

# PEARL RIVER COMMUNITY COLLEGE

## PROBATION AGREEMENT

This is to certify that I, (print name) \_\_\_\_\_ agree to the following conditions for readmission to the Pearl River Community College \_\_\_\_\_ program.

1. I must submit a letter from a treatment agency certifying satisfactory completion of an approved treatment program with recommendation for readmission.
2. I must report on the first class day of each month for a personal conference with the Program Director or Department Chair and other appropriate personnel. A written report of such conference will be forwarded to the appropriate administrator and a copy of the report will become part of my permanent record.
3. I must remain in therapy with \_\_\_\_\_. If for any reason an appointment is missed, I must notify the Program Director or Department Chair within three school days with an explanation. Failure to comply will result in dismissal without benefit of readmission. Progress reports from the agency or counselor must be submitted in writing at least once a month.
4. I will submit to an unannounced substance screening at least monthly and all reports will be submitted to the Program Director or Department Chair.
  - a. Such unannounced specimens will be furnished on demand at the student's expense.
  - b. Tests shall screen for the presence of alcohol, or other habit forming drugs, narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect.
5. Any suspected illicit substance use or abuse, instance of insobriety, failure to submit specimens for substance screening, failure to keep appointments, or any derogatory information received will be taken to the Program Director or Department Chair and appropriate action will be taken. Copies of all prescriptions for medications must be submitted to the Program Director or Department Chair within three days of filling.
6. Controlled substances will not be administered in my capacity as a nursing student for the duration of clinical experiences. I may not serve as an official witness to the administration of any controlled substance. I will not have access to any controlled substance.
7. Pearl River Community College may terminate my enrollment at any time for the following causes:
  - a. Any violation of the above stated stipulations.
  - b. Evidence of personal drug usage inconsistent with prescribed therapy.

- c. Any violation of College policy or procedures as set forth in the College Catalog and Cat Country Guide.
- 8. A copy of this agreement will be sent to the following:
  - a. Student involved.
  - b. Appropriate Assistant Vice President/Vice President or his/her designee.
  - c. Program Director or Department Chair.
  - d. Licensing Board when applicable.

This document may be seen only by persons with professional interest and/or necessity of information. This document will be shown only by the persons named in item #8.

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Student Signature

WITNESS my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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Program Director or Department Chair Signature