**STUDENT CODE OF CONDUCT and ETHICS FORM**

The code of conduct is the professional standards for attitude, performance and ethics while enrolled in a nurse aide training program including the testing for the State competency examination.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have enrolled in the Nurse Aide training program at NV Enterprises Training academy and agree to abide by all the rules set forth by the academy and the student code of conduct.

1. I will abide by the dress code which includes name tag identification.
2. I will practice appropriate interaction with instructors, classmates, and residents. I may be dismissed from the academy if my behavior is detrimental to the learning environment.
3. I will not use a personal cell phone during class, lab, or clinical rotation.
4. I will not show disruptive behavior or inappropriate language such as profanity or inappropriate discussion of personal problems during any phase of the training and testing.
5. I will **not** perform a task that I have **not** been trained to perform.
6. I shall display professionalism and self-control to meet the demands of the duties of a nursing assistant.
7. I will practice all safety precautions taught for each procedure.
8. I shall report to my instructor any changes in the resident’s condition.
9. I will always follow HIPAA guidelines. HIPAA violations may result in dismissal from the program and may prevent placement on the Georgia Nurse Aide Registry.
10. I shall respond to emergencies if trained accordingly.
11. Cheating is prohibited and will result in the immediate dismissal from the nurse aide course.
12. The removal of unauthorized program/testing documents or equipment is prohibited and will result in the immediate removal from the program. The facility is under video surveillance and all incidents will be reported to the state contractor. Placement on the Certified Nurse Aide Registry may be affected.
13. I understand that my tuition and other program fees **MUST** be paid in full **PRIOR** to my name being submitted for certification testing.
14. I understand that the cost of the certification exam is **NOT** included in the tuition paid to the training program.
15. I understand that I must complete the classroom a clinical portion of the program to receive a certificate of completion.
16. I understand that I must complete the online portion of the program within 14 days after activating the enrollment key. If I do not complete the online portion, I will have to wait until the next scheduled class and pay an additional fee of $300 to secure a seat in the class.
17. There is no clinical make-up. If I fail to attend any clinical day or fail to pass the clinical rotation, I must repeat the entire course.
18. I understand that there is not refund after the first day of class.
19. I have received the refund policy.

I understand that my failure to abide by the code of conduct will result in immediate removal from the training program and I **WILL NOT** be entitled to a refund of tuition paid. I have received a copy of these student conduct standards.

Student Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.