without shortcuts & pays attention to detail					
Safety Regulations and Cleanliness					
Leaves working area clean and neat					
Restocks supplies and reagents					
Abides by the safety regulations 100% of the time					
Promptness					
Arrives on time & begins work promptly					
Confidence					
Displays confidence after instruction					
Recognizes their limitations					

Total tardies during 2 weeks =_____ Total absences during 2 weeks=_____

Clinical instructor's comments on student's strengths: _____

_____

_____

Clinical instructor's comments on student's weaknesses or areas needing improvement: _____

_____

_____

Clinical Instructor signature: _____ **Date:**_____

Student signature: _____ **Date:**_____

5-Week Evaluation of Student's Professional Capabilites

Student Name:_____ **Rotation #:** _____

Clinical Affilitate: _____ **Department:**_____

Please mark an X by the appropriate score and total the points at the bottom of the evaluation.

5: Exellent 4: Good 3: Average 2: Below average 1: Failure	5	4	3	2	1
Initiative					
Perfoms routine assigned tasks					
Seeks unsolicited tasks					
Interest					
Asks relevant questions & is alert & attentive					
Responsibility/Professional Performance					
Maintains professional composure and dress code					
Resolves QC problems					
Maintains work quality and quantity under stress					
Completes required assignments					
Uses equipment according to protocol – maintenance, service, & troubleshooting					
Organizes workload					
Prioritizes task					
Informs instructor when leaving area					
Tardies:**Deduct 2.5 pts for each tardy during 5 wk at bottom of eval. sheet.**					
Absences:**Deduct 5.0 pts for each absence during 5 wk at bottom of eval. sheet**					
Reaction to Criticism					
Accepts & applies constructive criticism					
Interpersonal Relationships					
Works as a team member					
Demonstrates good communication skills – verbal, written , fax, & phone etiquette					
Integrity					
Recognizes & admits to errors or mistakes					
Follows through with documentation of corrective action					
Follows procedures without shortcuts & pays attention to detail					
Safety Regulations and Cleanliness					
Leaves working area clean and neat					
Restocks supplies and reagents					
Abides by the safety regulations 100% of the time					
Promptness					
Arrives on time & begins work promptly					
Confidence					
Displays confidence after instruction					
Recognizes their limitations					

Deductions : Total 5 wk tardies x 2.5 = _____ **Total absences x 5.0 =** _____ **Total deduction=** _____

Points earned on evaluation = _____ - _____ **(total deductions) =** _____**/115 x 100%=**_____

Clinical instructor's comments on student's strengths: _____

_____

_____

Clinical instructor's comments on student's weaknesses or areas needing improvement:

_____

_____

Clinical Instructor signature: _____ **Date:**_____

Student signature: _____ **Date:**_____

Clinical Rotation Student Evaluation of Primary Instructor

Student: _____ Clinical affiliate: _____

Rotation # _____ Clinical instructor: _____Department: _____

Student: Mark an X in one box on each line. Fill out an evaluation form for the main instructor in each of the four rotations. **Keep this evaluation confidential!**

	Always	Often	Rarely	Never	NA
The Clinical Instructor					
Was well prepared and organized					
Encouraged student questions and comments					
Answered questions					
Was available to discuss issues related to the rotation					
Presented material relevant to the rotation					
Presented topics clearly					
Communicated effectively (speech, mannerisms, delivery)					
Provided useful feedback on performance					
Was competent in area of practice					
Showed respect for students					
Instructional Methods					
Assignment of tasks was appropriate.					
Policies/procedures were thoroughly explained.					
Additional study aids were provided (unknowns, slides, case study, lecture, etc.).					
Reference lists helped in preparing for examinations.					
Feedback from examinations was timely.					
Feedback from professional evaluation was timely.					
This rotation increased my interest in further study of this area.					
The department personnel hold a positive attitude toward students and teaching.					

III. Comment on the strengths of this rotation.

IV. Comment on the weaknesses of this rotation.

V. Comment on the strengths of your academic preparation for this rotation.

VI. Comment on the weaknesses of your academic preparation for this rotation.

VII. Would you recommend this rotation to a fellow student? _____ Yes _____No

Student Signature: _____ Date: _____

Student Absence Report

Name: _____ Rotation #: _____ Date: _____

Affiliate:_____ Department: _____

Time Called In: **To Whom:**

Explanation:

Provided Valid Documentation (doctor's excuse, accident report, funeral, mandated court appearance):

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ Date: _____

Student Counseling Report

Student:_____ Date:_____

Clinical affiliate: _____ Department: _____

Description of unacceptable technical performance:

Description of unacceptable behavior or attitude:

Student comments:

Corrective action:

I have counseled the student regarding this problem.

Clinical Instructor signature: _____

Student signature: _____

PRCC Education Coordinator signature: _____

(Attach necessary documentation.)

Additional Comments

PRCC Clinical Intern Visit Evaluation Form

Intern: _____ Date _____ Clinical Site: _____

Discussed with intern:
Phlebotomy
Online application for graduation – check summer graduation box
Absenteeism
Abuse of breaks, lunch, no cell phone usage during work hours – only on breaks & lunch
No BOC app usage during Clinical hours because of temptation to text, visit social media sites, Google, etc.
Do you have any concerns or issues?
Intern's Comments:

Clinical Supervisor or Lab Director Questions on Intern's progress:
1. How has the intern adapted to the lab?

2. How does he/she interact with others?

3. Does he/she exhibit a professional manner?

4. Does he/she manage multiple tasks efficiently (in a reasonable time frame) and is the work organized?

5. What is the quality and accuracy of tests performed by this intern?

6. Does he/she require constant supervision?

7. Does he/she report results carefully and accurately?

8. Is the intern adequately prepared for the clinical practice?

9. How can PRCC better prepare interns for their clinical rotation?

10. Is there anything PRCC can do to help you in your clinical instruction?

11. Do you have any suggestions or comments?

_____ _____
Intern signature **Lab Manager/Instructor**

_____ _____
PRCC MLT Program Director **PRCC MLT Education Coordinator**

Immunohematology Clinical Practicum Competencies

Practical experience obtained through rotation in a blood bank facility reinforces didactic knowledge of blood banking practices and procedures. At the end of the Immunohematology Clinical Practicum, the student should be able to complete the following tasks, competencies or perform a reading assignment covering the following content and criteria:

1. Demonstrate Departmental Policies and safety regulations: Read all departmental manuals and discuss all safety policies.
2. Prepare RBC suspensions with 100% accuracy.
3. Reading and grading agglutination reaction: Read and grade agglutination reactions with 100% accuracy.
4. Reading and grading hemolysis: Read and grade hemolytic reactions with 100% accuracy.
5. ABO blood grouping (forward and reverse typing) and ABO discrepancy resolution: Perform ABO blood groupings with 100% accuracy as well as resolving any ABO discrepancies.
6. Rh_0 (D) typing and weak D typing: Perform Rh factor typings with 100% accuracy, perform weak D tests correctly, and resolve any Rh discrepancies.
7. Direct and indirect antiglobulin tests: Discuss the principle of direct and indirect antiglobulin tests and perform direct & indirect antiglobulin tests with 100% accuracy.
8. Prenatal & postnatal testing on obstetrical patients (required if suspect HDN): Discuss the principle & performance of prenatal & postnatal testing on obstetrical patients.
9. Compatibility testing: Explain the principle and limitations of compatibility testing. Properly perform compatibility testing with 100% accuracy and resolve any routine compatibility discrepancies.
10. Antibody identification (single and multiple), including the use of enhancement, absorption, adsorption, elution, and neutralization techniques:
11. Antigen typing: Discuss the principle & performance of antigen typing and its applications.
12. Transfusion reaction workup: Discuss the principle & performance of a transfusion reaction workup.
13. Blood inventory, receiving and shipping of blood/blood products. Process units of blood for storage, shipment, and transportation.
14. Issuing of blood, blood components, and RhIG: Discuss the principle and procedure of issuing blood, blood products, and RhIG. Follow the correct procedure for issuing units of blood or blood products in routine situations and demonstrate the correct procedure for issuing blood and blood products in emergency situations with 100% accuracy.
15. Explain the routine maintenance on blood bank equipment and blood bank quality control.

Immunohematology Task List

Student: _____ Clinical affiliate: _____ Clinical instructor: _____

Rotation # _____ Department: _____ Start Date: _____ End Date: _____

Grading scale: 5: Excellent 4: Good 3: Average 2: Below average 1: Failure
RA: Reading Assignment (Not performed in laboratory). Must turn in a typed brief essay to PRCC for a grade on all RAs.

Intern can adequately demonstrate:

1. Organizes work load in a logical pattern.	5	4	3	2	1	RA
2. ID patient specimens as acceptable/unacceptable for blood bank analysis.	5	4	3	2	1	RA
3. Correctly processes patient specimens for blood banking analysis.	5	4	3	2	1	RA
4. Correctly prepares RBC suspensions for pretransfusion testing.	5	4	3	2	1	RA
5. Correctly reads and grades agglutination reactions.	5	4	3	2	1	RA
6. Correctly reads and grades hemolytic reactions.	5	4	3	2	1	RA
7. Properly performs ABO blood groupings on random patients.	5	4	3	2	1	RA
8. Properly performs Rh_o (D) typings on random patients.	5	4	3	2	1	RA
9. Properly performs weak D typings on random patients.	5	4	3	2	1	RA
10. Correctly resolves ABO & Rh discrepancies.	5	4	3	2	1	RA
11. Properly performs Direct Antiglobulin tests (DAT) on random patients.	5	4	3	2	1	RA
12. Properly performs Indirect Antiglobulin tests (IAT) on random patients.	5	4	3	2	1	RA
13. Properly performs antibody screens on random patients.	5	4	3	2	1	RA
14. Properly performs antigen typings on random patients.	5	4	3	2	1	RA
15. Properly performs single antibody identification on random patients.	5	4	3	2	1	RA
16. Correctly selects packed red blood cells for transfusion.	5	4	3	2	1	RA
17. Properly performs major compatibility testing on units of packed red blood cell donors for transfusion.	5	4	3	2	1	RA
18. Correctly selects platelets for transfusion.	5	4	3	2	1	RA
19. Correctly selects and thaws cryoprecipitate for transfusion.	5	4	3	2	1	RA
20. Correctly selects and thaws fresh frozen plasma for transfusion.	5	4	3	2	1	RA
21. Properly performs Cord Blood Profiles.	5	4	3	2	1	RA
22. Properly performs Prenatal workups.	5	4	3	2	1	RA
22. Properly performs Rosette screening procedure to detect FMH.	5	4	3	2	1	RA
23. Properly performs Kleinhauer-Betke staining to determine amount of FMH and adequate dosage of Rh Immune Globulin to administer.	5	4	3	2	1	RA
24. Properly retypes donor packed red blood cells.	5	4	3	2	1	RA
25. Properly processes blood components for shipment/transport.	5	4	3	2	1	RA
26. Properly dispenses packed red cells, platelets, fresh frozen plasma, etc, to nursing staff.	5	4	3	2	1	RA
27. Properly arranges RBCs and other component units in refrigerator/freezer and performs inventory checks to insure adequate component inventory.	5	4	3	2	1	RA
28. Performs QC of ABO & Rh forward typing antisera.	5	4	3	2	1	RA
29. Performs Quality Control of ABO reverse typing antisera.	5	4	3	2	1	RA

30. Performs Quality Control of Screening Cells. 5 4 3 2 1 RA

31. Performs Temperature Checks. 5 4 3 2 1 RA

32. Follows laboratory safety policies at all times, including use of Standard/ Universal Precautions when handling specimens. 5 4 3 2 1 RA

Mandatory reading assignments turned in to PRCC:

33. Principle of prenatal and postnatal testing on obstetrical patients.

34. Principle of transfusion reaction workup.

35. Principle of therapeutic phlebotomy.

36. Principle of Warm Panel.

37. Principle of Cold Panel.

38. Principle of Enzyme Panel.

39. Issuing of blood in STAT situations

Please list any additional testing below:

40. _____ 5 4 3 2 1 RA

41. _____ 5 4 3 2 1 RA

42. _____ 5 4 3 2 1 RA

43. _____ 5 4 3 2 1 RA

44. _____ 5 4 3 2 1 RA

45. _____ 5 4 3 2 1 RA

46. _____ 5 4 3 2 1 RA

47. _____ 5 4 3 2 1 RA

Total points scored on task lists with exclusion of reading assignments. _____

Task list score including reading assignments (calc. at PRCC) _____

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ **Date:** _____

Hematology Clinical Practicum Competencies

The Hematology Rotation will enhance the student's knowledge & clinical experience in the application of laboratory theory & techniques. At the end of the Hematology Clinical Practicum, the student should be able to complete the following tasks, competencies or perform a reading assignment covering the following content and criteria:

1. Explain the importance of proper collection and transport of specimens.
2. List criteria for evaluating specimen quality & corrective actions to be taken to resolve problems.
3. Phone panic results to qualified nursing personal according to laboratory protocol.
4. Reports patient results according to lab protocol
   Maintain and file patient reports according to laboratory protocol.
5. Demonstrate proper technique in preparing smears for direct microscopic exam according to lab protocol.
6. Demonstrate safe techniques in handling disposal of infectious materials according to laboratory protocol.
7. Monitor, record and evaluate QC in hematology and take corrective actions if needed.
8. Operate hematology/coag instrumentation, producing accurate patient and QC results.
9. Demonstrate an understanding of daily maintenance routines for hematology and coagulation instrumentation.
9. Perform a differential on a Wright's-stained blood smear, and correctly identify any abnormal white blood cell, red blood cell, and platelet morphology.
11. Perform and evaluate an abnormal blood smear differential and recognize possible pathological relationships of the abnormal cell types.
12. Evaluate cell histograms and predict pathophysiological causes of any abnormality.
13. Perform a body fluid manual cell count with differential and calculations.
14. Discuss: osmotic fragility, pyruvate kinase screen, G-6-PD, sickle cell preps, and tests for abnormal hemoglobins.
15. Discuss various cytochemical staining procedures.
16. Explain the principle of ESR and factors that might interfere with inaccurate result.
17. Correctly perform an erythrocyte sedimentation rate and evaluate the results.
18. Summarize the principle of the procedure for staining and counting reticulocytes, the normal values, and the formula to correct for an abnormal hematocrit.
19. Stain and count a blood specimen for reticulocytes.
20. Discuss the principles of the procedures, the reagents, and the pathophysiological significance of the following coagulation tests: PT, APTT, TT, quantitative fibrinogen, fibrin-split, d-dimer, factor assays, PLT aggregation, lupus anticoagulant, and chromogenics.
21. Discuss the relationship between the daily routine operation of a hematology laboratory and monitors of quality assurance (QA).

Hematology and Coagulation Task List

Intern can adequately demonstrate:

1. Organizes work load in a logical pattern.	5	4	3	2	1	RA
2. ID patient specimens as acceptable/unacceptable for hematological analysis.	5	4	3	2	1	RA
3. Correctly processes patient specimens for hematologicall analysis.	5	4	3	2	1	RA
4. Correctly performs CBC automated profiles.	5	4	3	2	1	RA
5. Correctly identifies normal values for CBC.	5	4	3	2	1	RA
6. Correctly identifies panic values for CBC.	5	4	3	2	1	RA
8. Correctly follows proper protocol on hematology instrumentation.	5	4	3	2	1	RA
9. Properly performs/records QC on instrumentation following proper protocol.	5	4	3	2	1	RA
10. Performs routine maintenance on instrumentation following proper protocol.	5	4	3	2	1	RA
11. Correctly demonstrates proper technique in preparing microscopic smears.	5	4	3	2	1	RA
12. Correctly performs Wright's-stained differentials.	5	4	3	2	1	RA
13. Correctly performs abnormal Wright's-stained differentials.	5	4	3	2	1	RA
14. Correctly evaluates RBC& WBC morphology on Wright's-stained smear.	5	4	3	2	1	RA
15. Correctly perform Sedimentation rates.	5	4	3	2	1	RA
16. Correctly perform Reticulocyte counts	5	4	3	2	1	RA
17. Correctly perform Sickle Cell Preps	5	4	3	2	1	RA
18. Correctly operates the coagulation instrument following proper protocol.	5	4	3	2	1	RA
19. Corrrectly performs/records QC for the coag instrument according to policy.	5	4	3	2	1	RA
20. Correctly identifies normal/abnormal values for PT and APTT.	5	4	3	2	1	RA
21. Correctly performs PTs.	5	4	3	2	1	RA
22. Correctly performs APTTs.	5	4	3	2	1	RA
23. Correctly performs D-Dimer assays.	5	4	3	2	1	RA
24. Correctly performs Fibrin Split Products (FSP/FDP).	5	4	3	2	1	RA
25. Correctly performs Bleeding time.	5	4	3	2	1	RA
26. Correctly performs Manual Platelet Count.	5	4	3	2	1	RA
27. Follows laboratory safety policies at all times, including use of Standard/ Universal Precautions when handling specimens.	5	4	3	2	1	RA

Please list any additional testing below:

28. _____	5	4	3	2	1	RA
29. _____	5	4	3	2	1	RA
30. _____	5	4	3	2	1	RA
31. _____	5	4	3	2	1	RA
32. _____	5	4	3	2	1	RA
33. _____	5	4	3	2	1	RA

34. _____ 5 4 3 2 1 RA

35. _____ 5 4 3 2 1 RA

Mandatory reading assignments to be turned in to PRCC:

36. Discuss: osmotic fragility, pyruvate kinase screen, G-6-PD, sickle cell preps, and tests for abnormal hemoglobins.
37. Discuss various cytochemical staining procedures studied in Hematology I and II.
38. Discuss the principles of the procedures, the reagents used, and the pathophysiological significance of the following coagulation tests: PT, APTT, TT, quantitative fibrinogen, fibrin-split, d-dimer, factor assays, PLT aggregation, lupus anticoagulant, and chromogenics.
39. Discuss the principle and procedure for Sickle Cell Preps
40. Discuss the manual Unopette® methods for eosinophil and platelet counts.
41. Discuss the principle and procedure for bleeding times.

Total points scored on task lists with exclusion of reading assignments. _____

Task list score including reading assignments (calc. at PRCC) _____

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ **Date:** _____

Chemistry Clinical Practicum Competencies

The Chemistry Rotation will enhance the student's knowledge and clinical experience in the application of laboratory theory and techniques. At the end of the Chemistry Clinical Practicum, the student should be able to complete the following tasks, competencies or perform a reading assignment covering the following content and criteria:

1. Using established laboratory specimen management criteria identify and evaluate a patient specimen as acceptable or unacceptable for chemical analyses.
2. Report patient chemistry results according to established clinical chemistry department protocol.
3. For each manual procedure and automated instrument in the chemistry laboratory, discuss, correctly record, evaluate QC and take appropriate corrective actions should QC values fall outside established limits.
4. Discuss the relationship between the daily routine operation of the clinical chemistry laboratory QC program and the quality assurance (QA) program of the laboratory at large.
5. For each chemistry instrument or piece of equipment used to perform chemical analyses, identify the type of analyses and the values that each can produce.
6. Following manufacturer's recommendations for optimal equipment or instrument performance, operate each piece of chemistry instrumentation.
7. For each chemistry instrument or piece of equipment used, demonstrate competency of daily maintenance by correctly identifying a functioning, ill-functioning, or non-functioning instrument or piece of equipment, successfully troubleshooting the instrument or equipment, & returning the instrument or equipment to daily on-line use.
8. Compare and contrast the chemical principles underlying the vapor pressure and freezing-point depression methods used for osmolality determinations.
9. Perform the chemical analyses of cerebrospinal fluid (CSF) and other body fluids (excluding plasma and serum), evaluate the results, and correlate the results with patient medical conditions.
10. Discuss and perform the chemical principles underlying special chemistry procedures, explain the reagents used, identify any special sample types, reagents requirements, or handling procedures to be used, identify the appropriateness of ordering the test(s), and discuss the pathophysiological significance of results obtained using these chemical testing procedures. The special tests are as follows: protein electrophoresis, ELISA, chromatography, and amniocentesis fluid analysis.
11. Perform and discuss the clinical usefulness, the patho-physiological significance and the tests that are included in the various chemistry profiles.

Chemistry Task List

Intern can adequately demonstrate:

1. Organizes work load in a logical pattern.	5	4	3	2	1	RA
2. ID patient specimens as acceptable/unacceptable for chemical analysis.	5	4	3	2	1	RA
3. Correctly processes patient specimens for chemical analysis.	5	4	3	2	1	RA
4. Report valid patient results from patient specimens.	5	4	3	2	1	RA
5. Correctly ID the chemical analysis performed on chemistry instruments.	5	4	3	2	1	RA
6. Correctly ID normal values for analyses performed on chemistry instruments.	5	4	3	2	1	RA
7. Correctly ID panic values for analyses performed on chemistry instruments.	5	4	3	2	1	RA
8. Correctly operates chemistry instrument according to proper protocol.	5	4	3	2	1	RA
9. Correctly perform/record chemistry QC according to proper protocol.	5	4	3	2	1	RA
10. Correctly performs routine chemistry maintenance.	5	4	3	2	1	RA
11. Correctly perform/record TIBC according to proper protocol.	5	4	3	2	1	RA
12. Correctly perform/record Acetest according to proper protocol.	5	4	3	2	1	RA
13. Correctly perform/record volume of 24 hr. urine according to proper protocol.	5	4	3	2	1	RA
14. Correctly perform/record CSF testing according to proper protocol.	5	4	3	2	1	RA
15. Correctly IDs tests performed on Chemistry instrument.	5	4	3	2	1	RA
16. Correctly IDs normal values of tests performed on Chemistry instrument.	5	4	3	2	1	RA
17. Correctly IDs panic values of tests performed on Chemistry instrument.	5	4	3	2	1	RA
18. Correctly operates Chemistry instrument according to proper protocol.	5	4	3	2	1	RA
19. Properly performs/records Chemistry instrument QC according to proper protocol.	5	4	3	2	1	RA
20. Properly performs routine maintenance on Chemistry instrument.	5	4	3	2	1	RA
21. Follows laboratory safety policies at all times, including use of Standard/ Universal Precautions when handling specimens.	5	4	3	2	1	RA

Please list any additional testing below:

23. _____	5	4	3	2	1	RA
23. _____	5	4	3	2	1	RA
24. _____	5	4	3	2	1	RA
25. _____	5	4	3	2	1	RA
26. _____	5	4	3	2	1	RA
27. _____	5	4	3	2	1	RA
28. _____	5	4	3	2	1	RA
29. _____	5	4	3	2	1	RA

Mandatory reading assignments turned in to PRCC:

30. Discuss the principle of osmolality assays using vapor pressure or freezing-point depression methodology.
31. Discuss the following assays: protein electrophoresis, ELISA, chromatography, and amniocentesis fluid analysis.

Total points scored on task lists with exclusion of reading assignments. _____

Task list score including reading assignments (calc. at PRCC) _____

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ **Date:** _____

Microbiology Clinical Practicum Competencies

The Microbiology Rotation will enhance the student's knowledge and clinical experience in the application of laboratory theory and techniques. At the end of the Microbiology Clinical Practicum, the student should be able to complete the following tasks, competencies or perform a reading assignment covering the following content and criteria:

1. Explain the importance of proper collection and transport of specimens.
2. List criteria for evaluating specimen quality and corrective actions to resolve problems.
3. Demonstrate safe techniques in handling the disposal of infectious materials according to lab protocol.
4. Discuss how to monitor QC for different procedures and instruments in the Microbiology lab, how to evaluate QC performance records, and how to initiate proper corrective actions if QC values are not within established limits.
5. Demonstrate an understanding of daily maintenance routines.
6. Perform the various staining procedures (e.g., Gram, acridine orange, fluorochrome, acid-fast, trichrome, India ink) and correctly interpret the results.
7. Determine the media to be used and demonstrate proper inoculation and isolation procedures for specimens submitted for microbiological analysis.
8. Recognize the colony characteristics of pathogens and normal flora from the various body-site specimens submitted for analysis.
9. Identify significant isolates from specimens, using the appropriate laboratory protocols. Under supervision, correctly report these results to the physician.
10. Perform antibiotic susceptibility testing on isolates. Under supervision, correctly report these results to the physician.
11. Correctly and efficiently operate each indicated instrument, producing accurate patient and QC results.

Mycobacteriology

1. List those species of Mycobacterium that are medically significant.
2. Demonstrate the special safety precautions to be taken when working with mycobacteria.
3. List the specimens most likely to be received for culture of mycobacteria.
4. List the media that are used in the isolation and cultivation of mycobacteria.
5. Explain why the genus Mycobacterium is often referred to as "acid-fast bacilli."
6. Outline, in detail, how to perform/interpret the Ziehl-Neelsen, Kinyoun, and fluorochrome acid-fast stains.
7. Outline the criteria and proper format for numbers of acid-fast bacilli observed in stained smears.
8. Perform and interpret acid-fast stains.

Microbiology Task List

Intern can adequately demonstrate:

1. Organization of work load in a logical pattern.	5	4	3	2	1	RA
2. ID specimens as acceptable/ unacceptable for microbiological analysis.	5	4	3	2	1	RA
3. Correctly process specimens for microbiological analysis.	5	4	3	2	1	RA
4. Correctly selects primary isolation media for inoculation of samples based on specimen type.	5	4	3	2	1	RA
5. Correctly inoculates media producing isolated colonies.	5	4	3	2	1	RA
6. Recognize the colony characteristics of pathogens and normal flora from the various body-site specimens submitted for analysis.	5	4	3	2	1	RA
7. Identify significant isolates from specimens using appropriate lab protocols. Under supervision, correctly report these results to the physician.	5	4	3	2	1	RA
8. Correctly perform/record KOH prep according to proper protocol.	5	4	3	2	1	RA
9. Correctly perform/record wet prep according to proper protocol.	5	4	3	2	1	RA
10. Correctly perform/record HSV according to proper protocol.	5	4	3	2	1	RA
11. Correctly perform/record Group A strep procedure according to proper protocol.	5	4	3	2	1	RA
12. Correctly perform/record Bacterial meningitis antigens according to proper protocol.	5	4	3	2	1	RA
13. Correctly perform/record *Cryptococcus* antigen according to proper protocol.	5	4	3	2	1	RA
14. Correctly perform/record *H. pylori* testing according to proper protocol.	5	4	3	2	1	RA
15. Correctly perform/record India ink stain according to proper protocol.	5	4	3	2	1	RA
16. Correctly perform/record Rotavirus test according to proper protocol.	5	4	3	2	1	RA
17. Correctly perform/record *C. difficle* according to proper protocol.	5	4	3	2	1	RA
18. Properly stains a minimum of (20) slides with Gram's stain.	5	4	3	2	1	RA
19. Properly evaluates a minimum of (20) Gram stained slides for quality of stain.	5	4	3	2	1	RA
20. Correctly IDs microbial/cellular elements seen on (25) Gram stained smears.	5	4	3	2	1	RA
21. Properly stains slides using the AFB quick stain technique.	5	4	3	2	1	RA
22. Properly evaluates AFB slides for quality of stain.	5	4	3	2	1	RA
23. Correctly IDs microbial/cellular elements observed on AFB stained smears.	5	4	3	2	1	RA
24. Correctly operates blood culture instrument according to protocol.	5	4	3	2	1	RA
25. Properly performs routine maintenance on blood culture instrument.	5	4	3	2	1	RA
26. Correctly identifies general characteristics of *Staphylococcus sp*.	5	4	3	2	1	RA
27. Correctly identifies general characteristics of *Streptococcus sp*.	5	4	3	2	1	RA
28. Correctly identifies general characteristics of *Enterobacteriaceae*.	5	4	3	2	1	RA
29. Correctly identifies general characteristics of *Neisseria sp*.	5	4	3	2	1	RA
30. Correctly identifies general characteristics of *Haemophilus sp*.	5	4	3	2	1	RA
31. Correctly identifies general characteristics of Anaerobic bacteria.	5	4	3	2	1	RA
32. Properly performs specific tests, such as Staph latex, Pneumoslide, Bacticard, Ox test, Oxidase, Streptocard, Microstrep, catalase, MID,	5	4	3	2	1	RA

Campy latex, Salmonella ID, Shigella ID, E. coli 0157:H7, Beta Lactam, etc. to aid in the presumptive identification of pathogenic bacteria.

33. Correctly operates Microbiology instrument according to protocol. 5 4 3 2 1 RA
34. Properly performs/records QC for Microbiology instrument. 5 4 3 2 1 RA
35. Properly performs routine maintenance on Microbiology instrument. 5 4 3 2 1 RA
36. Follows laboratory safety policies at all times, including use of Standard/ Universal Precautions when handling specimens. 5 4 3 2 1 RA

Please list any additional testing below:

37. _____ 5 4 3 2 1 RA

38. _____ 5 4 3 2 1 RA

39. _____ 5 4 3 2 1 RA

39. _____ 5 4 3 2 1 RA

Mandatory reading assignments turned in to PRCC:

1. Discuss the disease and key identifying characteristics for the clinically significant parasites.
2. Discuss the disease and key identifying characteristics for the clinically significant fungi.
3. Discuss the disease and clinical relevance of clinically significant viruses.

Total points scored on task lists with exclusion of reading assignments. _____

Task list score including reading assignments (calc. at PRCC) _____

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ **Date:** _____

Urinalysis and Body Fluids Clinical Practicum Competencies

The Urinalysis and Body Fluids Rotation will enhance the student's knowledge and clinical experience in the application of laboratory theory and techniques. At the end of the Urinalysis and Body Fluids Clinical Practicum, the student should be able to complete the following tasks, competencies or perform a reading assignment covering the following content and criteria:

1. Explain the importance of proper collection and transport of specimens.
2. List criteria for evaluating specimen quality and corrective actions to resolve problems.
3. Demonstrate safe techniques in handling the disposal of infectious materials according to lab protocol.
4. Using established criteria, identify/evaluate patient specimens for acceptability, and take necessary actions if specimens are unacceptable.
5. Discuss how QC is monitored for different procedures and instruments in the urinalysis and body fluids laboratory, how QC is used to evaluate performance records, and what corrective actions would need to be taken if QC values are not within established limits.
6. Demonstrate an understanding of daily maintenance routines.
7. Perform routine urinalysis, including chemical tests and microscopic examination, and interpret the results.
8. Perform/interpret confirmatory tests when appropriate (e.g., sulfosalicylic acid, Ictotest, Clinitest).
9. Perform & interpret results on body fluids analyses on cerebrospinal fluid (CSF), synovial, serous, and other fluids, (e.g., cell counts, differentials, crystal ID, chemical tests).
10. Troubleshoot instruments and procedures as needed.
11. Under supervision, report urinalysis test results.

Urinalysis and Body Fluids Task List

1. Correctly operates urine instrument according to protocol.	5	4	3	2	1	RA
2. Correctly performs/records QC for urine instrument according to protocol.	5	4	3	2	1	RA
3. Correctly performs routine maintenance on the urine instrument.	5	4	3	2	1	RA
4. Correctly performs routine dipstick urinalysis tests.	5	4	3	2	1	RA
5. Correctly distinguishes color/clarity of urine.	5	4	3	2	1	RA
6. Correctly performs urine confirmatory tests (Ictotest, Acetest, Clinitest, SSA)	5	4	3	2	1	RA
7. Correctly performs microscopic urine examinations.	5	4	3	2	1	RA
8. Correctly identifies bacterial/fungal/cellular elements microscopically.	5	4	3	2	1	RA
9. Correctly identifies casts and crystals microscopically.	5	4	3	2	1	RA
Body Fluids						
10. Correctly IDs appropriate body fluid sample (CSF, pleural, synovial, etc.)	5	4	3	2	1	RA
11. Correctly distinguishes color/clarity of body fluid sample.	5	4	3	2	1	RA
12. Correctly performs hemacytometer body fluid cell counts.	5	4	3	2	1	RA
13. Correctly performs differentials on body fluids.	5	4	3	2	1	RA
14. Correctly ID (microscopically) cellular elements on differentials.	5	4	3	2	1	RA
15. Properly performs polarizing crystals on body fluid samples.	5	4	3	2	1	RA
16. Follows laboratory safety policies at all times, including use of Standard/ Universal Precautions when handling specimens.	5	4	3	2	1	RA
Please list any additional testing below:						
17. _____	5	4	3	2	1	RA
18. _____	5	4	3	2	1	RA
19. _____	5	4	3	2	1	RA
20. _____	5	4	3	2	1	RA

Total points scored on task lists with exclusion of reading assignments. _____

Task list score including reading assignments (calc. at PRCC) _____

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ **Date:** _____

Immunology and Serology Clinical Practicum Competencies

The Immunology and Serology Rotation will enhance the student's knowledge and clinical experience in the application of laboratory theory and techniques. At the end of the Immunology and Serology Clinical Practicum, the student should be able to complete the following tasks, competencies or perform a reading assignment covering the following content and criteria:

1. Explain the importance of proper collection and transport of specimens.
2. List criteria for evaluating specimen quality and corrective actions to resolve problems.
3. Demonstrate safe techniques in handling the disposal of infectious materials according to lab protocol.
4. Using established criteria, identify/evaluate patient specimens for acceptability, and take necessary actions if specimens are unacceptable.
5. Discuss how QC is monitored for the different procedures and instruments in the immunology/serology lab, how QC is used to evaluate performance records, and what corrective actions would need to be taken if QC values are not within established limits.
6. Demonstrate an understanding of daily maintenance routines.
7. Perform immunology/serology assays using a variety of techniques (e.g., latex agglutination, precipitation, EIA, RIA, ELISA, enzyme inhibition, nephelometry, immunofluorescence), and interpret the results.
8. Perform body fluids analyses on CSF, synovial, serous, and other fluids, (e.g., cell counts, differentials, crystal identification, chemical tests); and interpret the results.
9. Troubleshoot instruments and procedures as needed.
10. Under supervision, report Immunology test results.

Immunology and Serology Task List

Intern can adequately demonstrate:

1. Organization of work load in a logical pattern.	5	4	3	2	1	RA
2. ID patient specimens as acceptable/unacceptable for immunological analysis.	5	4	3	2	1	RA
3. Process patient specimens for immunological/serological analysis.	5	4	3	2	1	RA
4. Producing valid patient results from patient specimens	5	4	3	2	1	RA
5. Correctly IDs normal values for immunology instrument analysis.	5	4	3	2	1	RA
6. Correctly IDs panic values for immunology instrument analysis.	5	4	3	2	1	RA
7. Correctly operates immunology instrument according to protocol.	5	4	3	2	1	RA
8. Correctly performs/records QC for immunology/serology instrument.	5	4	3	2	1	RA
9. Correctly performs routine maintenance on immunology/serology instrument.	5	4	3	2	1	RA
10. Correctly performs/evaluates (50) RPR floccculation tests.	5	4	3	2	1	RA
11. Correctly performs repeat criteria for positive RPRs.	5	4	3	2	1	RA
12. Correctly performs/evaluates titer to quantitate positive RPRs.	5	4	3	2	1	RA
13. Correctly performs/records C-reactive protein (CRP) according to protocol.	5	4	3	2	1	RA
14. Correctly performs/records infectious mononucleosis test.	5	4	3	2	1	RA
15. Correctly performs/records RA factor testing according to protocol.	5	4	3	2	1	RA
16. Correctly performs/records *Mycoplasma pneumoniae* according to protocol.	5	4	3	2	1	RA
17. Correctly performs/records quick Streptococcus tests according to protocol.	5	4	3	2	1	RA
18. Correctly performs/records Serum HCG (qualitative) according to protocol.	5	4	3	2	1	RA
19. Correctly performs/records Urine HCG (qualitative) according to protocol.	5	4	3	2	1	RA
20. Correctly performs/records Influenza tests according to procotol.	5	4	3	2	1	RA
21. Follows laboratory safety policies at all times, including use of Standard/ Universal Precautions when handling specimens.	5	4	3	2	1	RA

Please list any additional testing below:

22. _____	5	4	3	2	1	RA
23. _____	5	4	3	2	1	RA

Mandatory reading assignments turned in to PRCC:

24. Discuss the principle and procedure for Febrile Agglutinations assays.

Total points scored on task lists with exclusion of reading assignments. _____

Task list score including reading assignments (calc. at PRCC) _____

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ **Date:** _____

Phlebotomy and Laboratory Safety Clinical Practicum Competencies

The Phlebotomy and Laboratory Safety Rotation will enhance the student's proficiency in phlebotomy techniques and the student's knowledge of laboratory safety. At the end of the Phlebotomy and Laboratory Safety Clinical Practicum, the student should be able to complete the following tasks, competencies or perform a reading assignment covering the following content and criteria:

1. Learn and practice skills by performing phlebotomy techniques with organization, precision, and accuracy.
2. Keep accurate QC records and adhere to quality control standards to assure test reliability.
3. Recognize safety and precaution labels and signs.
4. Locate safety equipment.
5. Disinfect work area.
6. Adhere to the clinical facility's safety policies.
7. Assume responsibility for patient work and prompt response to stat requests and abnormal test results.

Demonstrate a professional attitude in relationships with patients, laboratorians, and other hospital personnel.

Phlebotomy and Laboratory Safety Task List

Intern can adequately demonstrate:

1. Demonstrates proper venipuncture technique.	5	4	3	2	1	RA
2. Follows proper procedure for identifying patients before phlebotomy.	5	4	3	2	1	RA
3. Demonstrates proper order of draw when performing phlebotomy.	5	4	3	2	1	RA
4. Demonstrates proper finger/heel stick procedure.	5	4	3	2	1	RA
5. Follows proper protocol for collecting specimens from patients in isolation.	5	4	3	2	1	RA
6. Properly labels specimens according to lab policy.	5	4	3	2	1	RA
7. Performs a minimum of 40 successful venipunctures.	5	4	3	2	1	RA
8. Performs a minimum of 10 successful fingersticks.	5	4	3	2	1	RA
9. Follows lab safety policies at all times, including use of Standard/ Universal Precautions when handling specimens.	5	4	3	2	1	RA

Total points scored on task lists with exclusion of reading assignments. _____

Task list score including reading assignments (calc. at PRCC) _____

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ **Date:** _____

Phlebotomy Record

Make sure that all forty (40) phlebotomies have been documented!

Patient Room Number (No Name or ID Number)	Age	Sex	Date	1st/2nd Stick
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				

Fingerstick Phlebotomy Record

Volunteering at Women's Health Symposium and/or Health Fairs (if applicable) may satisfy these sticks.

FINGER/HEEL STICKS

Patient Room Number (No Name or ID Number)	Age	Sex	Date	1st/2nd stick
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Clinical Instructor Signature: _____

PRCC Education Coordinator Signature: _____

Student Signature:_____ Date: _____

Clinical I Practicum Grade Form

Student: _____Rotation start date _____ end date _____

Clinical Affiliate:_____

Clinical departments included in rotation: _____

Clinical rotation task list score: _____ X .75 = _____

Professional evaluation score: _____ X .25 = _____

Total (see grading criteria): _____

Final Grade (circle): **A B C D F**

Education Coordinator signature: _____ Date: _____

Student signature: _____ Date: _____

Educational Coordinator comments: _____

_____

_____

_____

Student comments: _____

_____

_____

_____

_____

Clinical II Practicum Grade Form

Student: _____Rotation start date _____ end date _____

Clinical Affiliate:_____

Clinical departments included in rotation: _____

Clinical rotation task list score: _____ X .75 = _____

Professional evaluation score: _____ X .25 = _____

Total (see grading criteria): _____

Final Grade (circle): **A B C D F**

Education Coordinator signature: _____ Date: _____

Student signature: _____ Date: _____

Educational Coordinator comments: _____

_____

_____

_____

Student comments: _____

_____

_____

_____

_____

Clinical III Practicum Grade Form

Student: _____Rotation start date _____ end date _____

Clinical Affiliate:_____

Clinical departments included in rotation: _____

Clinical rotation task list score: _____ X .75 = _____

Professional evaluation score: _____ X .25 = _____

Total (see grading criteria): _____

Final Grade (circle): **A B C D F**

Education Coordinator signature: _____ Date: _____

Student signature: _____ Date: _____

Educational Coordinator comments: _____

_____

_____

_____

Student comments: _____

_____

_____

_____

_____

_____

Clinical IV Practicum Grade Form

Student: _____Rotation start date _____ end date _____

Clinical Affiliate:_____

Clinical departments included in rotation: _____

Clinical rotation task list score: _____ X .75 = _____

Professional evaluation score: _____ X .25 = _____

Total (see grading criteria): _____

Final Grade (circle): **A B C D F**

Education Coordinator signature: _____ Date: _____

Student signature: _____ Date: _____

Educational Coordinator comments: _____

_____

_____

_____

Student comments: _____

_____

_____

_____

MLT Summer Semester Grade Sheet

Student: _____ Clinical affiliate: _____

Certification:

Harr Mock Exams _____ x .50 = _____

MediaLab Mock Exams _____ x .50 = _____

Total _____

Final Grade A B C D F

Seminar:

Case Study 1 _____ x .25 = _____

Case Study 2 _____ x .25 = _____

Case Study 3 _____ x .25 = _____

Case Study 4 _____ x .25 = _____

Total = _____

Final Grade A B C D F

Education Coordinator signature: _____ Date: _____

Student signature: _____ Date: _____

Comments: _____
_____
_____
_____
_____
_____
_____

Early Concern Note

Please complete this note if you have any concerns about the professional and or academic behavior of a Medical Laboratory Technology (MLT) student.

Student Name: _____

Course(s): _____ Date: _____

Name, title/role of person(s) initiating Early Concern Note

(print):_____

_____

Name of persons in attendance at meeting to discuss/develop Early Concern Note: _____

_____

This form is being completed based on: ( ) my direct observation(s) or encounter(s) with this student

( ) information about this student provided to me by a third party

( ) other: _____

A student with any of the following patterns of behavior is not meeting the professional and/or academic standards of the profession of Medical Laboratory Technology (MLT). Please mark the area which best describes your concerns about this student. Provide comments in the space provided on the back.

Integrity and Personal Responsibility: The student

( ) fails to fulfill responsibilities reliably
( ) misrepresents or falsifies actions and/or information
( ) fails to accept responsibility for actions
( ) fails to respect patient confidentiality
( ) Other _____

Motivation to Pursuit of Excellence and Insight for Self-improvement: The student

( ) displays inadequate personal commitment to learning
( ) is resistant or defensive in accepting constructive criticism
( ) remains unaware of his/her limits
( ) resists considering or making changes based on feedback
( ) appears to seek or accept the minimally acceptable level of effort as a goal
( ) Other _____

Personal Interactions – compassion and Respect: The student

( ) inadequately establishes rapport or empathy with patients, families, classmates and/or the hospital personnel
( ) does not function and interact appropriately within groups
( ) is insensitive to the needs, feelings or wishes of others
( ) uses demeaning or disrespectful language about others
( ) is abusive or arrogant during times of stress
( ) fails to maintain professional appearance/attire
( ) Other _____

Academic Performance Issues: The Student

( ) consistently fails to complete individual assignments by course instructions or deadlines
( ) consistently fails to complete individual or group assignments according to course instructions
( ) currently is demonstrating academic performance that will likely lead to a course grade lower than a C
( ) consistently fails to contribute to course group processes
( ) demonstrates insufficient participation as related to course activities
( ) Other _____

Courses with grades less than 75: _____

Labs with grades less than 80:_____

STUDENT COMMENTS: What is your plan of action to improve (<u>required</u>):

PLANNED NEXT STEPS FOLLOWING MEETING:

Instructions:
1. Meet with the student to review/discuss the concerns on the Early Concern Note.
2. Ask the student to complete the student comment section above.
3. Discuss an action plan with the student to address the behavior(s).
4. Student should submit a plan in writing.
5. Student and instructor signatures are required.

Signature(s) and Title(s) of individuals completing report:

_____

_____

_____ Date: _____

I have reviewed the contents of this Early Concern Note with the student: ( ) Yes ( ) No

---

For completion by the student:

I have read this evaluation and discussed with the course or the clinical instructor. The student's signature on this form is intended only to verify that the student has reviewed the form with the course or clinical instructor.

Student Signature: _____ Date: _____

Modified with permission from the work of Maxine Papadakis *papadakm@medsch.ucsf.edu* *Rev: 8-23-17*

This page must be used to describe details and examples of student behaviors, which led to the completion of this form. This form will be shared with the student and the information will be used to counsel the student on the problem(s) identified.

DETAILS/EXAMPLES:

Print Name: _____ Date: _____

PRCC Health Science Programs Communicable Disease Statement and Waiver of Liability
Health Science Students Performing Health Care Work

During your course of study as an allied health student, you may come in contact with patients who have communicable diseases, including Aids and Hepatitis. In health science and the MLT courses, the possibility of an anticipated occupational exposure to blood or other potentially infectious materials exists. In addition, laboratory specimens are often obtained from outside sources. Specimens with **known** health hazards (e.g. HIV or hepatitis positive) will not be acquired for campus use. Other specimens may not have been tested for health hazards (such as HIV or hepatitis, etc) and should always be handled using "universal precautions". In some MLT courses, students may be required to work with live cultures that are potentially infectious under certain circumstances and universal precautions should always be followed. Accepted safety practices for the profession must be followed. While you are in the MLT Program, you will utilize "universal blood and body fluid precautions" as though all specimens were capable of transmitting disease. You will be taught current information concerning communicable diseases, their transmission, and universal protective precautions to be used while caring for patients or handling potentially infectious materials. While you are in the MLT Program, you consent to working with potentially hazardous specimens and will use "universal precautions" as set forth in accepted practices for the profession.

The risk of an un-vaccinated individual contracting hepatitis B is greater than the risk of contracting AIDS; therefore, recommendations for the control of hepatitis B infection will also prevent the spread of AIDS. You understand and assume the responsibility for the precautions to minimize risk of disease transmission by using "universal precautions". Failure to adhere to safety procedures may result in disease for you and others and habitual disregard for safety may result in dismissal from the program. Because you may be at risk of acquiring hepatitis B virus infection, it is recommended that you be vaccinated with hepatitis B vaccine prior to contact with patients or body fluids capable of transmitting disease.

Informed Consent for Blood Collection

For effective phlebotomy training, it is necessary for students in the MLT Program to voluntarily agree to have blood drawn by other students in class. Course requirements for completion of all courses with an MLT prefix require students to perform capillary punctures and/or venipunctures on fellow students during laboratory sessions while under the supervision of the instructor. The instructional programs seek to minimize the risks (e.g. hematoma, fainting, bruising) associated with blood collection. Thus, participation in the program includes informed consent to have blood collected. In addition, your signature indicates you will agree to hold the College or any affiliated clinical site harmless for complications arising from the blood collection procedure to include accidental needle stick injury. I HEREBY CONSENT to perform and allow fellow classmates to perform capillary puncture and/or venipuncture on me during my attendance at PRCC in the MLT Program.

Pregnant Health Science Students

Pregnant health science students are not known to be at an increased risk of contracting the AIDS virus than students who are not pregnant; however, if a student develops infection with the AIDS virus during pregnancy, the infant has an increased risk of infection through prenatal or perinatal transmission. Because of this risk, pregnant students should be especially familiar with precautions for preventing transmission or acquisition of the AIDS virus.

Students Who Are HIV Positive

1. Health science students who have AIDS who are not involved in invasive procedures need not be restricted from work unless they have some other illness for which any health care worker would be restricted.

2. For health care students who have AIDS, there is increased danger from infection due to diseases they may come in contact with in class or in the workplace. Students with AIDS, who have defective immunity, are at risk of acquiring or experiencing serious complications of such disease. Of particular concern is the risk of severe infection following exposure to patients with infectious diseases that are easily transmitted if appropriate precautions are not taken, (e.g. chicken pox, tuberculosis, etc.) Students with AIDS will be counseled about potential risk associated with exposure to or taking care of patients with transmissible infections and should continue to follow infection control to minimize their risk of exposure to other infectious agents.
3. The health science student's physician, in conjunction with the appropriate College officials, will determine on an individual basis whether the student with AIDS or ARC can adequately and safely perform patient care duties.
4. Infected neurologically handicapped students who cannot control bodily secretions and students who have uncoverable oozing lesions will not be permitted to participate in health care services. The determination of whether an infected student should be excluded from providing health care shall be made on a case-by-case basis by the student's physician and the appropriate College officials.

I have read and understood the above statement. I understand that I may be caring for patients with communicable diseases and may be exposed to potentially infectious materials. My signature verifies that my instructor or a designated representative from the Clinical Affiliate has explained and I understand the expectations relative to the OSHA Bloodborne Pathogen Standard as they relate to occupational exposure in the health care setting. I have received OSHA Bloodborne Pathogens Standard training curriculum with objectives and I have completed the test. I have received training that included:

- An explanation of the epidemiology, modes of transmission, and symptoms of bloodborne diseases.
- An explanation of the health care facility's exposure control plan and means for obtaining a copy of this plan.
- Discussion of tasks which may include exposure to blood, and methods to reduce exposure through use of engineering controls, work practices, and personal protective equipment.
- Information and training on the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, indications, precautions, adverse reactions and how to obtain the vaccine.
- Information on the post-exposure evaluation and medical follow-up following an exposure incident.
- An explanation of signs/labels and color-coding.

OSHA Bloodborne Pathogens Accept or Decline Hepatitis B Vaccine

Print Name: _____ Date: _____

I have been given the opportunity to be vaccinated with Hepatitis B vaccine at my own expense. I understand the indications, precautions, and adverse reactions of this vaccine. If, at any time while I am a student, I want to be vaccinated with the Hepatitis B vaccine, it will be my responsibility to make provisions to receive the vaccination series at my own expense. I understand that I must sign the form that I decline the Hepatitis B vaccine. By declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

I Do: _____ Do Not: _____ (check one) elect to receive the Hepatitis B vaccine.

I will provide proof of vaccination to the PRCC MLT department with written evidence from the provider of the vaccine.

I have been given the opportunity to ask questions about the OSHA Bloodborne Pathogens Standard training curriculum and the Hepatitis B vaccinations. I understand that compliance with the requirements is mandatory and that the failure on my part to comply may result in removal from the program. I assume the risk (including financial responsibility) of infection inherent to the profession I have chosen. In addition, **I HEREBY RELEASE** the educational institution, the Clinical Practicum Affiliate, their administration, and instructional staff from any and all liability resulting there from. By my signature on this form, I agree to the policies and procedures as stated in the Communicable Disease Statement and Waiver of Liability Form. In addition, I HEREBY RELEASE Pearl River Community College Administration and Instructional Staff, as well as the Clinical Practicum Affiliates and their Administration from all liability resulting there from.

Evelyn Wallace
Program Director

Tamara Henderson
Education Coordinator

_____
Student Signature **Date Signed**

MLT Program Student Statement of Acknowledgement

Please initial the following statements, indicating that you have read them and agree to follow them:

_____ I have read, understood and agree while I am a student in the MLT Program, to abide by all the policies and protocols set forth in the PRCC Medical Laboratory Technology Program Student Handbook and by PRCC. I have been given the opportunity to ask any question concerning issues in this manual that may be unclear to me as a student.

_____ I have viewed a syllabus in Canvas for each MLT course and I have read and understood the information which includes course objectives (student learning outcomes), the evaluation process, required assignments, attendance requirements, course calendar, etc.

_____ I understand that I should do my best to complete class assignments before the due dates and spend the necessary time preparing for tests as directed by my Instructor.

_____ I understand that if I am having difficulty in the course I should ask questions and seek help from my instructor and counselors.

_____ I understand the process of the Clinical Practicum Rotation Selection and I understand that transportation to my Clinical Practicum Affiliate is my responsibility.

_____ I HEREBY CONSENT to perform and allow fellow classmates to perform capillary puncture and / or venipuncture on me during my attendance at PRCC in the MLT program.

_____ I have been informed that biological specimen and blood products may possess the potential of transmitting diseases such as hepatitis and AIDS. I consent to working with potentially hazardous specimens and will use "universal precautions" as set forth in accepted practices for the profession.

_____ "Pearl River Community College offers equal education and employment opportunities. We do not discriminate based on race, religion, color, sex, age, national origin, veteran status, or disability."

_____ I have been advised that each MLT class must be completed with a "C" or higher grade to progress in the MLT program.

_____ I understand that I may be financially responsible for any expenses involved due to injuries sustained while I am an MLT student at PRCC and during my Clinical Practicum.

_____ I understand that in signing this document I accept and agree to the above statements.

Evelyn Wallace — **Program Director**

Tamara Henderson — **Education Coordinator**

_____

Student Signature **Date Signed**

Release Of Information and Photo Release Agreement

I hereby give permission to Pearl River Community College and the Medical Laboratory Technology Department to release a copy of my transcript and/or my Clinical Folder to any affiliated hospital for which I am being considered for Clinical assignment. I understand that in the Agreement of Affiliation between the College and the Hospital, the Hospital has the right to request this information.

A copy of my transcript may also be released to the MLT Program Instructors for inclusion in the applications for examinations as required by agencies administering Laboratory Personnel Certification examinations (ASCP, NCA, AMT, etc.) Also, I give permission for a copy of my transcript to be included in my Student File.

I hereby give permission to the MLT Department to give my name, address, and/or phone number to Hospitals, Health Care facilities, and other potential Employers for purposes of recruitment. This means that I will be contacted only for employment possibilities; I am in no way obligated to the contacting agency.

In the event that I withdraw from the program, I understand that my name will no longer be made available. This sheet is to be signed, dated, and submitted to the MLT Program Faculty. The agreement will be placed in the Student File.

I understand that the Pearl River Community College MLT Program is committed to protecting the privacy and dignity of all persons associated.

With such understanding, I hereby give the MLT Program Instructors my permission to utilize my photographs and other visual images for educational, informational, and recruitment purposes. I further understand that I may revoke this agreement by written notification to the MLT Program Director if I find the program policy has been violated.

Evelyn Wallace
Program Director

Tamara Henderson
Education Coordinator

_____
Student Signature **Date Signed**

Student Confidentiality Form

Please read the following statements, initial where required and sign and date at the bottom of the form. You must return this completed document to the MLT Department to receive credit for completing the HIPAA Training Module.

1) _____ **STANDARD CONFIDENTIALITY STATEMENT**
(Initial)

As a condition of my enrollment/employment, as a Medical Laboratory Technology Program Student of Pearl River Community College (PRCC), I _____ (Student) agree NOT to divulge to unauthorized persons, any confidential information obtained from observations, conversations, correspondence, personal records, clinical materials, and /or any other sources. I will not publish or otherwise make public any confidential information such that the person involved will be identifiable or harmed, except as I may be legally required to do so in the course of my PRCC duties/role.

I understand that any violation of this confidentiality agreement is very serious and warrants disciplinary action, up to and including termination of my PRCC enrollment/duties/role.

2) _____ **HIPAA PRIVACY TRAINING ACKNOWLEDGEMENT**
(Initial)

I received HIPAA Privacy training on _____ through the PRCC HIPAA Training Module,
(Date)

and understand the penalties involved in violating the HIPAA laws as stated by HIPAA Federal Regulation. If I intentionally or unintentionally violate (or think I violated) any clause in the HIPAA law, I will notify my immediate faculty member/supervisor as soon as possible and provide a written description stating the conditions of the occurrence. The supervisor will review the situation and facts and make a recommendation for appropriate actions. The faculty member/supervisor will also alert the ACC HIPAA Privacy Officer, who shall review the conditions and recommend further corrective actions.

I understand that further investigation of the HIPAA violation can be accomplished by the appropriate governmental agencies, and that PRCC will maintain written records of violations and their corrective actions.

I agree to fully cooperate with any PRCC or governmental agency to find a suitable resolution to a violation.

Date: _____

_____ _____
PRCC Student (Printed Name) Signature

HIPAA Awareness Statement

Please read the following statements, initial where required and sign and date at the bottom of the form. You must return this completed document to the MLT Department to receive credit for completing the HIPAA Training Module.

As a student performing a clinical rotation, you will have access to confidential patient information. Federal and state laws protect this confidential information. It is illegal for you to use or disclose this medical information outside the scope of your clinical requirements.

- Do not photocopy patient information
- Access the minimum amount of information necessary for your assignment
- Do not record patient names, dates of birth, addresses, phone numbers, social security numbers or other unique identifying data, on the assignment you will turn in to your instructor. De-identifying patient records (removing all identifying information) may be required to be done by a designated employee of the clinical facility
- If you have questions about the use or disclosure of confidential health information, contact your instructor.

I have read this information and understand it. I have attended an orientation session and had an opportunity to ask questions. I realize that failure to abide by the guidelines and procedures of the College and the clinical facility may cause me to be dropped from clinical rotations. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of confidential patient information. I will abide by the guidelines when completing my clinical rotation.

_____ _____

Student signature Date

_____

Print name

Evelyn Wallace _____

Program Director Date

Maintain in student file for 3 years.

STUDENT AGREEMENT

The undersigned, _____ (typed or printed name)

("Student"), a Student at Pearl River Community College ("School"), understands that _____ ("Hospital") has entered into an agreement ("Agreement") with school in connection with a rotation program ("Program") designed as a learning experience for the Student in the _____ Program.

In connection with that contract, and in consideration of Hospital providing a learning experience, the Student agrees as follows:

a) The undersigned is responsible for complying with all applicable federal, state and local laws and regulations including, but not limited to, any applicable provisions of the Health Insurance Portability and Accountability Act of 1996, ("HIPPA") regarding the Protected Health Information she/he may encounter during the herm of her/his activities at the Hospital.

b) The undersigned is responsible for complying with all administrative policies, quality assurance guidelines, standards and practices of the Hospital when she/he is at the Hospital including, but not limited to random drug testing, and acknowledging that she/he may be removed without notice for violation of any of those rules, regulation or policies and procedures.

c) The undersigned will hold all confidential, proprietary and privileged information concerning the operation of Hospital or its patients in confidence.

d) The undersigned is responsible for providing the necessary and appropriate uniforms and adhering to the proper dress code required by Hospital.

e) The undersigned is responsible for his/her own transportation and living arrangements.

f) The undersigned is responsible for reporting to Hospital punctually and conforming to the standards and practices established by the School while at Hospital.

g) The undersigned will not be paid any salary or remuneration from Hospital.

h) The undersigned acknowledges that she/he is not an employee of Hospital while participating as a Student in her/his clinical rotation program at the Hospital.

i) The undersigned attests that she/he is not currently listed, nor has ever been listed, by a federal agency as ineligible to participate in federal programs, including Medicare and Medicaid.

_____ _____

Signature of Student Date

_____

Print Name

_____ _____

Signature of Parent or Legal Guardian if Student is under 18 Date

_____

Print Name

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of:

_____

("Hospital")

The undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by School at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

_____ _____

Signature of Student Date

_____

Print Name

_____ _____

Signature of Parent or Legal Guardian if Student is under 18 Date

_____

Print Name

PROTECTED HEALTH INFORMATION, CONFIDENTIALITY AND SECURITY AGREEMENT

- Protected Health Information ("PHI") includes patient information based on examination, test results, diagnosis and response to treatment, observation or conversation with the patient. This information is protected and the patient has a right to the confidentiality of his or her patient care information whether this information is in written, electronic or verbal format. Protected Health Information is individually identifiable information that includes, but is not limited to, patient's name, account number, birthdate, admission and discharge dates, photographs and health plan beneficiary number.
- Medical records, case histories, medical reports, images, raw test results and medical dictations from healthcare facilities are used for student learning activities. Although patient identification is removed, all healthcare information must be protected and treated as confidential.
- Student enrolled in school programs or courses and responsible Faculty are given access to patient information. Students are exposed to Protected Health Information during their clinic rotation at Hospital.
- Students and responsible Faculty may be issued computer identifications (IDs) and passwords to access Protected Health Information

Initial each to accept the Policy

_____ 1. It is the policy of the School/Hospital to keep Protected Health Information confidential and secure.
_____ 2. Any or all Protected Health Information, regardless of medium (paper, verbal, electronic, image or any other), is not to be disclosed or discussed with anyone outside those supervising, sponsoring or directly related to the learning activity.
_____ 3. Whether at the School or at the Hospital, Students are not to discuss Protected Health Information, in general or in detail, in public areas under any circumstances, including hallways, cafeterias, elevators, or any other area where unauthorized people or those who do not have a need-to-know may overhear.
_____ 4. Unauthorized removal of any part of original medical records is prohibited. Students and Faculty may not release or display copies of Protected Health Information. Case presentation material will be used in accordance with Hospital policies.
_____ 5. Students and Faculty shall not access data on patient for whom they have no responsibilities or a "need-to-know" the content of Protected Health Information concerning those patients.
_____ 6. A computer ID and password are assigned to individual Students and Faculty. Students and Faculty are accountable for all work done under the associated access.
_____ 7. Computer IDs or passwords may not be disclosed to anyone. Students and Faculty are prohibited from attempting to learn or use another person's computer ID or password.
_____ 8. Students and Faculty agree to follow Hospital's privacy policies.
_____ 9. Breach of patient confidentiality by disregarding the policies governing Protected Health Information is grounds for dismissal from the Hospital.

- ❖ I agree to abide by the above policies and other policies at the Hospital. I further agree to keep Protected Health Information confidential.
- ❖ I understand that failure to comply with these policies will result in disciplinary actions.
- ❖ I understand that deferral and state laws govern the confidentiality and security of Protected Health Information and that unauthorized disclosure of Protected Health Information is a violation of law and may result in civil and criminal penalties.

_____ _____
Signature of Student Date

_____
Print Name

_____ _____
Signature of Parent or Legal Guardian if Student is under 18 Date

_____
Print Name