**STUDENT SIGNATURE PAGE**

*MLS Cohort at Mayo Clinic Students*

*The UND MLS Undergraduate Handbook contains policies, procedures, and processes that MLS students must comply with in order to be successful academically and professionally. It is the responsibility of the UND MLS program to ensure that students are aware of these policies, procedures, and processes, which is accomplished through completion of this signature page. Note that students in the MLS Cohort at Mayo Clinic route will complete a separate signature page that contains additional route-specific acknowledgement items.*

Initial each item as acknowledgement:

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| --- | --- |
| Initials | Signature Page Item |
|  | 1. I have read, understand, and agree to comply with the policies, procedures and processes as defined in the UND MLS Undergraduate Handbook. I understand that the policies, procedures, and processes in the handbook are subject to modification and that I am responsible for updates as they occur. |
|  | 1. I have read and understand that I must be able to meet the UND MLS Essential Functions and SMHS Technical and Academic Standards for Matriculation, Progression, and Graduation (Appendix 3) in order to be successful in the academic and clinical laboratory. I understand that if I am unable to meet any of these essential functions or standards, I must inform UND MLS faculty/staff to determine if accommodation options are available that would allow for continuation in the program. |
|  | 1. I am aware of the UND SMHS Health Conditions Impacting Student Participation policy, and understand that if I have a condition (injury, infection, immunocompromised status, environmental disease) that may negatively impact myself, fellow students, staff, faculty or patients, I have a professional obligation to inform and work with UND MLS faculty/staff immediately. |
|  | 1. I give permission to the UND to release information from my student files for purposes of job or educational opportunities and/or advancement. |
|  | 1. I have read the MLS safety and biohazard standards and have been informed about the blood borne pathogens exposure control plan regulations and policies. I understand that I am responsible for compliance with these policies and standards. |
|  | 1. I understand that photos and/or videos taken during MLS program coursework and activities may be utilized for educational and/or promotional purposes and give consent for my image to be utilized in them. I also understand that my email address will be added to the MLS Cohort Email Listing, allowing me to receive MLS advising flyers and other MLS notifications. If I do not want my image to be utilized in such photos and/or videos, or to be added to the email listing, I must communicate that request in writing to the UND MLS Cohort Program Coordinator. |
|  | 1. I understand that in order to learn phlebotomy skills, students and instructors in the MLS program may be performing venipunctures and fingersticks on each other. I give permission for the phlebotomy procedures to occur. |
|  | 1. I understand that my criminal background check information and my immunization records may be shared with my clinical affiliate. |
|  | 1. I understand that I must attend all required Intensive Labs and Clinical Intensive Rotations at the required dates and times. I further understand that I must complete the UND Final Comprehensive Examination at the end of my MLS training. |
|  | 1. I am currently a Mayo Clinic employee. I qualify for participation in the MLS Cohort Program, and I have discussed this program and its time commitments for Intensive Labs and CIRs with my supervisor and have their support. |
|  | 1. I understand that health insurance is a requirement of the MLS Cohort Program. The following is my health insurance information:   Health Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Clearly Print Your Full Name Clearly Print Your 3 Initial

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Signature Date