Yuba College Associate Degree of Nursing Program

Student Handbook Signature Page

By signing this document, I am stating that I have read this Student Handbook and agree to be bound by the policies/procedures/content/expectations contained therein. I understand that refusal to sign this agreement will result in my being unable to participate in the Nursing Program.
This document will be held in my student record and will remain valid for the duration of my participation in the Nursing Program.
Program policies/procedures/content/expectations are reviewed on an ongoing basis by the Nursing Curriculum Committee and revised as needed. Revisions when made are effective as of the date on the revision. Students are notified via Canvas of revisions and are expected to review and adhere to the revisions. The Student Handbook is posted to the program website and up to date with any revisions.

Release of information
It is the student's responsibility to notify and submit any name, address or phone number changes to the Nursing Office (email awilks@yccd.edu or ggarcia@yccd.edu), your faculty, Admissions and Records (in person), Complio, and ATI. Information on record is submitted to clinical agencies and the Board of Registered Nursing for your state licensure exam. Clinical agencies require information (such as compliance and demographic data) before students are allowed in the clinical area.

All rights to photographs taken of me belong to Yuba College and its designees. I understand the photos may be used for advertising and publicity purposes or any other use Yuba College intends, which may include billboards, print and broadcast advertisements, catalog and schedule covers or fillers, or other publicity or advertising purposes. I understand that I will not be compensated for use of the photos or time spent while taking the photos. I also acknowledge that there will be no notice given to me as to when or how Yuba College or its designees may use the photos. This is optional can be crossed out (below), however, it is the responsibly of the individual to notify the photographer/recorder at the time of the capturing to ensure your media will not be released.

Without a signed release, no information can be released, and the student will not be eligible for clinical placement and program continuation. Optional release of information to current or prospective employer, financial aid, WIOA, grant/scholarship committees or other educational institutions can be indicated below. If you would like to withhold any information to the optional parties, please cross it out.

Name, Address, Phone Numbers, E-mail Address, Media (photos, videos, voice)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_