



Cincinnati Children's Hospital Medical Center
Division of Emergency Medicine
EMSC Education



Paramedic Student Clinical Rotation
Agreement Form

I hereby acknowledge that I have received the following material and information regarding my paramedic rotation at Cincinnati Children's Hospital Medical Center.

I understand that it is my responsibility to have completed the following materials prior to scheduling my clinical rotation:

- **Online HIPAA training (Mandatory for CCHMC)**
- **Patient Confidentiality Disclosure Form (Mandatory for CCHMC)**

Failure to complete any of the above mentioned items will prohibit a student from participating in a clinical rotation at Cincinnati Children's Hospital Medical Center.

Student's Name: _____

Date: _____

I acknowledge that it is my responsibility to have the following items upon my arrival for clinical rotations:

- **Stethoscope**
- **Student I.D. Badge (assigned by school)**
- **Student Uniform:**
 - **White or Blue Collar Shirt**
 - **Dark blue or black pants (no jeans)**
 - **Black uniform shoes/boots (no gym shoes)**
- **Student Skills Booklet (to be signed the day/night of your clinical rotation)**
- **A pen**

Failure to have any/all of the above mentioned items may be sufficient to terminate the clinical rotation for that scheduled time. It will be at the discretion of the charge nurse or assigned individual whether or not the student is asked to leave and reschedule their clinical time.

Student's Name: _____

Date: _____