Sterile Processing Lab Competency Agreement

_____ (Initial) I understand that I must receive a **70% or higher** on each of my **Competencies** to move on in the course and be eligible to take my final.

_____ (Initial) I understand that I **do not get multiple attempts** on **Competencies**.

_____ (Initial) I understand that if I **do not pass** each of my **Competencies**, I will not be able to move on to Externship and will be **required to repeat** the course.

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

_____ (Initial) I understand that my **time on campus (Lab)** is to be used for **hands-on skills** in order to pass each required **Competency** successfully.

_____ (Initial) I understand that if I am **absent** on a day **Competencies** are done I will receive an **F** and fail the course. There are **no make-up days** for **Competencies**.

Student Name:_____ Date:_____

Student Signature:_____ Date:_____

SVSTI Official Signature:_____ Date:_____