**Kettering College**

**Student Clinical Acknowledgment Form**

Kettering College sees your and your patients’ health as important. All clinical rotations require specific immunizations or approved exemptions to those immunizations to participate in clinical activities at their locations. Kettering College does not have control over which facilities make these requirements nor do we control the response of the facilities to requests made for exemptions for those rules. Our agreements with those facilities do however require that any student we send be in compliance with the rules and regulations of the facility including, but not limited to, immunization requirement including the COVID-19 vaccine series.

Because of these requirements at facilities, all students participating in on-site activities are required to show proof of compliance with immunization/health requirements of that site, which includes providing documentation of vaccination/immunization or an exemption approved from the site. Each program maintains copies of those records solely for the ability to demonstrate compliance with the requirements of sites that are required by our signed clinical agreements. If permitted by the site, Kettering College uses the Kettering Health (KH) Exemption requirements, and requests for exemptions from a vaccine requirement must be submitted to our student health coordinator, Sarah Bayer. If you are seeking an exemption, please email her at Sarah.Bayer@kc.edu. Sarah will provide you with the next steps needed to apply for a COVID-19 vaccination exemption. Please note, exemptions are considered on a case-by-case basis in accordance with applicable law. However, if you are granted an exemption through KH, this does not mean you have exemption to all clinical sites. You may be required by those facilities to request exemptions on your own in a timely manner.

The purpose of this statement is to ensure any student that begins a program with a clinical component at Kettering College, without the required immunizations, exemptions or other requirements of the site, is aware of the potential consequences.

*The undersigned recognizes that they are beginning a clinical course and/or program of study at Kettering College, which includes requirements for, but not limited to, COVID-19 immunization at clinical facilities. Those facilities may or may not accept exemptions to those requirements. I understand that Kettering College cannot provide a placement that is in violation of their agreements with those facilities. I assume full responsibility for meeting the requirements of the site and will be in compliance with their standards prior to beginning any on-site activity. I understand that:*

* *If I cannot meet the requirements of the facility prior to the start of a clinical semester, and* ***there is no alternative site placement available for which I can meet all applicable requirements****, I will be unable to continue in the \_\_\_\_\_\_ program.*
* *I understand that Kettering College is not required to provide me an alternate clinical placement in a facility with which it does not have institutional agreements to ensure my completion of the academic program.*
* *I understand that if I am unable to attend clinicals, attendance policies will apply and may result in academic dismissal from the enrolled class or academic program.*
* *I understand that dismissal during any course would result in a failing grade for the course and would require I repeat that course from its beginning at my own cost.*
* *I will not be eligible for reimbursement of any costs paid to the institution resulting from that dismissal and will continue to be responsible for any outstanding charges.*

**I, the undersigned student, hereby acknowledge that I have read and understand all the above statements and clinical requirements.**

**Participation in the educational and clinical experience is prohibited unless this statement is signed by the student.**

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Student Printed Name

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Student Signature Date