



# ST. CLAIR

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COLLEGE

## PLACEMENT ACKNOWLEDGEMENT

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Name of Program

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Name of Student

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Student Number

As part of several of its academic programs, St. Clair College provides applied and clinical/internship learning opportunities at various hospitals, healthcare facilities, and other community agencies/sites by partnering with those other institutions. As part of that applied or clinical learning environment, students may be required to meet those agencies' specific policies.

**St. Clair College's partners will require the following must be obtained before students can be placed in these clinical and applied learning settings.**

1. The student recognizes that obtaining the policy items listed under Appendix A – Placement Checklist are an obligation for which the student is solely responsible and must be obtained to permit the student to participate in the clinical or applied learning experience.
2. The student undertakes to pursue obtaining the required documents prior to the start of the clinical/placement experience and in accordance with any published or known deadlines.
3. Any cost associated with obtaining these items or with any delay in obtaining is the sole responsibility of the student. Where a student is experiencing financial difficulties, please refer to Financial Aid.
4. The student understands and acknowledges that a failure to obtain the necessary documentation will prevent the student from participating in the clinical/placement portion of the program and potential continuance in or graduation from the program and that the student is solely responsible for this consequence.
5. NOTE: It is the responsibility of the student to maintain/renew before expiry certification in First Aid, CPR and N95 Fit Testing throughout the length of the program, including during clinical placements.
6. The student acknowledges and warrants that he or she has read all parts of this acknowledgement form and fully understands its terms.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_\_\_, Ontario.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Witness