Surgical Technology Lab Competency Agreement

_____ (initial) Students must achieve a **PASS** on each **Lab Skill** and therefore will pass/fail only (no grade).

_____ (initial) A **PASS** is **100%** on each **Lab Skill**.

_____ (initial) **Failure** to **achieve a PASS** will **result** in a **one-time remediation** of the skill before the next set of Competencies is due. **Skills can be remediated ONLY once**. A **PASS** must be **achieved** on the **remediation** in order to continue in the program.

_____ (initial) A **recognized breach** in any aspect of a skill may **occur only once**, must be stated by the student, and the **proper corrective action** must be stated. **Subsequent recognized breaches** will result in a **FAIL**.

_____ (initial) An unrecognized **breach in sterility** will result in a **FAIL**.

_____ (initial) A maximum of **4 different skills may be remediate**d.

_____ (initial) **Failure** of the **5th skill** will result in **dismissal.**

_____ (initial) I understand it is my **responsibility to arrange remediation** with an Instructor. The Instructor will not initiate the remediation.

_____ (initial) **Failure to remediate** all skills by Wednesday of Week 15 will result in **dismissal**.

_____ (initial) I understand that **Competencies** are listed in **Canvas,** and it is my responsibility to review what I will be **graded** on each term or ask questions prior to Competency day.

_____ (initial) I understand that it is **my obligation** to find time to **schedule** my **2nd attempt at Competency** (before the next set of Competencies are due) with my **Instructor** if I fail the first attempt.

_____ (initial) I understand that if I **do not** complete and **pass EACH of my Competencies**, I won't be **eligible to move forward** in the Surgical Technology Program and will be **required to repeat** the term (if eligible).

_____ (initial) I understand that all **rubrics** for Competencies are available on **Canvas** under the **"Lab Competency"** module, and it is my responsibility to review what I will be **graded** on each term or to ask questions prior to Competency day.

_____ (initial) I also understand that these are **requirements** to be met to continue in the **Surgical Technology Program.**

Student Name:_____ Date:_____

Student Signature:_____ Date:_____

SVSTI Official Signature:_____ Date:_____