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 and below. I understand that refusal to sign this agreement will result in my being unable to participate in the Nursing Program.  
  
Program policies/procedures/content/expectations are reviewed and revised on an ongoing basis by the Nursing Curriculum Committee. When revisions are made, they 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.

The results of my background check and data necessary for compliance with agencies (clinical sites, Board of Nursing) including, but not limited to, dates of birth, social security numbers, and immunization records, to disclose the same to such faculties and the appropriate administrators and faculty providing clinical instruction at such facilities, waiving all legal rights to confidentiality and privacy.

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)

It is the student's responsibility to notify and submit any name, address, or phone number changes to the Nursing Office (email [ggarcia@yccd.edu](mailto:ggarcia@yccd.edu)), your faculty, Admissions and Records (in person), Complio, and ATI.

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

This document will be in your student record and will remain valid for the duration of your time in the Nursing Program.