The Student

1. shall adhere to the College of Nurses Ethical Framework for Nurses in Ontario;

2. shall maintain the privacy of the patients, residents, and/or students in all instances and students are expected to respect the confidential nature of the information they are exposed to;

3. shall act in accordance with the Practicum Centre's regulations, rules, policies and procedures including appropriate Provincial Acts as they apply to the Practicum Centre;

4. shall obtain all immunizations and tests as per Clinical Preparedness Permit (CPP), required by the Practicum Centre before commencing the practicum;

5. is responsible to ensure that the Basic Cardiac Life Support for Health Care Providers (BCLS-HCP) standards established by the Heart and Stroke Foundation are met;

6. shall meet with representative(s) of the Practicum Centre and the School of Nursing to arrange, prior to or at the beginning of the placement, the nature of the practicum experience including hours, days, responsibilities, and meeting schedule with the Preceptor;

7. shall provide a copy of his/her Learning Plan, including learning objectives, to the Practicum Centre and the School of Nursing early in the practicum experience (normally by the second week); and

8. shall arrange for a final evaluation meeting with the Preceptor no later than the twelfth week of the term (if the placement is for one term) or no later than the twelfth week of the second term (if the placement is for two terms).

9. shall adhere to the terms of this Obligation for the length of time commencing from the first practicum placement and throughout the entire program until all degree requirements are met.

Program: ☐ Collaborative ☐ 2nd Degree Entry ☐ IEN ☐ MScN ☐ PHCNP

I agree to fulfill the obligations listed above as part of my practicum placements:

Name of Practicum Centre

Name of Student (please print) ____________________________ Name of Witness (please print) ____________________________

Signature of Student ___________________________________ Signature of Witness ________________________________

Student _____________________________________________ Date ____________________________________________

Date ____________________________

(rev. August 2011)