



Sign-Off Sheet

_____ (Initial) I understand that it is my responsibility to read and familiarize myself with the policies, procedures, and expectations contained in the Academic Catalog and Handbooks, which may be found on the website at www.svsti.com.

_____ (Initial) I agree to abide by the standards and accept full responsibility for my behavior on and off Campus.

_____ (Initial) I pledge to adopt the professional philosophy of SVSTI, perform my duties to the best of my ability, and, upon graduation, demonstrate pride in my career as a medical professional.

_____ (Initial) I read the Externship Policy and Expectations and understand that if I decline an Externship and/or get expelled from a site, I will be dropped from the Sterile Processing Program or the Surgical Technology Program.

_____ (Initial) I accept that placement is based on availability and understand that most sites require a full-time schedule and that I must be prepared to adhere to the clinical site's schedule.

_____ (Initial) I have read and understand the Academic Policies.

_____ (Initial) I understand that it is my responsibility to read and familiarize myself with the Repeat/Re-entry Policy found on the Handbooks, Academic Catalog, and website at www.svsti.com.

_____ (Initial) I have read and understand where the Emergency Preparedness and Response Plan Binder (*Evacuation for Earthquake, Fire, and Medical*) is. The binder is kept in the Lab.

_____ (Initial) I have read and understood where the MSDS Binder (*Material Safety Data Sheets Binder*) is. The binder is kept in the Lab.

_____ (Initial) I understand that my program start date may be moved to a future available start date ONE TIME, subject to a required \$100.00 Move Fee.

_____ (Initial) I accept that during COVID, Flu season, Natural Disasters, etc., there could be a delay in my Externship placement.

_____ (Sterile Processing Initials ONLY) I understand that missing the Competency Day will result in an automatic fail and that I will be dropped from the Sterile Processing Program.

_____ (Sterile Processing Initials ONLY) I understand that the expected graduation date on the Sterile Processing Enrollment Agreement does not include the completion of 240 Externship hours.

Program:_____

Student Name:_____ Date:_____

Student Signature:_____ Date:_____

SVSTI Official Signature:_____ Date:_____