



Knox County Schools

Clinical Internship Coordinator



Handbook 2023-2024



Clinical Internship

Primary Career Cluster:	Health Science
Course Contact:	CTE.Standards@tn.gov
Course Code(s):	C14H11
Prerequisite(s):	<i>Diagnostic Medicine (C14H12), Cardiovascular Services (C14H18), Medical Therapeutics (C14H15), Dental Science (C14H21), Pharmacological Science (C14H20), Nutrition Science and Diet Therapy (C19H16), Rehabilitation Careers (C14H08), -OR- Exercise Science (C14H22)</i>
Credit:	1-4
Grade Level:	11-12; <i>Students must be at least 16 years old to be enrolled in this course.</i>
Student-Teacher Ratio:	15:1
Focused Elective Graduation Requirements:	This course satisfies one of three credits required for an elective focus when taken in conjunction with other Health Science courses.
POS Concentrator:	This course satisfies one out of two required courses to meet the Perkins V concentrator definition, when taken in sequence in the approved program of study.
Programs of Study and Sequence:	This is the final course in the <i>Therapeutic Services</i> program of study and can also be a choice for the final course in the <i>Diagnostic Services</i> and <i>Exercise Physiology</i> programs of study. Students must have had one of the prerequisite courses listed on this document to enroll in <i>Clinical Internship</i> .
Aligned Student Organization(s):	HOSA: http://www.tennesseehosa.org
Coordinating Work-Based Learning:	Teachers who hold an active WBL certificate may offer placement for credit when the requirements of the state board's WBL Framework and the Department's WBL Policy Guide are met. For information, visit https://www.tn.gov/education/career-and-technical-education/work-based-learning.html
Promoted Tennessee Student Industry Credentials:	Credentials are aligned with postsecondary and employment opportunities and with the competencies and skills that students acquire through their selected program of study. For a listing of promoted student industry credentials, visit https://www.tn.gov/education/career-and-technical-education/student-industry-certification.html
Teacher Endorsement(s):	577, 720
Required Teacher Certifications/Training:	Teachers must attend WBL training and earn the WBL Certificate provided by the Tennessee Department of Education in addition to the online Clinical Internship training.
Teacher Resources:	https://www.tn.gov/education/career-and-technical-education/career-clusters/cte-cluster-health-science.html Best for All Central: https://bestforall.tnedu.gov/

Course-at-a-Glance

CTE courses provide students with an opportunity to develop specific academic, technical, and 21st century skills necessary to be successful in career and in life. In pursuit of ensuring every student in Tennessee achieves this level of success, we begin with rigorous course standards which feed into intentionally designed programs of study.

Students engage in industry relevant content through general education integration and experiences such as career & technical student organizations (CTSO) and work-based learning (WBL). Through these experiences, students are immersed with industry standard content and technology, solve industry-based problems, meaningfully interact with industry professionals, and use/produce industry specific, informational texts.

Using a Career and Technical Student Organization (CTSO) in Your Classroom

CTSOs are a great resource to put classroom learning into real-life experiences for your students through classroom, regional, state, and national competitions, and leadership opportunities. Below are CTSO connections for this course, note this is not an exhaustive list.

- Participate in CTSO Fall Leadership Conference to engage with peers by demonstrating logical thought processes and developing industry specific skills that involve teamwork and project management
- Participate in contests that highlight job skill demonstration; interviewing skills; community service activities, extemporaneous speaking, and job interview
- Participate in leadership activities such as Organizational Leadership, Prepared Speaking, HOSA Service Project, Creative Problem Solving, and HOSA Service Project.

For more ideas and information, visit Tennessee HOSA at <http://www.tennesseehosa.org/>

Using Work-based Learning in Your Classroom

Sustained and coordinated activities that relate to the course content are the key to successful work-based learning. Possible activities for this course include the following. This is not an exhaustive list.

- Internship required for credential or entry occupation
- Apprenticeship
- On-the-job training

For more ideas and information, visit <https://www.tn.gov/education/career-and-technical-education/work-based-learning.html>.

Course Description

Clinical Internship is a capstone course and work-based learning experience designed to provide students with real-world application of skills and knowledge obtained in a pre-requisite Health Science course. Upon completion of this course, proficient students will be able to pursue certification in the pre-requisite course of *Cardiovascular Services*, *Exercise Physiology*, *Medical Therapeutics* or *Pharmacological Science*. Prior to beginning work at a clinical site, students must be certified in Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR), and deemed competent in basic first aid, body mechanics, Standard Precaution guidelines, and confidentiality.

Work-Based Learning Framework

Clinical experiences must comply with the Work-Based Learning Framework guidelines established in SBE High School Policy 2.103. The TDOE provides a *Personalized Learning Plan* template to ensure compliance with the Work-Based Learning Framework, state and federal Child Labor Law, and Tennessee Department of Education policies, which must be used for students participating in WBL opportunities. Additionally, this course must be taught by a teacher with an active WBL Certificate issued by the Tennessee Department of Education and follow policies outlined in the Work-Based Learning Policy Guide available online at <https://www.tn.gov/education/career-and-technical-education/work-based-learning.html>.

Program of Study Application

This is the final course in the *Therapeutic Services* programs of study (POS) and can also be a choice for the final course in the *Diagnostic Services*, or *Exercise Physiology* programs of study. Students must have had one of the prerequisite courses listed on this document to be enrolled in *Clinical Internship*. For more information on the benefits and requirements of implementing these programs in full, please visit the Health Science website at <https://www.tn.gov/education/career-and-technical-education/career-clusters/cte-cluster-health-science.html>

Course Requirements

This capstone course aligns with the requirements of the Work-Based Learning Framework (established in Tennessee State Board High School Policy), with the Tennessee Department of Education's Work-Based Learning Policy Guide, and with state and federal Child Labor Law. As such, the following components are course requirements:

Course Standards

1. Personalized Learning Plan

- 1.1 Personalized learning plan: A student will have a **Personalized Learning Plan** that identifies their long-term goals, demonstrates how the Work-Based Learning (WBL) experience aligns with their elective focus and/or high school plan of study, addresses how the student plans to meet and demonstrate the course standards, and addresses employability skill attainment in the following areas:
 - a. Application of academic and technical knowledge and skills (embedded in course standards)
 - b. Career knowledge and navigation skills
 - c. 21st Century learning and innovation skills

- d. Personal and social skills

2. Professionalism and Growth

- 2.1 Career pathways plan: Apply learning experiences from clinical placement to review and update an **education and career pathways** plan based on the knowledge and feedback acquired. Proactively identify **areas of strength** and opportunities for professional growth, encourage and act on feedback from peers, supervisors, and customers, and seek and use resources and support to improve skills.
- 2.2 Personal behavior: Complete tasks as directed with supervision, knowing **when to ask questions or request guidance**. Exhibit **resourcefulness and initiative** in taking on new tasks and solving problems independently as appropriate to the workplace setting. Demonstrate **how to learn and exhibit personal agency** in identifying and achieving instrumental and ultimate learning objectives. Demonstrate **curiosity to learn more about the tasks, workplace, and/or industry**. Explore deeper content independently and request **opportunities for professional development**. Demonstrate **self-efficacy and confidence** in one's ability to succeed in specific situations.
- 2.3 Professional behavior: Exhibit **professionalism and respect** when interacting with coworkers, supervisors, and customers. Demonstrate **reliability and responsibility** in attendance and in following through on assigned tasks. Provide **timely communication** with supervisor(s) when circumstances change. Understand and adhere to **appropriate workplace non-discrimination standards** on the basis of sex, race, color, age, national origin, religion, disability, marital status, sexual orientation, gender identity, pregnancy, veteran status, or any characteristic of a person or group unrelated to the workplace. Respect **cultural differences** and work effectively with people from **diverse social and cultural backgrounds**.
- 2.4 Team membership: Work effectively as a **member of a team** and address conflict with **sensitivity and respect for diverse points of view**. Demonstrate understanding of one's own impact and build on **different perspectives** to strengthen joint efforts. Demonstrate **leadership** where appropriate to collaborate on workplace tasks. Effectively employ **meeting management strategies**, such as agenda setting, time keeping, and meeting **facilitation strategies**, and list action items to identify and schedule next steps.

3. Workplace Policies and Behavior

- 3.1 Organizational culture and practice: Observe and analyze **organizational culture and practices**. For example, analyze how to **interact with supervisors, clients, and co-workers**, and how to recognize and address **health, safety, and sustainability issues**. Seek information from supervisors and other employees about **appropriate methods of pursuing employment in the industry**, and **determine what knowledge, skills, and educational credentials are required**.

- 3.2 Workplace ethics and ethical issues: Demonstrate **integrity and ethical behavior** when engaging in all worksite activities, including the use of tools and materials, documentation of hours, handling of money, billing of clients, sharing of information, and completion of all personnel-related forms. Identify an **actual or potential work site ethical issue** and create a plan outlining how the issue should be resolved.
- 3.3 Employee and facility safety: Accurately read, interpret, and demonstrate adherence to **safety guidelines** appropriate for the **roles and responsibilities of an employee** of a healthcare facility. Listen to safety instructions and be able to explain why certain rules apply. Demonstrate **safety techniques** and follow all applicable **facility policies** and procedures (such as Standard Precautions) related to the clinical placement. Based on placement, document completion of training topics on the appropriate work-based learning (WBL) and work site forms.
- 3.4 Challenges in the workplace: Identify and ask significant questions to solve **student-identified challenges or areas of improvement in the workplace**. Brainstorm and select solutions providing rationale for each then discuss the suggested solutions with a workplace mentor.
- 3.5 Flexibility: Exhibit **flexibility** by:
- a. adapting to varied roles, jobs responsibilities, schedules, and contexts,
 - b. working effectively in a climate of ambiguity and changing priorities, and
 - c. dealing positively with praise, setbacks, and constructive criticism.
- 3.6 Time and Project Management: Manage **time and projects** effectively by:
- a. setting goals,
 - b. developing and using a system for prioritizing, planning, and managing daily work,
 - c. persisting in the face of challenges, and
 - d. seeking assistance and adjusting plans to adapt to changing circumstances.
- Demonstrate **attention to detail and accuracy** appropriate to the task. Demonstrate **accountability to supervisors, coworkers, and customers** by delivering work to agreed-upon standards; accepting **constructive criticism**; completing designated projects on time; and exhibiting **pride in workmanship**.
- 3.7 Quality assurance methods: Analyze **patient quality assurance methods** used by clinical sites. Solve problems using **systems thinking**, e.g., by understanding problems in terms of complex processes and environments. Identify key components and relationships that enable, influence, and produce outcomes.
- 3.8 HIPAA: Review the **Health Insurance Portability and Accountability Act (HIPAA) concepts** and investigate **methods to assure confidentiality** within the healthcare setting. Employ techniques to ensure the **client/patient's rights** are maintained.

4. Communication

- 4.1 Communication: Articulate ideas effectively in **written personal communications** with supervisors, coworkers, and customers. Verbally articulate ideas effectively in **interpersonal communications** with supervisors, coworkers, and customers. Develop and deliver messages effectively in **oral presentations**. Demonstrate **effective listening skills**, attending to the **meaning and intention of communication**, and accurately paraphrasing what has been heard. Communicate effectively with individuals of **diverse backgrounds** who may also speak languages other than English, using foreign language skills and facility resources as appropriate.
- 4.2 Medical terminology: Analyze, interpret, and use **medical terminology and abbreviations** appropriately in all communications. Master the use of medical terminology appropriate for the assigned clinical area(s).

5. Use of Information and Technology

- 5.1 Information validity: Access information efficiently, using **sources appropriate to task, purpose, and audience**. Distinguish between **credible and non-credible sources**, including the **difference between advertising and legitimate research**. Evaluate information for **usefulness, bias, and accuracy**, and question information that may not originate from **credible sources**. Demonstrate the ability to organize and manage information effectively and efficiently. Demonstrate **ethical and legal use of information**, including adherence to all **rules and regulations related to sharing of protected information**.
- 5.2 Effective use of technology: Use appropriate **technology in the classroom or clinical setting** for information search and retrieval, synchronous and asynchronous communications, multimedia presentations, document production, quantitative and qualitative analysis, and information management. Use **social networking and online collaboration tools** such as **shared documents and web conferencing** to create, integrate, and manage information in group projects.
- 5.3 Digital communication of patient information: Access and manage **online communication and information**, such as electronic medical records, using multiple digital devices such as laptop computers, tablets, smart phones, etc. Demonstrate adherence to all **rules and regulations related to the use of electronic tools and the Internet**, including appropriate protection of passcodes and adherence to all security protocols.

6. Student Portfolio

- 6.1 Student portfolio: Update the **Health Science student portfolio** that illustrates mastery of skills and knowledge outlined in the Health Science pre-requisite course standards and applied in the *Clinical Internship* experience. Compile artifacts and similar work products reflecting thoughtful assessment and evaluation of the progression against goals in the personal growth plan. Artifacts may include:

- a. Career and professional development plan
- b. Resume
- c. Documentation of clinical hours at each site
- d. List of responsibilities undertaken throughout the placement
- e. Examples of materials developed and used throughout the placement
- f. Periodic journal entries reflecting on tasks and activities
- g. Supervisor evaluations and observations
- h. Approved WBL forms
- i. WBL coordinator evaluations and observations

Standards Alignment Notes

*References to other standards include:

- P21: Partnership for 21st Century Skills [Framework for 21st Century Learning](#)
 - Note: While not all standards are specifically aligned, teachers will find the framework helpful for setting expectations for student behavior in their classroom and practicing specific career readiness skills.
- TN WBL: [Tennessee Work-Based Learning Standards](#)

Knox County CTE
Clinical Internship (5993) Course Description

Course Description: Clinical Internship is a capstone course and Work-Based Learning experience designed to provide students with real-world application of skills and knowledge obtained in a pre-requisite Health Science course. Upon completion of this course, proficient students may be able to pursue certification in the pre-requisite course of Cardiovascular Services, Exercise Science, Medical Therapeutics or Pharmacological Science. Prior to beginning work at a clinical site, students must be certified in Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR), and deemed competent in basic first aid, body mechanics, Standard Precaution guidelines, and confidentiality.

Note: Student to teacher ratio for this course is **15:1** in a clinical setting.

Work-Based Learning Framework: Clinical experiences must comply with the Work-Based Learning Framework guidelines established in SBE High School Policy 2.103. The TDOE provides a Personalized Learning Plan template to ensure compliance with the Work-Based Learning Framework, state and federal Child Labor Law, and Tennessee Department of Education (TDOE) policies, which must be used for students participating in WBL opportunities.

Additionally, this course must be taught by a Health Science teacher with an active WBL Certificate issued by the Tennessee Department of Education (TDOE), completed the 4 hour clinical internship TDOE training, and follow policies outlined in the Work-Based Learning Policy Guide available online at <https://www.tn.gov/education/career-and-technical/education/work-based-learning.html>

Guidelines:

1. Clinical students will need to be given ALL clinical paperwork by the end of the school year or prior to the semester that the internship starts. This is so the student's paperwork and medical visits* can be completed by the beginning of the course.
*Medical Visits=physical, immunizations/records, Tuberculosis (TB) Skin Test, Flu Shot (if required by site), etc. (see guidelines #3 & 4 for more information).
2. Clinical contracts should be sent to each clinical site and signed by the appropriate personnel in the month of May prior to the new school year, so that those may be turned in to the CTE Facilitator by the end of the school year. Be sure the dates of the contracts reflect the upcoming school year. *Clinical contracts may be obtained from your Knox County CTE Facilitator.
3. Students will need to have a physical exam by a primary care provider which will cover them through the internship school year. If students have had a sports physical

on or after May 15th of the previous school year, this may count for the physical exam. Documentation of the physical must be given to the instructor.

4. A copy of the student's immunization record must accompany the clinical paperwork. Students must show documentation of receiving the Hepatitis B series. If a student is/was unable to have the Hepatitis B series, documentation from a physician will be needed.

TB Skin Test: ALL students must receive a current TB skin test with results read and documented within 48-72 hours of being given the test.

***Flu Shot: some clinical sites may require a student to have a current influenza vaccination prior to the internship.**

5. Students will need to provide current copies of the following to their instructor:

- Driver's License
- Automobile Insurance
- Medical Insurance

ALL cards must be CURRENT and NOT EXPIRED! If cards will expire during the internship, the student MUST provide an updated copy.

6. Clinical Internship/Work Based Learning transportation agreement must be signed and on file at the school prior to the student interning at the clinical site. **Student and/or parents/guardians are responsible for providing transportation to and from the clinical site.** In accordance with Knox County policy no student may ride with another student or instructor to or from clinical sites during this course.

7. Clinical uniform colors are at the discretion of the clinical instructor. **Helpful Tip:** Choose a solid color. Students will be given information prior to the school year. All students should be professional in dress and limit jewelry. No cologne or perfume should be worn to the clinical sites. Shoes should be closed toe.

8. Name badges should be made for each clinical student. **These are to be worn at ALL TIMES while the student is at the clinical site.** The name badge should have the students' name, school, school year, and class. If possible, it is recommended to also have a photo of the student on the I.D. In some instances, yearbook staff or faculty may be able to assist with making student I.D.

9. The exposure control plan and medical release form must be completed, notarized, and signed by the student and parent.

10. After clinical assignments have been determined, the Work Based Learning paperwork will need to be completed with each student. **Copies of their completed**

Work Based Learning paperwork WITH ALL SIGNATURES should be on file at the base school and at the clinical site (see Work Based Learning section).

11. Under no circumstances should any photographs/videos be taken at the clinical site at any time due to HIPPA and Confidentiality.

12. No student is allowed to enter the clinical site until ALL the above guidelines are met.

Work-Based Learning: Clinical Internship & Nursing Education

Health Science Placements

Districts that are interested in operating a health science work-based learning (WBL) program through either the [Clinical Internship](#) or [Nursing Education](#) courses must comply with the [WBL Framework](#) guidelines established in the state board's [High School Policy 2.103](#). The standards for both courses are designed to be more specific to healthcare than the overall standards for the [WBL: Career Practicum](#) course. However, educators teaching both [Clinical Internship](#) and [Nursing Education](#) must have a current WBL certificate issued by the Tennessee Department of Education (the "department") and are responsible for following the rules and regulations governing WBL experiences.

The department provides a [Personalized Learning Plan](#) template to ensure compliance with the [WBL Framework](#), state and federal Child Labor Law, and department policies, which must be used for students participating in both [Clinical Internship](#) and [Nursing Education](#). Teachers of these courses are responsible for following policies outlined in the [WBL Policy Guide](#) and staying up-to-date with annual changes to these policies, which will continue to be posted to the department's website: http://tn.gov/education/cte/work_based_learning.shtml.

Required Documentation

In addition to the required WBL documentation outlined in the [WBL Policy Guide](#), the following documentation must also accompany any clinical internship student's paperwork. There may be additional requirements from a given clinical site (such as orientation documentation), which would be in addition to the requirements below, if deemed necessary for a given placement.

- Exposure Control Plan
 - There is not an official form for exposure control plans; however, a tool for covering exposures students may encounter can be found online at www.osha.gov.
 - [OSHA Sample Exposure Control Plan](#)
 - [OSHA Blood-Borne Pathogens Exposure Control Plan](#)
- Current Student Immunization Record
 - Up-to-date record of all immunizations
 - Hepatitis B (HBV) is required prior for placement for students expected to have patient contact.
 - Current Tuberculosis (TB) skin test results
- Documentation of Current Student Physical (conducted within the past year)
- Documentation of Student Insurance
 - Health insurance
 - Malpractice insurance: Students may be given an opportunity for individual or blanket malpractice insurance through the school district.
 - If they drive a car, they must have car insurance.
 - NOTE: WBL students are not eligible for unemployment insurance.

All required documentation must be kept on record, secured for confidentiality, either in physical form or digitally for seven (7) years.

Required Student Training

Safety trainings provided in the classroom, as well as any provided onsite, must be documented in the student's required [Safety Training Log](#), which is included in the [Personalized Learning Plan](#), per WBL policies. The below trainings must be completed, and documented, before entering a healthcare facility for placement.

- Universal Precautions and OSHA standards (at 100 percent accuracy)
- Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) Certification
- Basic competency in the following:
 - Basic First Aid
 - Body Mechanics
 - Standard Precaution Guidelines
 - Confidentiality

Governing Regulations

Educators with students in healthcare WBL placements through *Clinical Internship* and *Nursing Education* must be familiar with the following governing rules, regulations, laws, and policies:

- [Tennessee State Board of Education's WBL Framework](#)
- [Tennessee Child Labor Laws](#)
- [Tennessee Standards for Hospitals](#)
- [Bureau of Health Licensure and Regulation Board for Licensing Health Care Facilities Division of Health Care Facilities](#)
- All State and Federal regulations for healthcare facilities and training programs including:
 - *Clinical Internship*:
 - [Health Insurance Portability and Accountability Act \(HIPAA\) including:](#)
 - [The Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
 - [The Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#)
 - [Patient Safety and Quality Improvement Act of 2005 \(PSQIA\)](#)
 - [Elder Justice Act](#)
 - [Occupational Safety and Health Administration \(OSHA\) regulations for healthcare facilities](#)
 - *Nursing Education*
 - [Omnibus Budget Reconciliation Act \(OBRA\) of 1987](#)
 - [Federal Nurse Aide Training and Competency Regulations](#)
 - [TN Department of Health Nurse Aide Training and Competency Evaluation Standards](#)
 - [Health Insurance Portability and Accountability Act \(HIPAA\) including:](#)
 - [The Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
 - [The Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#)
 - [Patient Safety and Quality Improvement Act of 2005 \(PSQIA\)](#)
 - [Patient Protection and Affordable Care Act \(PPACA\)](#) Subtitle H is titled Elder Justice Act, and the provisions found in U.S. Code § 6701-6703
 - [Elder Justice Act](#)
 - [Reporting Reasonable Suspicion of A Crime in a LTC Facility](#): Section 1150B of the Social Security Act
 - [Occupational Safety and Health Administration \(OSHA\) regulations for Long Term Care: Nursing Home e-Tool](#)

	Clinical Internship	Nursing Education
Teacher Licensure and Endorsement	577, 720	577 Must be a Registered Nurse with a minimum of 2 years of nursing experiences, at least 1 year of which must be in a long term care (LTC) facility.*
Required Training	<ul style="list-style-type: none"> Current WBL Certificate Prior to teaching first time, must attend Clinical Internship training provided by the department 	<ul style="list-style-type: none"> Current WBL Certificate Prior to teaching first time, must attend Nursing Education training provided by the department
Recommended Training & Resources	N/A	<ul style="list-style-type: none"> Certified Nursing Assistant (CNA) Instructor Workshop provided by D&S Diversified Technologies LLP CNA Handbook published by D&S Diversified Technologies LLP contains useful resources, equipment lists and skills lists
Student Teacher Ratio	15 to 1	15 to 1
Age Restrictions	Students must be 16 years of age	Students must be 16 years of age
Placements	Rotation thru various departments at a hospital or standalone clinical site to observe employees providing direct patient care	Long Term Care (LTC) clinical rotation at a Nursing Home or Hospital LTC unit
Credits	1 to 4	1
Programmatic Requirements	Same as outlined in the WBL Policy Guide .	In order for students to qualify for the nursing assistant certification examination, the training program must be approved at least 30 days before the first day of class by the Tennessee Department of Health Nurse Aide Training program staff. For a full list of program requirements, see Federal Law §483.152 Requirements for approval of a nurse aide training and competency evaluation program and State of Tennessee 1200-08-06-.15 Nurse Aide Training and Competency Evaluation . To become a training site, you will also need to complete the Test Site Agreement on D&S Diversified Technologies LLP website .
Required Hours	Same as outlined in the WBL Policy Guide .	<ul style="list-style-type: none"> Federal classroom hour requirement prior to patient contact: 16 Total Federal program hour requirement: 75 TDOE Classroom hour requirement: <ul style="list-style-type: none"> 40 clock hours of classroom instruction 20 hours of classroom practical training in a laboratory TDOE Clinical hour requirement: <ul style="list-style-type: none"> 40 clinical hours, 24 of which must be in a long-term care facility

Curriculum Map/Pacing Guide

Semester/Year: _____

Course: (Clinical Internship) 5993

	4 ½ weeks	4 ½ weeks	4 ½ weeks	4 ½ weeks
CONTENTS	<ul style="list-style-type: none"> 1. Standard Precautions – 2 2. Ethnic/Culture – 3, 10,15 3. Safety/Body Mechanics – 2 4. Patient Rights – 6 5. Communications & Documentation – 9,13 6. Vital Signs – 14 7. Law & Ethics – 8 8. Health Care Services – 3 9. Quality Assurance – 6 10. Confidentiality/HIPAA -7 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Medical Terminology – 9 <input type="checkbox"/> 2. Medical Math – 1 <input type="checkbox"/> 3. Anatomy and Physiology – 1 <input type="checkbox"/> 4. Problem Solving – 4 <input type="checkbox"/> 5. Patient Care (Rotation Sites) – 4,5,6,8 <input type="checkbox"/> 6. Patient Care Plan – 18 <input type="checkbox"/> 7. Personal Learning Plan – 1 <input type="checkbox"/> 8. Clinical Placement – 4,5 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Medical Terminology – 9 <input type="checkbox"/> 2. Anatomy and Physiology – 1 <input type="checkbox"/> 3. Problem Solving – 4 <input type="checkbox"/> 4. Patient Care (Rotation Sites) – 4,5,6,8 <input type="checkbox"/> 5. Personal Learning Plan - 1 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Employment Skills – 10,11,16,17 <input type="checkbox"/> 2. Medical Terminology – 9 <input type="checkbox"/> 3. Anatomy and Physiology – 1 <input type="checkbox"/> 4. Problem Solving – 4 <input type="checkbox"/> 5. Patient Care (Rotation Sites) – 4,5,6,8 <input type="checkbox"/> 6. Personal Learning Plan - 1 <input type="checkbox"/> 7. Portfolio – 12, 18
SKILLS	<ul style="list-style-type: none"> 1. Handwashing 2. Isolation 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Patient Care 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Patient Care 	<ul style="list-style-type: none"> 1. Write resume' & Cover letter 2. Patient Care
ASSESSMENT	<ul style="list-style-type: none"> 1. Tests 2. Return Demonstrations 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Task Sheets <input type="checkbox"/> 2. Evaluation Forms <input type="checkbox"/> 3. Tests 	<ul style="list-style-type: none"> 1. Task Sheets 2. Evaluation Forms 3. Tests 	<ul style="list-style-type: none"> 1. Task Sheets 2. Evaluation Sheets 3. Tests 4. Resume' & Cover letter 5. Personal Learning Plan 6. Portfolio
WRITING	<ul style="list-style-type: none"> 1. Work sheets 2. Question & Answers 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Rotation Notes 	<ul style="list-style-type: none"> 1. Rotation Notes 	<ul style="list-style-type: none"> 1. Rotation Notes 2. Resume' and Cover letter 3. Personal Learning Plan

Application for Clinical Internship/Nursing Education/Capstone Courses

Name _____ Grade _____ Phone _____

Email _____

Check which clinical experience you are applying for:

Nursing Education _____ Clinical Internship _____ EMS _____ Other _____
Capstone Course _____

Academic Information - GPA: _____

Please list all Health Science classes that you have completed and grade in each:

Have you ever been involved in a disciplinary action?

Yes No

*If yes, please explain in detail the nature of the action, teacher involved and intervention taken.

____ Please read over the Clinical/Nursing Education Information sheet with your parent(s).

____ Please complete essay and attach to application.

____ Please complete Teacher Recommendation Sheet and attach to application.

I am applying for a position in Nursing Education/Clinical Internship/Capstone Course and I understand and the expectations and requirement of the course.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Clinical Internship Essay: In addition to completing the basic clinical internship application, students are required to compose an essay and submit it to their instructor. Failure to turn in the completed essay in a timely manner will result in the student being eliminated from the application process.

(Print essay instructions and give to students)

Clinical Internship Essay Requirements

(School Name)
Clinical Internship
(Year)
(Instructor Name)
(Room #)

Who: Potential Clinical Students

What: Clinical Paper – Two typed pages, MLA format, 12 point Times New Roman font (will not accept written paper)

When: (insert _____ date) *late papers will not be accepted

Why: Completed application on file reflecting an interest in the program for (insert _____ semester/year)

Each student is required to write a two page paper as part of their Clinical application. Your paper should be in MLA format. In no other part of the paper should your name appear. The following information should be addressed in the paper:

- Why do you desire to take the Clinical Internship class?
- Do you think this class would benefit you? How?
- What medical careers are you considering? Why?
- What Colleges/Universities are you considering? Why?
- Do you have family members who work in a career related to medicine? Family friend? (remember, no names)
- Is there anyone in the field of medicine whom you admire? Why?

Clinical Internship Teacher Recommendation

Student Name _____

In Clinical Internship, students will be observing and working with healthcare professionals in a wide variety of fields while representing _____ school. Eligibility for a clinical intern is based on their excellence in attendance/tardiness, discipline record, scholastic success and a teacher recommendation. The above student is applying for this opportunity. This recommendation is part of the application process.

Please check the appropriate space and return to (teacher's name) mailbox by (_____ date).

Please rate the student (5=Excellent and 1=Poor) for each section below:

Personal characteristics: relates well with students, instructors, and others, shows respect and is cooperative.

5 4 3 2 1

Comments _____

Dependability: demonstrates regular attendance, punctuality, adherence to schedules and deadlines.

5 4 3 2 1

Comments _____

Work attitude: demonstrates willingness to learn, willingness to accept and profit from evaluation, enthusiastic, takes pride in work.

5 4 3 2 1

Comments _____

Communication: demonstrates listening, speaking and non-verbal skills, communicates effectively with teachers, students and others.

5 4 3 2 1 Comments _____

Personal Hygiene and Grooming: attends to personal health and cleanliness, dresses and maintains self appropriately.

5 4 3 2 1 Comments _____

Teacher's Signature/Date _____

Recommendations will be from 3 current teachers (2 academic, 1 elective).

Clinical Internship Checklist

Name: _____

Address: _____

Parent/Guardian: _____

Parent's Phone Number: _____

1. _____ Health Science Education Physical Forms 1-4 with signatures
 - a. _____ Page 1 – Clinical Responsibilities
 - b. _____ Page 2 – Physical Exam
 - c. _____ Page 3 – Confidentiality Agreement/Understanding of Consequences
 - d. _____ Page 4 – Clinical Experience Contract/HBV/Transportation
2. _____ Work-Based Learning Student Driving Permission Guidelines and Agreement Form with Signatures
3. _____ Copy of Student's driver's license
4. _____ Copy of automobile insurance
5. _____ Copy of medical insurance card
6. _____ Parents provide transportation form
7. _____ Copy of CPR/BLS card
8. _____ Copy of immunization record
 - a. _____ MMR
 - b. _____ DPT
 - c. _____ Hepatitis B
 - d. _____ Hepatitis B Vaccine Form
 - e. _____ Varicella (if student has not had chicken pox)
 - f. _____ TB Test (with results read and signed by healthcare professional)
 - g. _____ Flu Vaccine (with health provider signature, lot number and state administered)
9. _____ KCS Medical Release Form (signed and notarized in the presence of a Notary Public and not beforehand)
10. _____ Exposure Plan Form (signed and notarized in the presence of a Notary Public and not beforehand)
11. _____ KCS AV Agreement
12. _____ HIPPA and Confidentiality Exam (student must pass with 100%)
13. _____ Safety/Fire Safety/Body Mechanics Exam (student must pass with 100%)
14. _____ Personal and Professional Qualities of a Healthcare Work Exam (student must pass with 100%)
15. _____ OSHA/Blood borne Pathogens Exam (student must pass with 100%)
16. _____ Legal/Ethical Test (student must pass with 100%)
17. _____ TN Work Based Learning Hazardous Occupation Exemption Form
18. _____ TN Work Based Learning Safety Training Log
19. _____ TN Work Based Learning Insurance and Emergency Information Form
20. _____ TN Work Based Learning Agreement

(*Blue forms are State Work Based Learning Forms)



Clinical Internship/Nursing Education

Work-Based Learning Student Driving Permission Guidelines and Agreement

This agreement outlines the student's responsibilities and privilege of being able to drive to and from work-based learning activities and sites such as job shadows, employer visits, interviews, job sites, training sites and other activities.

Student Name	Worksite
--------------	----------

It is to be understood by all parties:

That the student will be driving to and from his/her work-based learning activity site only. After the activity is completed for the day, the student will go directly back to the school or to his/her residence. The student will not transport any other student(s) while involved in any work-based learning activities.

It is further understood by all parties:

That driving is a privilege, and the student guidelines / responsibilities listed below must be agreed to, and this form and the student's schedule must be completed and on file with the appropriate school personnel before the work-based learning activity takes place.

1. The student will drive to and from work-based learning activities alone.
2. The student will drive at legal speeds and in a safe and normal manner.
3. The student will leave the school or home with reasonable time to get to the scheduled work-based learning activity site.
4. The student will not take any alcohol or other mind-altering substances to, during, or from the work-based learning activity.
5. The student must be a licensed driver.
6. It is the responsibility of the student and her/his family to ensure that the student is covered by automobile insurance, and that he/she will only drive a properly insured, inspected, and registered vehicle:

Initial on the following line to verify compliance.

_____ Copies of the student's driver's license, automobile insurance card, and registration of the vehicle he/she will be driving have been provided to the appropriate school personnel for the student file.

_____ **Infractions of these rules will result in the loss of driving privileges and possible loss of the work-based learning activity.**

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that Work-based Learning and Clinical Internship/Nursing Education may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release Knox County Schools, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or

other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child's operation of their motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this ___ day of _____, 20___. This consent and release has been read and is understood by me.

Student's signature

Date

Parent/Guardian's signature (if student less than 18 years of age)

Date

School Principal Approval

Date

Teacher Approval

Date

**STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
HEALTH SCIENCE EDUCATION**

Students who choose to participate in any part of the clinical rotation, will do the rotation at their own risk. The Department of Education, Division of Career and Technical Education, Knox County Schools,

School

Teacher/Instructor

will not be responsible for the rotation and the possible risks. When participating in a clinical rotation, students will be responsible for following the Universal Standard Precautions as mandated by the Centers for Disease Control and Prevention.

I have read and I fully understand my responsibilities in a clinical rotation. If I elect to participate in a clinical rotation, I will follow the guidelines as stated above.

Student Signature

Date

Parent/Guardian Signature

Date

**STATE OF TENNESSEE
DEPARTMENT OF EDUCATION – HEALTH SCIENCE EDUCATION
NASHVILLE, TN 37219**

TO BE COMPLETED BY THE APPLICANT:

- | | | | | |
|----|----------------|-------|-------|--------|
| 1. | Name: | | | |
| | | Last | First | Middle |
| 2. | Date of Birth: | | | |
| | | Month | Day | Year |

TO BE COMPLETED BY ONE OF THE FOLLOWING: (please check one):

- ____ PHYSICIAN
____ PHYSICIAN ASSISTANT
____ NURSE PRACTITIONER

1. TB skin test: **Date Read:** _____ **Results:** _____
2. Hepatitis B Vaccine: 1. _____ (**Date**)
 2. _____ (**Date**)
 3. _____ (**Date**)
3. Does applicant have a history of:
- | | | | |
|----|----------------------------------|----------|-----------|
| a. | Drug abuse? | _____ No | _____ Yes |
| b. | Mental and/or emotional illness? | _____ No | _____ Yes |
| c. | Alcohol abuse? | _____ No | _____ Yes |

Practitioner's Signature (Physician, Physician Assistant, or Nurse Practitioner)

Practitioner's Name (printed)

Office Address and Phone Number

Date _____

**KNOX COUNTY SCHOOLS
CAREER AND TECHNICAL EDUCATION
PAGE 3 OF 4**

CONFIDENTIALITY AGREEMENT

As part of my clinical rotation, I may come into contact with patient information that must not be shared with any other person, including family members, classmates, and/or my instructor. I understand the importance of maintaining this confidentiality and agree to abide by the confidentiality rules of the agency in which I am placed for clinical internship.

By my signature below, I acknowledge that if I breach the confidentiality rules of any agency to which I am assigned, I will be removed from that agency immediately; and I will receive an “F” in the course. I understand that I may be subject to legal action which could result in my, or my parent/guardian, having to pay a fine. I may also be prohibited from attending a post-secondary school in the health care area.

_____ **Student Name** (printed)

_____ **Student Signature** **Date** _____

_____ **Parent Signature** **Date** _____

UNDERSTANDING OF CONSEQUENCES

By my signature below, I acknowledge that in the event I am terminated from my Work-Based Learning (clinical internship/co-operative education) site by the affiliating agency for participating in activities that violate school rules or the rules of that site, I will receive an “F” in all Work-Based Learning related courses. I understand that this penalty also applies in the event that I am employed independently at that site and the misbehavior occurs during non-Work-Based Learning time. I understand that Knox County Schools will not assign me to another Work-Based Learning site if I have been terminated from a Work-Based Learning site for participating in activities that violate school rules or the rules of that site. In the event of a termination that is not a result of misbehavior or violation of school or Work-Based Learning site rules, I will not receive an “F” and the Knox County Schools will make reasonable efforts to place me in another clinical site.

_____ **Student Signature** **Date** _____

By my signature below, I acknowledge that I have read and understand the *Confidentiality Agreement* and *Understanding of Consequences* paragraphs above.

_____ **Parent Signature** **Date** _____

**KNOX COUNTY SCHOOLS
CAREER AND TECHNICAL EDUCATION
PAGE 4 OF 4**

CLINICAL EXPERIENCE CONTRACT

I give my permission for my son/daughter, _____
to participate in the scheduled clinical experiences which are a part of the Health Science Education curriculum offered
by Knox County Schools from now until he/she completes the program. ***Parent/Guardian Initials*** _____

I understand that the clinical internship is an optional course and that it is not necessary to take the clinical internship
course to receive credit for the introductory course, nor does the internship earn college credit toward a degree in
Health Science Education. ***Parent/Guardian Initials*** _____

I acknowledge and understand that I have full responsibility for the conduct of my son/daughter during these
experiences. I will not hold the clinical affiliate or Knox County Schools responsible for any accident, injury, or other
problem which might occur during or as a result of these experiences. ***Parent/Guardian Initials*** _____

I understand that during my son's/daughter's clinical internship he/she may be exposed to infectious material and may
be at risk of acquiring Hepatitis B virus (HBV), a serious liver disease. I have been given the information necessary
to decide whether or not to have my son/daughter vaccinated with the HBV vaccine at my expense. I understand that
my son/daughter can receive the HBV vaccine at the Knox County Public Health Department or from my private
physician. If I choose not to have my son/daughter vaccinated with the HBV vaccine, I understand that I assume all
responsibility for the cost of treatment associated with HBV exposure as a result of his/her clinical internship duties.

I agree to HBV vaccination at own expense for son/daughter.
Parent/Guardian Initials _____

I decline HBV vaccination for son/daughter.
Parent/Guardian Initials _____

I agree to provide transportation for my son/daughter to and from his/her assigned Work-Based Learning site. In
accordance with Knox County Schools policy, I understand that if my child chooses to drive to the clinical site, no
other student will be allowed in the vehicle to or from the Work-Based Learning site.
Parent/ Guardian Initials _____

Parent/Guardian Signature

Date

EXPOSURE PLAN

HEALTH SCIENCE AND TECHNOLOGY EDUCATION

AND

HEALTH OCCUPATIONS STUDENTS OF AMERICA

EXPOSURE PLAN

The changing nature of Health Science and Technology Education and Health Occupations Students of America created by technological and socio-economic factors has increased the demand for qualified and caring health care workers.

Health Science and Technology and Health Occupations Students of America comprises the body of related subject matter and planned experiences designed to impart knowledge and develop the understanding and skills required to support the health care professions.

Instruction is organized to prepare students for post-secondary education or an occupation concerned with assisting qualified personnel in providing diagnostic, therapeutic, preventative, restorative and rehabilitative services in the classroom and through shadowing and/or clinical experiences in a health care facility.

Enrollment in course in Health Science and Technology Education and/or Health Occupations Students of America can result in exposure to hazards that would be present in a health care facility where students receive training, and shadowing or clinical experiences.

Included among the hazards are needles, chemicals, contaminants (which may be toxic or caustic), and risk of exposure to various infectious agents from the various types of patients who are in a health care facility. Each student in Health Science and Technology Education and/or Health Occupations Students of America must exercise a responsibility for minimizing the risk of all exposures relating to the patients, other students, employees of the health care facility, and themselves. This Exposure Control Plan has been developed as a tool to be used for achieving this goal.

STANDARD PRECAUTIONS

Standard Precautions is an approach to infection control. According to the concept of Standard Precautions, all human blood and certain body fluids (blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (in dental procedures), and any unfixed human tissue or organ) are treated as if known to be infectious for Hepatitis B virus (HBV), Human Immunodeficiency virus (HIV), and other blood-borne pathogens. Standard Precautions must be adhered to at all times.

STUDENT TRAINING

Training Sessions for all students in Health Science and Technology Education and/or Health Occupations Students of America are conducted at the beginning of each course. Standard Precautions and OSHA Blood-borne Pathogen Standards are taught. Competencies are measured by a written test. Tests are kept in each student's permanent file. Safety is also a part of the education session taught by each teacher and/or representative of the health care facility and/or Department of Labor. Each student is provided with a copy of Standard Precautions and OSHA Blood-borne Pathogen Standards. This Exposure Control Plan is reviewed annually and a copy is on file in the Career and Technology Education Central Office and the Health Science and Technology Education teacher's office. All training must be and is documented before clinical contact, whether it be at the health care facility or in the classroom.

BARRIER TECHNIQUES

These rules are to be followed at all times during clinical contact, whether in the classroom or in a health care facility. PERSONAL PROTECTIVE EQUIPMENT includes: gloves, masks, face shields, eye protection (goggles or glasses with side shields), mouth pieces, resuscitation bags, pocket masks (or other ventilation devices), gowns, aprons, and laboratory coats (or similar clothing if it does not permit blood or other potentially infectious material to pass through to or reach the student's work clothes). WORK PRACTICE CONTROLS will be used and are defined as "changing the way a task is performed." Gloves will be changed whenever one reasonably anticipates hand contact with blood, body fluids, or any other potentially infectious materials, including saliva. Gloves must be replaced after each use and/or patient contact or immediately if torn or punctured. Gloves may not be washed for reuse. Gowns and/or laboratory coats and student uniforms must be changed daily at the end of the clinical or shadowing experience, or earlier if visibly soiled. They are to be changed immediately if contaminated or penetrated by blood or other potentially infectious materials or body fluids. Masks and protective eyewear are required for all procedures that might result in exposure to the eyes, nose or mouth by blood or other infectious materials, including by splash, spray or splatter. A face shield may be substituted for masks and eyewear. Side shields are to be worn on all eyewear and must be solid, as opposed to perforated. Personal protective clothing and equipment must be removed before entering eating areas or before going outside of the health care facility. Students must wash their hands (Using HOSA HANDWASHING GUIDELINES) immediately after removal of gloves or other personal protective clothing or equipment. Anybody area that has contact with blood, body fluids, or other potentially infectious materials must be washed immediately after contact.

REGULATED WASTE

A contaminated sharp is any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, or broken glass. Contaminated sharps must be placed in an assigned, labeled, puncture resistant, leak proof container. Other regulated waste are items saturated or dripping with human blood or body fluid. This type of waste must be placed in red garbage containers labeled as a biohazard and lined with red garbage bags.

The health care facility will designate the correct method of disposal of regulated waste.

LAUNDRY

CONTAMINATED LAUNDRY must be disposed of according to the health care facility's Exposure Control Plan. All Standard Precautions must be observed when making unoccupied and occupied beds, changing patient clothing, giving bed baths, assisting with tub baths or showers, giving back rubs, administering oral hygiene, shampooing a patient's hair, or assisting with feeding a patient. All laundry used in the above procedures must be disposed of using the health care facilities Exposure Control Plan.

HEPATITIS B VACCINATION

Health Science and Technology and Health Occupations Students of America students should be encouraged to begin a Hepatitis B vaccination series (or be asked to sign a declination form) prior to any experience that would potentially expose students to blood-borne pathogens. It is recommended that students sign a communicable disease statement and waiver of liability form. These forms will become a part of the student's permanent record. Any forms (declination of Hepatitis B vaccine or waiver of liability) that affect students who are minors must have a parent or legal guardian notarized signature.

POST-EXPOSURE AND FOLLOW-UP

Post-exposure evaluation and follow-up is a process designed to evaluate a student's health following an exposure incident. An exposure incident is defined as "a specific occupational incident involving eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other body fluids." Each local Health Science and Technology Education teacher will be responsible for documentation, recommending examination, and counseling of students, parents and other individuals involved. Students and/or parents are responsible for any costs incurred by post-exposure follow-up.

RECORD KEEPING

The Health Science and Technology Education teacher and Health Occupations Students of America advisor will be responsible for documentation for all students who are in clinical, shadowing, or cooperative education programs, and for any other activities that involves clinical contact (this includes CPR and First Aid training). A list (Work-Based Learning Summary Sheet) of students who will have clinical contact will be filed in the Career and Technical Education Central Office and any other office directed by the local education agency. The clinical, shadowing, and cooperative education evaluations will be filed following each clinical experience and will be kept on file for a minimum of 5 years.

GENERAL RULES

Students who are in clinical areas should not keep food or drink in work areas with exposure potential. Students should not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in any work area.

HEALTH OCCUPATIONS STUDENTS OF AMERICA COMMUNICABLE DISEASE STATEMENT AND WAIVER OF LIABILITY

During your course of study in Health Science and Technology/Health Occupations Students of America, you may come in contact with patients who have communicable diseases, including AIDS and Hepatitis. You may also be exposed to blood or other potentially infectious materials.

You will be taught current information concerning communicable diseases, their transmission, and Standard Precautions to be used while caring for all patients or handling potentially infectious materials.

You will be expected to assume the responsibility for using Standard Precautions to minimize the risk of disease transmission. Failure to adhere to safety procedures may result in your dismissal from the Health Science and Technology Education Program.

I have read and understand the above statement and understand that I may be caring for patients with communicable diseases and may be exposed to potentially infectious materials.

My signature verifies that my teacher, or a designated representative of the clinical affiliate, has explained Standard Precautions to me. I have taken a written test and earned a score of 100% on the test. I understand the expectations relative to the OSHA Blood-borne Pathogens Standard as they relate to occupational exposure in the health care setting, the classroom, and activities **associated with Health Science and Technology Education and Health Occupations Students of America**. The training I received included the following:

1. An explanation of the epidemiology, modes of transmission, and symptoms of blood-borne pathogens.
2. An explanation of the health care facility and classroom's Exposure Plan. I have a copy of the Exposure plan and understand the plan fully.
3. A discussion of tasks that may include exposure to blood and body fluids, and methods to reduce exposure through the use of engineering controls work practices, and personal protective equipment.
4. Information on the types, proper use, location, removal, handling, Decontamination, and disposal of personal protective equipment.
5. Information on the Hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and how to obtain the vaccination.
6. Information explaining post-exposure evaluation and medical follow-up following an exposure incident.
7. An explanation of signs/labels and color-coding used to designate hazards in the classroom and health care facilities.

I have been given the opportunity to ask questions. I understand that compliance with safety and training requirements is mandatory and that my failure to comply may result in removal from the Health Science and Technology Education/Health Occupations Students of America program. I assume the risk of and financial responsibility for infection inherent to the Health Science and Technology Education training I have chosen.

In addition, I hereby release the local education agency, the Health Science teacher and /or Health Occupations Students of America advisor, the clinical affiliates and their administrators from any and all liability resulting from my exposure to blood, body fluids, or any other potentially infectious materials.

Student Signature

Date

Patent/Guardian Signature

Date

Statement of Witness, County of _____

Subscribed and Sworn to before me, a Notary Public, this __ **day of** _____, **20**
 _____.

My commission expires _____

Notary

TO BE PLACED IN STUDENT'S PERMANENT RECORD

KNOX COUNTY SCHOOLS

MEDICAL RELEASE

This form is used to record parental permission for medical and surgical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

Print Student's Name

hereby grant to the Knox County Board of Education, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF TENNESSEE, COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, this _____ day of _____, 20_____.

My commission expires _____

Notary

Medical Insurance Company _____ Policy # _____

☐ If not covered by medical insurance, please check box.

Student's Address _____ Phone _____

Date of Birth _____

Father _____ Home Phone _____

Business _____ Business Phone _____

Mother _____ Home Phone _____

Business _____ Business Phone _____

Family Physician's Name _____ Phone _____

Address _____ City _____ ST _____

Allergies or Special Conditions _____

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

☐ Copy to the office Date _____

☐ Original is retained by teacher and taken on the field trip.



Knox County Schools Student Media Release Form

I, as the parent/guardian of _____, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.

Name of child's school: _____

Parent/legal guardian: _____

(print)

(signature)

Date: _____

Clinical Internship Portfolio Example

TN State Standards: Clinical Internship Standard (18), TN Grades 11-12 Writing ELA Standard: Text Types and Purposes (1,3).

Description: A requirement for completing a Clinical Internship is the completion of a portfolio. A portfolio is a collection or sample of one's work. Throughout this semester you will be required to complete a variety of assignments that deal with both your preparation for entering into the professional world and with your time spent at your clinical site. **This project will be your EOC for this course. Seniors, regardless of attendance, ARE NOT exempt from this project.** Your portfolio can be done and submitted electronically through Google Sites.

Due Date: _____

Weight: 100 points and counts as End of Course (EOC) Exam

Components:

1. Resume and Cover Letter - you must submit a complete and updated resume with a cover letter. This component must be typed, printed off, and placed in your electronic portfolio or portfolio binder.
2. S.O.A.P. you must select a patient case study during your internship to complete a detailed Subjective Objective Assessment Plan paper. The paper must be 3 pages in length, typed in Times New Roman font, double-spaced, using MLA format. You must abide by HIPAA when typing this paper. You also must properly cite your sources and have a Works Cited page.
3. Clinical Site Presentation - using Google Slides, Microsoft PowerPoint, or Prezi, you must complete a detailed presentation on your clinical site. Your presentation must be a minimum of 10 slides and **MUST** contain the following information: History of Site, Description of Site, Careers at Site, Equipment Used at Site, and Medical Procedures Performed at Site. You are required to have images of your site and a Works Cited slide in addition to the 10 slide requirement. This can be added to your electronic portfolio.
4. Electronic Portfolio or Binder Presentation - if you choose to do a binder presentation you must submit your completed portfolio in a 3 ring binder with dividers labeling each component. Points will be awarded based on the overall presentation and organization of the binder. Sheet protectors are strongly recommended. Electronic portfolios will be shared with the teacher for review.
5. Clinical Internship Daily and Weekly Logs/Reflections/Interview - you must submit **ALL** of your daily and weekly clinical logs in order by date. All logs must be complete with the date and time (using military time) **AND THEY MUST BE SIGNED BY PROFESSIONALS FROM YOUR SITE.** These can be scanned into your electronic portfolio.
6. You also must submit a typed interview with the following information: name of interviewee, their position, and 10 questions with answers. This can also be added to your electronic portfolio.

Sample Clinical Internship Portfolio Rubric

Rubric Topic: (Clinical Internship Portfolio)
(use this rubric if portfolio is done in a binder)

	Beginner 1	Developing 2	Accomplished 3	Advanced 4
<p>Resume and Cover Letter</p> <p>Score:_____</p>	<p>The resume and/or cover letter are not typed, are not neat, and poorly organized. The resume contains most of the following parts (2 may be missing): Name and Contact Information, Objective, Education, Work Experience, Honors and Awards, 3 References. The cover letter is incomplete and missing some or all of the contact information.</p>	<p>The resume and/or cover letter are typed, neat, and organized. The resume contains most of the following parts (2 may be missing): Name and Contact Information, Objective, Education, Work Experience, Honors and Awards, 3 References. The cover letter is 2 paragraphs w/ most of the contact information.</p>	<p>The resume and cover letter are typed, neat, and organized. The resume contains most of the following parts (1 may be missing): Name and Contact Information, Objective, Education, Work Experience, Honors and Awards, 3 References. The cover letter is 3 paragraphs w/ all contact information.</p>	<p>The resume and cover letter are typed, neat, and organized. The resume contains all of the following parts: Name and Contact Information, Objective, Education, Work Experience, Honors and Awards, 3 References. The cover letter is 3 quality paragraphs w/ all contact information.</p>
<p>SOAP: Subjective Objective Assessment Plan</p> <p>Score:_____</p>	<p>The SOAP is typed and is not presented neatly. Most of the following aspects are covered: Subjective, Objective, Assessment, Plan. It is at least 1 page in length and is typed in MLA format but does not contain a Works Cited page</p>	<p>The SOAP is typed and presented neatly for the most part. All of the following aspects are covered: Subjective, Objective, Assessment, Plan. It is at least 1 page in length and is typed in MLA format but does not contain a Works Cited page</p>	<p>The SOAP is typed and presented neatly for the most part. All of the following aspects are covered: Subjective, Objective, Assessment, Plan. It is at least 2 ½ pages in length and is typed in MLA format with a Works Cited page</p>	<p>The SOAP is typed and presented neatly. All of the following aspects are covered: Subjective, Objective, Assessment, Plan. It is at least 3 pages in length and is typed in MLA format with a Works Cited page</p>
<p>Clinical Site PowerPoint or Prezi Presentation</p> <p>Score:_____</p>	<p>The presentation does not cover all of the aspects of the clinical site: history, description, careers, equipment, and procedures (2 or more aspects are missing). It is poorly organized and is not appealing in appearance</p>	<p>The presentation covers most aspects of the clinical site: history, description, careers, equipment, and procedures (1 aspect is missing). It is partially organized and somewhat neat in appearance, but has no images</p>	<p>The presentation covers all aspects of the clinical site: history, description, careers, equipment, and procedures. It is neat and organized for the most part, but has no images</p>	<p>The presentation covers all aspects of the clinical site: history, description, careers, equipment, and procedures. It is neat and organized in appearance with images</p>

<p>Binder Presentation</p> <p>Score:_____</p>	<p>POOR: very dirty and unorganized, sections do not have dividers, binder has no cover page or sheet protectors, 3 or more pages missing</p>	<p>FAIR: somewhat clean and organized, sections do not have dividers, binder has no cover page or sheet protectors, 3 or less pages missing</p>	<p>GOOD: clean and organized, each section has a divider, binder has a cover page but not all pages are in sheet protectors, 0 pages missing</p>	<p>EXCELLENT: very clean and organized, each section has a divider, binder has a cover page, pages are in sheet protectors, 0 pages missing</p>
<p>Clinical Daily Logs and Interview</p> <p>Score:_____</p>	<p>The daily logs are not all complete, many signatures are missing or not in the proper places (5 or more are missing), and most student reflections are not completed. The interview is not complete, has less than 5 questions, answers, and no relevant information on the interviewee.</p>	<p>The daily logs are not all complete, many signatures are missing or not in the proper places (3 or more are missing), and most student reflections are completed (3 or more are missing). The interview has 5-7 questions, answers, and relevant information on the interviewee.</p>	<p>The daily logs are complete, most signatures are in the proper places (2 or less are missing), and most student reflections are completed (2 or less are missing). The interview is complete with 10 questions, answers, & relevant information on the interviewee.</p>	<p>The daily logs are complete, all signatures are in the proper places, and all student reflections are completed. The interview is complete with 10 quality questions, answers, & relevant information on the interviewee.</p>

FINAL SCORE: _____/100 PTS_____

Student Name: _____ Teacher Name: _____ Date: _____

Electronic Portfolio Rubric for Work-Based Learning

Skills	Approaching Proficiency	Proficient	Approaching Expertise	Insufficient Evidence
Application of Academic Knowledge and Skills	<input type="checkbox"/> Shows gaps in comprehension of academic and technical texts or in application of mathematical concepts to solve problems and perform expected tasks. Frequent spelling and grammar errors.	<input type="checkbox"/> Shows comprehension of relevant academic and technical texts and applies relevant mathematical concepts to solve problems and perform expected tasks	<input type="checkbox"/> Shows advanced understanding of academic and technical texts and/or superior abilities in mathematical reasoning in performing expected tasks. Only minor spelling and grammar errors.	<input type="checkbox"/>
Application of Industry-Focused Knowledge and Technical Skills	<input type="checkbox"/> Shows gaps in demonstration of industry-specific technical skills and/or adherence to industry-specific safety regulations	<input type="checkbox"/> Demonstrates industry specific technical skills and adherence to industry-specific safety regulations	<input type="checkbox"/> Shows evidence of advanced industry-specific technical skills and adherence to industry-specific safety regulations	<input type="checkbox"/>
Career Knowledge and Navigation Skills	<input type="checkbox"/> Shows little evidence of planning or navigating workplace or education and career paths aligned with personal goals	<input type="checkbox"/> Shows evidence of planning and navigating workplace and education and career paths aligned with personal goals	<input type="checkbox"/> Shows excellent understanding of paths and options; demonstrates superior ability to navigate workplace; strong alignment with personal goals	<input type="checkbox"/>
21st Century Skills	<input type="checkbox"/> Shows significant gaps in demonstration of two or more 21 st Century skill categories.	<input type="checkbox"/> Shows evidence of proficiency in most 21 st Century skill categories, with no significant gaps in more than one skill category.	<input type="checkbox"/> Demonstrates exceptional abilities in two or more 21 st Century skill categories, with no significant gaps in any skill category.	<input type="checkbox"/>
Personal & Social Skills	<input type="checkbox"/> Shows significant gaps in demonstration of two or more Personal & Social skill categories.	<input type="checkbox"/> Shows evidence of proficiency in most Personal & Social skill categories, with no significant gaps in more than one skill category.	<input type="checkbox"/> Demonstrates superior skill in two or more Personal & Social skill categories, no significant gaps in any skill areas.	<input type="checkbox"/>

Matrix of Skills Demonstrated by WBL Portfolio Artifacts

(Not all boxes must be filled for a portfolio to be high quality. Instead, each row should contain at least one “X” as an indication that the student’s portfolio contains evidence of that skill using one of the following formats. See sample completed matrix at the end of this packet.)

Student Name: _____

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Application of Academic Knowledge and Skills						
Application of Industry-Focused Knowledge and Technical Skills						
Career Knowledge and Navigation Skills						
Creativity And Innovation						
Critical Thinking & Problem Solving						
Communication						

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Collaboration & Teamwork						
Information Literacy						
Technology Literacy						
Initiative And Self-Direction						
Professionalism, And Ethics						
Cultural and Global Competence						
Adaptability And Flexibility						
Productivity And Accountability						

This document is part of the Work-Based Learning Implementation Guide. For more resources, see the WBL

Toolbox: <https://tn.gov/education/article/wbl-toolbox>

Summary of Suggested Components for Portfolio Entries

A suggested portfolio that provides evidence of standards attainment would include the following artifacts:

1. **Introductory letter** written by the student describing the work to be presented and how the samples were selected.
2. **Table of Contents** of student work items contained within the portfolio.
3. **Career Development Materials**
 - Career and educational development plan
 - Resume
 - Application for college
 - Application for employment
 - Letters of recommendation
4. **Documentation of Progress**
 - List of responsibilities undertaken throughout the experiences
 - Periodic journal entries reflecting on tasks and activities
5. **Work Samples (3-4)**
 - Examples of materials developed throughout the experience linked to standards and learning plan
6. **Writing/Research Sample** to demonstrate in-depth knowledge about a career area, describing skill needs and future trends in the industry; use of multiple sources (interviews, literature review and internet search) with proper citations, to demonstrate research/knowning how to learn, information literacy, and written communication skills.
7. **Project** encompassing both work samples and writing samples, and culminating in a presentation. (Note: could substitute for Writing/Research Sample and other Work Samples, if the Project will already include these.)
8. **Assessments**
 - Student Self-Assessment
 - Supervisor evaluation and observations
 - WBL coordinator evaluations and observations

Sample Matrix of Skills Demonstrated by WBL Portfolio Artifacts

(Sample completed matrix: May be used for tracking student artifacts.)

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Application of Academic Knowledge and Skills		X	X	X	X	X
Application of Industry-Focused Knowledge and Technical Skills	X	X	X	X	X	X
Career Knowledge and Navigation Skills	X	X	X			X
Creativity And Innovation			X	X	X	X
Critical Thinking & Problem Solving			X	X	X	X
Communication	X	X	X	X	X	X
Collaboration & Teamwork		X	X		X	X

Sample Matrix of Skills Demonstrated by WBL Portfolio Artifacts

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Information Literacy	X	X	X		X	X
Technology Literacy		X	X		X	X
Initiative And Self-Direction	X		X		X	X
Professionalism, And Ethics			X		X	X
Cultural And Global Competence			X	X	X	X
Adaptability And Flexibility			X		X	X
Productivity And Accountability			X		X	X

WEEKLY LEARNING EXPERIENCE JOURNAL (WLE)
(_____school) Clinical Internship Students

Name: _____ Clinical Facility/Unit: _____

Day/Date: _____ Arrival: _____ Departure: _____ Preceptor Signature: _____

Day/Date: _____ Arrival: _____ Departure: _____ Preceptor Signature: _____

Day/Date: _____ Arrival: _____ Departure: _____ Preceptor Signature: _____

Day/Date: _____ Arrival: _____ Departure: _____ Preceptor Signature: _____

(Signatures, etc. = 10 pts)

List and describe a min. of 5 Clinical Tasks *Performed or Assisted with* (20 pts):

- 1.
- 2.
- 3.
- 4.
- 5.

List and describe a min. of 5 Clinical Tasks/ Procedures/Events/Diagnostic Tests (etc.) *Observed* (20pts):

- 1.
- 2.
- 3.
- 4.
- 5.

List and describe a min. of 5 types of Equipment *Operated and/or Observed* (20 pts):

- 1.
- 2.
- 3.
- 4.
- 5.

List and describe a min. of 5 types of Diseases/ Disorders (Diagnoses) Encountered (20 pts):

- 1.
- 2.
- 3.
- 4.
- 5.

List and DEFINE a min. of 5 Medical Terms or Abbreviations Encountered (20 pts):

- 1.
- 2.
- 3.
- 4.
- 5.

Write a journal entry about your experience this week. Include an entry for each day. Address a min. of 2 - 3 topics/threads per day. Attach more pages, type if you prefer. (90 pts):

JOURNAL COMMENTARY:

Points Earned _____ / Possible 200 = Weekly Grade _____

INTERNSHIP

A hand with light-colored nail polish is holding a blue marker, positioned at the end of a horizontal blue line that underlines the word 'INTERNSHIP'.

Clinical Internship Exams

Personal and Professional Qualities of a Healthcare Worker: Required Clinical EXAM

Name: _____

Date: _____

Score: _____/100

Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.

1. Research has shown that within _____ people form an impression about another person.
 - a.) 10 seconds to 2 minutes
 - b.) 15 seconds to 3 minutes
 - c.) 20 seconds to 4 minutes
 - d.) 30 seconds to 5 minutes
2. _____ means being able to identify with and understand another person's feelings, situation, and motives.
 - a.) Empathy
 - b.) Patience
 - c.) Manners
 - d.) Sympathy
3. Which of the following statements are **TRUE** regarding wearing artificial nails in healthcare?
 - a.) they can injure patients
 - b.) they can transmit germs
 - c.) they can tear or puncture gloves
 - d.) all of the above
4. A uniform should always be which of the following:
 - a.) neat and clean
 - b.) well fitting
 - c.) free from wrinkles
 - d.) all of the above
5. _____ means having the ability to say or do the kindest or most fitting thing in a difficult situation.
 - a.) Empathy
 - b.) Tact
 - c.) Competence
 - d.) Honesty

6. Communication involves which of the following essential elements:
- a.) Sender
 - b.) Message
 - c.) Receiver
 - d.) all of the above
7. Which of the following **IS NOT** considered a barrier created by cultural diversity in healthcare:
- a.) eye contact
 - b.) beliefs and practices regarding health and illness
 - c.) favorite types of food
 - d.) language differences
8. Which of the following **IS NOT** considered a type of nonverbal communication?
- a.) tone of voice
 - b.) facial expressions
 - c.) body language
 - d.) gestures
9. _____ implies being willing to be held accountable for your actions.
- a.) Competence
 - b.) Enthusiasm
 - c.) Responsibility
 - d.) Self-motivation
10. Which of the following types of jewelry **CAN** be worn as a part of the healthcare worker's uniform?
- a.) a watch
 - b.) multiple, loose bracelets
 - c.) large, hoop earrings
 - d.) long, dangling necklaces
11. Psychological barriers to communication include all of the following **EXCEPT**:
- a.) prejudice
 - b.) compassion
 - c.) attitudes
 - d.) personality

12. Teamwork improves the following processes:
- a.) communication
 - b.) continuity of care
 - c.) quality of care
 - d.) all of the above
13. _____ is the skill or ability to encourage people to work together and do their best to achieve common goals.
- a.) Cultural Diversity
 - b.) Listening
 - c.) Leadership
 - d.) Professionalism
14. The stimuli to change, alter behavior, or adapt to a situation are called _____.
- a.) stressors
 - b.) feedback
 - c.) enthusiasm
 - d.) competence
15. _____ are achievements that may take a period of years or even a lifetime to accomplish.
- a.) Visions
 - b.) Short-term goals
 - c.) Long-term goals
 - d.) none of the above
16. Techniques that can be used to learn good listening skills include:
- a.) Be alert and maintain eye contact with the speakers
 - b.) Try to eliminate your own prejudices and see the other person's point of view
 - c.) Avoid interrupting the speaker
 - d.) all of the above
17. A name badge for a healthcare worker should include which of the following:
- a.) Name
 - b.) Title
 - c.) Department
 - d.) all of the above

18. Strong odors may be caused by all of the following **EXCEPT:**
- a.) scented hairsprays
 - b.) perfumes and colognes
 - c.) bathing daily
 - d.) tobacco smoke
19. Which of the following statements are true regarding tattoos in the workplace?
- a.) tattoos that are visible and/or offensive detract from a professional appearance
 - b.) some healthcare facilities require that any tattoo be covered by clothing at all times
 - c.) each healthcare facility establishes its own policy regarding the visibility of tattoos on their employees
 - d.) all of the above
20. Which of the following is an example of an objective observation (sign) regarding patient assessment?
- a.) the patient's chief complaint
 - b.) blood pressure
 - c.) the patient's description of how the injury occurred
 - d.) the pain the patient is experiencing
21. _____ is a system of practical skills that allows an individual to use time in the most effective and productive way possible.
- a.) Time management
 - b.) Stress management
 - c.) Good communication
 - d.) Nonverbal communication
22. An effective time management plan involves all of the following **EXCEPT:**
- a.) analyze and prioritize
 - b.) take shortcuts in your work
 - c.) avoid distractions
 - d.) schedule task
23. A _____ leader encourages the participation of all individuals in decisions that have to be made or problems that have to be solved.
- a.) Bad
 - b.) Autocratic
 - c.) Democratic
 - d.) Laissez-faire

24. Culture consists of which of the following:

- a.) values
- b.) beliefs
- c.) attitudes
- d.) all of the above

25. _____ is the loss or impairment of the power to use or comprehend words, usually as a result of injury or damage to the brain.

- a.) Aphasia
- b.) Blindness
- c.) Deafness
- d.) none of the above

**Personal and Professional Qualities of a Healthcare Worker:
Required Clinical EXAM
Answer Key**

1.	c
2.	a
3.	d
4.	d
5.	b
6.	d
7.	c
8.	a
9.	c
10.	a
11.	b
12.	d
13.	c
14.	a
15.	c
16.	d
17.	d
18.	c
19.	d
20.	b
21.	a
22.	b
23.	c
24.	d
25.	a

**OSHA/Bloodborne Pathogens/Infection Control:
Required Clinical EXAM**

Name: _____

Date: _____

Score: _____ /100

Read each question carefully and choose the BEST one. You must pass this test with 100% accuracy before moving onto the clinical site.

1. This particular Hepatitis Virus is spread by putting something in the mouth that has been contaminated with the stool of an infected person.

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

2) This Hepatitis Virus is spread when blood or body fluid from an infected person with _____ enters the bloodstream of a person who is not vaccinated.

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

3) This Hepatitis virus is spread by blood and bodily fluids and is the leading cause of liver transplant.

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

4) This Hepatitis Virus is *defective*, and needs the Hepatitis B virus to survive.

- a. Hepatitis B
- b. Hepatitis C
- c. Hepatitis D
- d. Hepatitis E

5) The only Hepatitis Virus that does not occur in the United States at this time and is spread in the same way Hepatitis A is spread.

- a. Hepatitis B
- b. Hepatitis C
- c. Hepatitis D
- d. Hepatitis E

6) All types of Hepatitis attack which vital organ?

- a. Brain
- b. Heart
- c. Liver
- d. Spleen

7) Which of the following Hepatitis Viruses has an available vaccine?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis A & B
- e. Hepatitis B & C

8) Which of the following is a symptom of Hepatitis?

- a. Headache
- b. Rash
- c. Jaundice
- d. Hyperactivity

9) Which of the following Hepatitis Viruses causes no signs or symptoms of in 80% of those infected?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

10) Which of the following is a preventative measure for Hepatitis B and Hepatitis C?

- a. Avoid closed mouth kissing.
- b. Avoid touching a person with Hepatitis B or Hepatitis C.
- c. Avoid sharing personal items such as razors or toothbrushes.
- d. Avoid donating blood.

11) Which virus destroys the immune system?

- a. Hepatitis A
- b. Human Immunodeficiency Virus
- c. Human Papillomavirus
- d. Influenza

12) What is the only way for someone to know if they are HIV positive?

- a. Blood test
- b. Sputum culture
- c. Urine test
- d. There is no way to know if someone is HIV positive.

13) The principle that all blood and body fluids are treated as if they are infected with HIV, HBV or HCV is known as:

- a. Isolation guidelines
- b. Exposure control plan
- c. Universal precautions
- d. Personal protective equipment

14) Which of the following is a method of transmission for HBV, HCV, and HIV?

- a. Hugging
- b. Donating plasma
- c. Sharing needles
- d. Feeding a patient

15) Which of the following is NOT a method of transmission for HBV, HCV, and HIV?

- a. Coming in contact with the blood of an infected individual
- b. Insect bite
- c. Needlestick
- d. Unprotected sex

16) Which of the following is the most potentially infectious material that can transmit HIV, HCV, HBV?

- a. Blood
- b. Semen
- c. Sweat
- d. Urine

17) Which of the following is least likely to contain potentially infectious material in regards to HIV, HBV or HCV?

- a. Amniotic fluid
- b. Aqueous/Vitreous humors of the eyes
- c. Sweat
- d. Unfixed tissues or organs

18) Besides HBV, HCV, and HIV, which of the following is a bloodborne disease?

- a. Influenza
- b. Ebola
- c. Herpes
- d. Tuberculosis

19) What is the primary method of transmission of bloodborne pathogens for health care workers?

- a. Blood transfusion
- b. Contaminated needle stick
- c. Contact with glass
- d. Contact with sweat

20) What is the single most important aspect of infection control?

- a. Develop and follow an exposure plan
- b. Wear gloves at all times
- c. Avoid working with sharps
- d. Perform handwashing before and after every patient contact

21) Which of the following is related to the proper use of needles or sharps?

- a. Do not bend, break or remove needles
- b. Fill sharps containers to the top
- c. Place all sharps in a red biohazard bag
- d. Sharps containers are only required in a hospital setting

22) Equipment that is worn to prevent contact with blood or body fluids is called:

- a. Bloodborne pathogens
- b. Isolation guidelines
- c. Personal protective equipment
- d. Universal precautions

23) The most economical disinfectant is made of which of the following?

- a. Alcohol
- b. Iodine
- c. Lyson
- d. 10% Bleach

24) You are working as a student on the nursing unit. You walk into a room and find that the patient has pulled out their IV from his arm. What is the first thing you should do?

- a. Call out for help
- b. Get another student to help you
- c. Get the charge nurse
- d. Put on a glove, place pressure on the wound, and hit the call light.

25) You are job shadowing in a doctor's office. You follow the nurse into the room where she is going to give an injection to a patient. When she finishes the injection, the patient begins to show signs of a reaction. The nurse throws the needle on the counter to help the patient. You back up against the counter and stick yourself with the used needle. What is the first thing you should do?

- a. If there is no bleeding, there is no need to do anything.
- b. Panic
- c. Tell the nurse, wash area with soap and water, follow the post exposure plan
- d. Wait until the end of the shift, then go to the ER.

OSHA/Bloodborne Pathogens/Infection Control:
Key

1.	A
2.	B
3.	C
4.	D
5.	E
6.	C
7.	D
8.	C
9.	C
10.	C
11.	B
12.	A
13.	C
14.	C
15.	B
16.	A
17.	C
18.	B
19.	B
20.	D
21.	A
22.	C
23.	D
24.	D
25.	C

HIPAA and Confidentiality: Required Clinical EXAM

Name: _____

Date: _____

Score: _____/100

Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.

CONFIDENTIALITY & HIPAA TEST

1. What does HIPAA stand for?

2. What year was HIPAA established?

- a. 1995
- b. 1996
- c. 1997
- d. 1998

3. Which of the following is not a component of HIPAA.

- a. Protecting the confidentiality of patient information
- b. Requiring patient written consent to transfer information to the insurance companies and other medical facilities
- c. Preventing healthcare fraud and abuse
- d. To provide free healthcare to individuals

4. Sarah, age 17, was injured while playing ping pong in her garage. She needed an x-ray to access for a broken hand. All of the following have access to her records EXCEPT:

- a. Her mom who brought her to the hospital
- b. Herself
- c. Her doctor treating her in the Emergency Room
- d. Her aunt working in the hospital

- 5. Tammy, age 19, was in a car accident. She is awake and alert at the hospital. Who is the doctor allowed to give information to?**
- Tammy's parents
 - Tammy's husband
 - Tammy's sister
 - Tammy
- 6. Under HIPAA, information that could reasonably identify a patient includes:**
- The zip code of the patient
 - The patient's date of birth
 - The patient's Medicare ID
 - All of the above
- 7. Which of the following uses would qualify as a proper use of PHI for "treatment" purposes under HIPAA?**
- While sitting around at the office, a paramedic decides to access the file of a call he was on a year ago because he is now curious after reading about the patient's arrest for burglary in the newspaper.
 - An EMT gets back to the station after responding to a motor vehicle accident and states to another EMT who was not on the call. "Man, was that guy messed up from the accident."
 - On the way to the hospital, the EMT in the patient compartment relays the condition of the patient via radio to the physician at the emergency department.
 - As he is unloading the patient at the hospital, EMT Smith shouts, "Outta my way everyone, we have the City Mayor on this stretcher!"
- 8. HIPAA permits the release of PHI to law enforcement officers without patient consent, pursuant to a valid:**
- Subpoena
 - Summons
 - Search Warrant
 - All of the above
- 9. The following individuals would generally have the same rights as the patient with respect to accessing PHI:**
- The patient's legal guardian
 - The patient's power of attorney
 - The parent of a minor patient
 - All of the above

10. A healthcare organization is required to have a HIPAA Compliance Officer or Privacy Officer in place only if the organization:

- a. Treats over 5,000 patients a year
- b. Deals with electronic health records
- c. Meets the definition of a “covered entity” under HIPAA
- d. Has over 50 employees

11. You are caring for Fred Smith in room 405. You are assisting him with a bed bath. How would you best provide privacy during this procedure?

- a. Keep the curtains/door closed at all times
- b. Leave the door partially opened
- c. Don't worry about it
- d. Take pictures for the portfolio

12. Your friend is an RN on the orthopedic unit. Her neighbor Mr. Jones was admitted to the ER. At lunch, she asks you how he is doing.

- a. You can share information because she is another nurse
- b. You state that you are unable to share this information because she is not involved in his care.
- c. Tell her she will need to speak with Mr. Jones
- d. Both b and c

13. As a Clinical/Nursing student, you are allowed to discuss your clinical experiences with friends and family.

- a. True
- b. False

14. It is appropriate to take selfies or pictures of your patients at the Clinical site.

- a. True
- b. False

15. It is appropriate to post updates about your clinical experiences on social media (snap chat, twitter, face book)

- a. True
- b. False

Answer Key

1.	Health Insurance Portability and Accountability Act
2.	1996
3.	d
4.	d
5.	d
6.	d
7.	c
8.	d
9.	d
10.	c
11.	a
12.	b
13.	b
14.	b
15.	b

Name _____

Date _____

Safety Test

Multiple Choice

1. The use of correct body mechanics is needed to _____
 - a. Bend from the waist correctly
 - b. Obtain a narrow base of support
 - c. Twist while moving a patient
 - d. Use the strongest muscles

2. To get close to an object _____
 - a. Twist to the correct angle
 - b. Bend from the waist and knees
 - c. Bend from the hips and knees
 - d. Reach out for the object

3. How many inches apart should the feet be to maintain a broad base of support?
 - a. 2 to 4
 - b. 4 to 6
 - c. 6 to 8
 - d. 8 to 10

4. If you find a piece of damaged or malfunctioning equipment _____
 - a. Read the instructions for the equipment
 - b. Repair the equipment before using it
 - c. Report it immediately
 - d. Put the equipment away in storage

5. How many times should you read the labels on solution bottles?
 - a. One
 - b. Two
 - c. Three
 - d. Four

6. If a particle gets in your eye, _____
- Rub the eye to loosen the particle
 - Report it immediately
 - Flush the eye with large amounts of water
 - Use a sterile gauze pad to remove the particle
7. Safety glasses _____
- Should be worn at all times
 - Are required for some procedures
 - Usually are not needed in health care facilities
 - Must be worn while using electrical equipment
8. In case of a fire in a health care facility, the most important thing to do is _____
- Know the fire emergency plan
 - Activate the alarm
 - Remove everyone from the building
 - Remain calm
9. The three things needed in order for a fire to start are _____
- Fuel, heat, oxygen
 - Fuel, oxygen, flammable material
 - Flammable material, oxygen, chemical reaction
 - Spark, oxygen, matches
10. If a solution such as an acetic acid spills on a counter _____
- Wipe it up immediately
 - Dilute it with water
 - Absorb it into a sponge
 - Report it immediately
11. Solutions used in health care facilities _____
- Can be dangerous, so avoid eye and skin contact
 - Can be mixed together in most cases
 - Do not always need a label
 - All of the above
12. Ergonomics involves all of the following except _____
- Training in required muscle movements
 - Determining which repetitive movements will be most effective
 - Correct placement of furniture and equipment
 - An awareness of the environment to prevent injuries

13. The Needle Stick Safety and Prevention Act requires employers to do all of the following except_____
- a. Provide Hepatitis B vaccine to employees with occupational exposure
 - b. Identify and use effective and safer medical devices
 - c. Solicit input from employees who are responsible for direct patient care devices
 - d. Maintain a sharps injury log
14. Which of the following is not an OSHA regulation?
- a. Provide personal protective equipment
 - b. Enforce rules of no eating, drinking, smoking or applying cosmetics in any area that can be contaminated
 - c. Provide training on all regulations to all employees at no cost during working hours
 - d. Provide hepatitis b vaccine free of charge to anyone in the healthcare facility or work place
15. Standard precautions were developed by _____.
- a. Occupational and Safety Health Administration
 - b. Federal Drug Administration
 - c. Department of Health and Human Services
 - d. Centers for Disease Control and Prevention

Short Answer

1. What does the acronym PASS stand for?

2. List three ways to identify a patient?
 1. _____
 2. _____
 3. _____
3. Identify four safety check points you must observe before leaving a patient in bed.

4. Some health care facilities may require health care workers to wear a _____ when doing strenuous work and heavy lifting.
5. _____ establishes and enforces safety standards in the work place.
6. Before performing any procedure on a patient you need to acquire the patient's _____.
7. Health care workers are _____ responsible for familiarizing themselves with disaster policies.
8. All manufacturers must provide _____ (MSDS) with any hazardous product they sell.
9. The most effective way to prevent the spread of infection is _____.
10. When using a fire extinguisher, spray into the _____ of the fire to eliminate the source of the fire.

Safety Test Answer Key

Multiple Choice

1.	D
2.	C
3.	D
4.	C
5.	C
6.	B
7.	B
8.	D
9.	A
10.	D
11.	A
12.	B
13.	D
14.	D
15.	D

Short Answer

1. Pull the pin, Aim at the base of the fire, Squeeze the handle, Sweep from side to side
2. Ask the patient to state their name, Check the ID/Wristband, Check the name on the patient record, Repeat the name twice
3. Patient left in a comfortable position, Side rails elevated if indicated, Bed at the lowest level, Wheels locked, Call signal and other supplies within patients reach, No safety hazards present
4. Back supports
5. OSHA
6. Permission
7. Legally
8. Material Safety Data Sheets
9. Hand washing
10. Base

Abuse: Required Clinical EXAM

Name: _____

Date: _____

Score: _____/100

Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.

- 1. Abuse is a purposeful mistreatment that causes physical, mental, or emotional pain or injury to someone. _____ is the failure to provide needed care that result in physical, mental, or emotional harm to a person.**
 - a. Battery
 - b. Assault
 - c. Neglect
 - d. Violence

- 2. Emotional harm caused by threatening, scaring, humiliating, intimidating, isolating, or insulting a person or treating him/her as a child is**
 - a. Sexual abuse
 - b. Involuntary seclusion
 - c. Psychological abuse
 - d. Physical abuse

- 3. Abuse of staff by other staff members, residents, or visitors that can include verbal, physical or sexual abuse is known as**
 - a. Workplace violence
 - b. Sexual harassment
 - c. Domestic violence
 - d. Battery

- 4. Any unwelcome sexual advance or behavior that creates an intimidating, hostile or offensive working environment is**
 - a. Workplace violence
 - b. Verbal abuse
 - c. False imprisonment
 - d. Sexual harassment

5. Which of the following could be signs that a patient is being abused? Circle all that apply

- a. Yelling obscenities
- b. Fear of being alone
- c. Constant pain
- d. Anxiety or signs of stress
- e. Alcohol or drug abuse
- f. Withdrawal or apathy

6. All of the following signs may indicate neglect EXCEPT

- a. Pressure Ulcers
- b. Body lice
- c. Dehydration
- d. Reports of feeling sad

7. All of the following are true of Adult Protective Services (APS) laws, EXCEPT

- a. Laws are written by each state and are not the same throughout the country
- b. APS laws protect individuals who because of a physical or mental impairment need help from other people for their care
- c. Caregivers are responsible for knowing the laws in their state
- d. States do not have to follow Federal Laws relating to Residents Rights

8. The first federal law designed specifically to combat elder abuse is known as

- a. Omnibus Budget Reconciliation Act
- b. Occupational Safety and Health Administration
- c. Elder Justice Act
- d. Abuse Act

9. Mandated reporters are people who are legally required to report suspected or observed abuse or neglect because they have regular contact with vulnerable populations

- a. True
- b. False

10. If a medical worker sees someone being cruel or abusive to a patient the worker must

- a. Ask the patient what happened
- b. Tell the patient they should not put up with that kind of treatment
- c. Report it
- d. Ask the abuser why they were being cruel and provide education

11. A group of students are learning about family violence during their clinical rotation in the ER. Which of the following is true of family violence?

- a. Family violence effects every socioeconomic level
- b. Family violence is caused by drug and alcohol abuse
- c. Family violence predominantly occurs in lower socioeconomic levels
- d. Family violence rarely occurs during pregnancy

12. Mrs. Smith is admitted to the emergency room with a fractured arm. She explains to the nurse that her injury resulted when she provoked her drunken husband, Mr. Smith, who then pushed her. Which of the following best describes the nurse's understanding of the wife's explanation?

- a. Mrs. Smith's explanation is an atypical reaction of an abused woman
- b. Mrs. Smith's explanation is evidence that the woman may be an abuser as well as a victim
- c. Mrs. Smith's explanation is a typical response of a victim accepting blame for the abuser
- d. Mrs. Smith's shows appropriate acceptance of her responsibility of her husband's actions

13. Which situation would nurse Sally identify as placing a client at high risk for caregiver abuse?

- a. Antonia, an adult child quits her job to move in and care for a parent with severe dementia
- b. Mr. Wright, an elderly man with severe heart disease resides in a personal care home and is visited frequently by his adult child.
- c. Mrs. Hale, an elderly parent with limited mobility lives alone and receives help from several adult children.
- d. Antoinette cares for her husband who is in early stages of Alzheimer's disease and has a network of available support persons.

14. As a healthcare professional you are responsible for being aware and knowledgeable of policy and laws that protect patients' rights and prevent abuse.

- a. True
- b. False

15. If you are in the workplace and feel as you have been sexually harassed you should

- a. Avoid the staff member that is making you uncomfortable
- b. Make sure you are not doing things to attract attention to yourself
- c. REPORT IT TO YOUR INSTRUCTOR IMMEDIATELY
- d. Continue to take the harassment, especially if it is your boss

- 16.** The Abuse Registry for the State of Tennessee is maintained by the Tennessee Department of Health. The Abuse Registry includes names of persons who have abused, neglected, exploited or misappropriated the property of vulnerable persons. The names on the Abuse Registry are submitted for placement by Tennessee departments and agencies which oversee the protection and welfare of vulnerable persons. If you, as a student, are found guilty of abuse during your clinical/nursing rotations you may have your name added to the abuse registry and not be able to work in the healthcare field again.
- a. True
 - b. False
- 17.** If you are aware that a patient is being abused it is YOUR responsibility to report it.
- a. True
 - b. False
- 18.** Patient's have the right to refuse care/treatments if they are of sound mind and are not legally disabled. If you force the refused care upon a patient you have committed which tort?
- a. Battery
 - b. Neglect
 - c. Assault
 - d. False imprisonment
- 19.** You are working in a medical facility when a mother brings her child in for a suspected arm fracture. The mother reports that the child fell while riding her bike. Upon physical examination you notice several bruises in different stages of healing and scars from possible cigarette burns. How would you handle this situation?
- 20.** You are working in a nursing home facility when your patient/resident tells you that their primary caregiver, the lead nurse who has worked at the facility for 25 years, yells at them every day and calls them names. What actions should you take to handle this situation?

Abuse Exam Answer Key

1.	c
2.	c
3.	a
4.	d
5.	Circle all
6.	d
7.	d
8.	c
9.	true
10.	c
11.	a
12.	c
13.	a
14.	true
15.	c
16.	true
17.	true
18.	a
19.	Report it to your instructor/supervisor
20.	Report it to your instruction



Work Based Learning Forms to
be completed for Clinical
Internship



TENNESSEE DEPARTMENT OF

EDUCATION

FIRST TO THE TOP

**Work-Based Learning
Personalized Learning Plan**

Student Name:

Placement Date:

Placement Site:

WBL Coordinator:

List the 2 (or more) courses the student has completed within their Program of Study:

1. _____

3. _____

2. _____

4. _____

Name of Elective Focus or CTE Program of Study: _____

Course Code: _____

Verification of Worker's Compensation: ☐ Yes ☐ No

If the student is in a PAID experience, he/she must be covered by the employer's Worker's Compensation plan. In instances where Worker's Compensation is not provided, the student MUST supply evidence of a personal accident insurance policy.

Up-to-date copies of the Safety Training Log and the Work-Based Learning Agreement must be kept on file both at the work site and at the school for all WBL placements as required by Tennessee Child Labor Law and consistent with the Department of Education's WBL Policy Guide.

This packet is required for students earning credit through the *Work-Based Learning: Career Practicum* course or other practicum courses for credit. It is recommended that students use this packet for all credit-bearing WBL experiences to ensure compliance with the State Board of Education's WBL Framework, with federal and state child labor laws, and with the Department of Education's WBL Policy Guide:

Personalized Learning Plan Part A: Long-term Goals and Learning Objectives

PLANNING FOR WORK-BASED LEARNING

Consider your past experiences, interests, and future career and education goals to answer the questions below.

What is your area of elective focus in high school?

What are your plans for after high school?

Describe your future career goals:

What kind(s) of education or training might you need after you graduate from high school?

What placement or capstone work-based learning experience do you hope to get?

ONCE YOU HAVE IDENTIFIED A POSSIBLE PLACEMENT

How is this work-based learning experience aligned with your career goals?

What do you want to learn through this experience that will help you progress toward your long-term goal?

What special projects or activities will help you practice important skills?

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

Below is a list of skills that employers seek from their employees. Complete this section during the WBL experience. Work with your teacher and/or employer to document the ways you practice these skills through your experience. Also write down what evidence you can add to your portfolio after the experience to show your skills!

(You can learn more about what kinds of activities and learning opportunities are available at the workplace by doing an internet search and interviewing the employer if that is possible. See the *Pre-Experience Research Checklist and Informational Interview Guide*.)

APPLICATION OF ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS
LITERACY: Read and comprehend relevant academic and technical texts <i>Example: Read and understand a procedure manual on handling hazardous materials in a laboratory; explain instructions to supervisor and document understanding.</i>
My Experience:
My Evidence:
MATH: Select and apply relevant mathematical concepts to solve problems and perform expected tasks <i>Example: Close out cash registers by hand and compare to electronic results.</i>
My Experience:
My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

APPLICATION OF ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS (cont'd)

INDUSTRY-SPECIFIC TECHNICAL SKILLS: Demonstrate industry-specific technical skills

Example: Correctly weld metal parts, in accordance with quality requirements.

My Experience:

My Evidence:

INDUSTRY-SPECIFIC SAFETY SKILLS: Demonstrate adherence to industry-specific safety regulations

Example: Use safety goggles when required and document when they were used and why.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

CAREER KNOWLEDGE AND NAVIGATION SKILLS

UNDERSTANDING PATHS AND OPTIONS: Plan and navigate education and career paths aligned with personal goals
Example: Interview franchise supervisor about education needed; document what is heard and analyze to student's own plans.

My Experience:

My Evidence:

REFLECTION: Reflect on experiences through creation of a personal portfolio

Example: Document and gather information (using text, photos) about skills and accomplishments, such as a business plan written to improve non-profit organization's services; complete an assessment of the quality of the products included.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

21ST CENTURY LEARNING AND INNOVATION SKILLS

CREATIVITY AND INNOVATION: Use imagination and insight to develop original ideas for products, including physical products, services, and solutions to problems, among others

Example: Document participation in a brain-storming session and the ideas generated related to a new marketing brochure.

My Experience:

My Evidence:

COMMUNICATION: Articulate ideas effectively in both oral and written communications; listen effectively

Example: Orally present the results of a survey of students about their interest in a new app.

My Experience:

My Evidence:

INFORMATION LITERACY: Access and evaluate information, manage information accurately and ethically

Example: Conduct an internet search about competitors in the youth clothing industry in the community, documenting sources and rating each for credibility.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

PERSONAL AND SOCIAL SKILLS

INITIATIVE AND SELF-DIRECTION: Work independently; demonstrate agency, curiosity, and the ability to learn

Example: Take the initiative to find out more about the science behind a process at the manufacturing plant and write up what was learned.

My Experience:

My Evidence:

CUTURAL AND GLOBAL COMPETENCE: Exhibit interpersonal and social skills that are respectful of cultural differences

Example: Identify staff of differing cultural origins and document conversations about cultural differences in expected workplace behavior.

My Experience:

My Evidence:

PRODUCTIVITY AND ACCOUNTABILITY: Set goals and priorities and manage time and projects; exhibit punctuality, persistence, and precision and accuracy; complete projects to agreed-upon standards

Example: Verify (and document verification of) the sums on a spreadsheet of donations before turning it in on time.

My Experience:

My Evidence:

WBL Safety Training Log

The following safety training log should reflect the training requirements appropriate for the student's job description and align with the required trainings of the business. According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:	Work Site:
Address:	Address:
City/Zip:	City/Zip:
Phone:	Phone:
DOB:	Supervisor:

Student's Responsibilities/Job Description: _____

Safety Training Topics*	Trainer's Name	Location	Date Provided
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**If additional space is needed, attach an extra sheet of paper.*

SIGNATURES

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: <i>(When not the WBL Coordinator)</i>	Date:
WBL Coordinator:	Date:
Principal: School:	Date:
CTE Director: <i>(or designated WBL Coordinator)</i>	Date:
Work Site Supervisor:	Date:

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

Work-Based Learning Agreement

According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:		Work Site:	
Student State ID:		Supervisor:	
Address:		Address:	
City/Zip:		City/Zip:	
Phone:	DOB:	Phone:	
Area of Elective Focus:		Start Date:	
High School:			

Typical Weekly Work Schedule: Hours for credit-bearing experiences must equate to a full-time equivalent course.

Day	Time of Work		Total Work Hours
	From	To	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Total		

Type of WBL Experience

<input type="checkbox"/>	Apprenticeship (Registered)
<input type="checkbox"/>	Clinical
<input type="checkbox"/>	Cooperative Education
<input type="checkbox"/>	Internship
<input type="checkbox"/>	Transition (paid or unpaid)
<input type="checkbox"/>	School-Based Enterprise
<input type="checkbox"/>	Service Learning

Employability Skills: This student is participating in work-based learning for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education, future careers, and life:

- Application of academic and technical knowledge and skills
- Career knowledge and navigation skills
- 21st Century learning and innovation skills
- Personal and social skills

Verification: We, the undersigned, give permission for the above-named student to participate in the WBL program, and we understand and agree to meet the requirements of the WBL Framework as provided in State Board of Education policy and in the WBL Policy Guide provided by the Tennessee Department of Education. We verify the above information is correct and is consistent with federal and state guidelines for work-based learning experiences.

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: (When not the WBL Coordinator)	Date:
WBL Coordinator:	Date:
Principal: School:	Date:
CTE Director: (or designated WBL Coordinator)	Date:
Work Site Supervisor:	Date:

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

VERIFY WORKERS' COMPENSATION COVERAGE: ____YES ____NO Employer Signature _____

Work-Based Learning Insurance and Emergency Information

Student Name:	Work Site:
Address:	Address:
City: Zip:	City: Zip:
Phone:	Phone:
DOB: Grade:	WBL Coordinator:

Allergic to Medication? ☐ No ☐ Yes If yes: list medication(s):

List any other allergies or medical problems:

Medical Alert: ☐ No ☐ Yes, If yes: additional explanation:

Insurance Company: Policy #:

Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Additional Emergency Contact	Home Phone: Work Phone: Cell Phone:

I consent for my child to receive medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent or Guardian	Date
Student	Date
WBL Coordinator	Date
Principal	Date
Supervisor	Date

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.