**SVSTI SIGN OFF SHEET**

**INITIAL ALL**

\_\_\_\_ I understand that it is my responsibility to read and familiarize myself with the policies and procedures contained in

the Academic Catalog & Student Handbook which may be found on the website at [www.svsti.com](http://www.svsti.com)

\_\_\_\_ I future always agree to abide by the standards and accept full responsibility for my behavior on and off campus.

\_\_\_\_ I pledge to adopt the professional philosophy of SVSTI, perform my duties to the best of my ability and, upon

graduation will demonstrate pride in my career as a medical professional.

\_\_\_\_ I read the externship policy and understand that if I decline an externship and/or get expelled from a site I will be

withdrawn from the Program without a completion grade.

\_\_\_\_ I accept that placement is based on availability and understand that most sites require a full-time schedule.

\_\_\_\_ I have read and understand the lab safety & Maintenance Policy.

\_\_\_\_ I have read and understand the Academic Policies.

\_\_\_\_ I have read & signed the Technology Attestation form.

\_\_\_\_ I have read and understand the Emergency Preparedness & Response Plan.

\_\_\_\_ I accept that during COVID, Flu Season, Natural Disasters, etc. there could be a delay in my

externship placement.

\_\_\_\_ I understand that my Program start date may be extended to a future available start date ONE TIME

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SVSTI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_