**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMS 1119 and 1119L Class Contract-Summer 2015**

\_\_\_\_\_\_\_\_ I have received the course syllabus for EMS 1119 and EMS 1119L. All of the policies and procedures contained in the syllabus pertaining to this course have been explained to me.

\_\_\_\_\_\_\_\_ I will attend the offered CPR class or make other arrangements to obtain the required appropriate CPR card in order to attend Clinical Rotations. CPR must be American Heart Association Healthcare Provider level. I understand that I must have the appropriate CPR card by 09/07/2015, I will be withdrawn from the program.

\_\_\_\_\_\_\_\_ I understand that Clinical Rotations are OUTSIDE of the regularly scheduled class times, and that I must attend all of the minimum required hours in order to complete the EMT Program.

\_\_\_\_\_\_\_\_ I understand that any time that I have a question regarding any policy or the syllabus; I should ask my Professor and should be given an answer in a timely manner.

\_\_\_\_\_\_\_\_ I understand that at the discretion of the Professors, the syllabus or class schedule may need to be altered at times, either via written or verbal notice, and that I will be notified as soon as the changes occur.

\_\_\_\_\_\_\_\_ I understand that prior permission is required to attend class at any other time than my regularly scheduled class periods, and that class “switching” is not allowed.

\_\_\_\_\_\_\_\_ I understand that the fees for the Background Check are NON-REFUNDABLE.

\_\_\_\_\_\_\_\_ I understand that I must complete all of the components of the Valencia Physical and that THERE ARE NO EXCEPTIONS TO COMPLETION OF THE VALENCIA PHYSICAL FORM. I understand that the completed Valencia physical form is required in the Health Tracker Program by 09/07/2015. If at any point, you are out of compliance with Magnus you will not be allowed to go to any further clinical until it is completed.

\_\_\_\_\_\_\_\_ I understand that I must successfully complete ***each*** component of the EMT Program: EMS 1119 (class), EMS 1119L (lab) and EMS 1431 (clinical) with a minimum of 75% or better in order to receive the Certificate and Letter of Completion for the Program. I understand that EMS 1119 (class), EMS 1119L (lab) and EMS 1431 (clinical) are co-requisites of each other, that I am graded ***SEPARATELY*** for each class, and they must be completed together in ONE session (Fall, Spring, or Summer) in order to receive the Certificate and Letter of Completion for the EMT Program.

\_\_\_\_\_\_\_\_ I understand Valencia and class policies regarding Academic Honesty.

\_\_\_\_\_\_\_\_ I understand the point grading system.

\_\_\_\_\_\_\_\_ I understand the absent/late policy- up to and including that if I miss three classes, I will be placed on academic probation and that if I incur any further absencesI WILL BE ADMINISTRATIVELY WITHDRAWN FROM ALL OF THE CLASSES PERTAINING TO THE EMT PROGRAM.

\_\_\_\_\_\_\_\_ I understand that if I am using some form of financial assistance, earning a grade of “D” or “F” and withdrawals (“W”) may cause me to have to repay all or some of the fees associated with classes I take. I understand that it is MY responsibility to be aware of how grades and withdrawals may affect my financial aid, grant, and loan status (if I am attending classes using financial aid assistance- aid, grants, loans etc.).

\_\_\_\_\_\_\_\_ I understand the policies regarding tardiness as it relates to In-Class tests and I understand the procedures for making up any missed tests.

\_\_\_\_\_\_\_\_ I understand that Mid-Term and Final Exams are mandatory exams and cannot be made up.

\_\_\_\_\_\_\_\_ I understand that the comprehensive Class Final Exam AND the Lab Final Practical MUST BOTH be passed with a minimum of 75% in order for me to successfully complete the EMT Program- regardless of my overall class or lab GPA.

\_\_\_\_\_\_\_\_ I understand that there are State of Florida required, MANDATORY classes that I must attend, and that failure to attend these classes will result in my failure to complete the EMT Program.

\_\_\_\_\_\_\_\_ I understand that hats and sunglasses (unless sunglasses are medically necessary) are not allowed to be worn in class.

\_\_\_\_\_\_\_\_ I understand that the use of cell phones in class is prohibited, that I must have my cell phone or pager in vibrate or silent mode while in class or lab.

\_\_\_\_\_\_\_\_ I understand that I may not bring my cell phone into ANY clinical area- hospital, ambulance, or rescue.

\_\_\_\_\_\_\_\_ I understand that the use of or possession of ANY device- such as a cell phone or camera- that takes photographs or images, as well as the use of or possession of any device- such as a camera, video, tape, or digital recorder- that records or stores audio or audiovisual material is prohibited in ANY clinical setting- hospital, ambulance, or rescue.

\_\_\_\_\_\_\_\_I understand that I must abide by the class and lab dress code, or I will be sent home and counted as absent for the day. Uniforms must be worn to class, lab, and clinicals starting 09/08/2015.

\_\_\_\_\_\_\_\_ I understand that I shall follow the VC Student Code of Classroom Conduct as listed in the VC Student Handbook (page 163), and that I will maintain a professional, respectful attitude towards my classmates and my Professors at all times. I also understand the classroom policies as outlined in the syllabus for EMS 1119 and EMS 1119L.

\_\_\_\_\_\_\_\_ I understand that I must abide by the policies at all times in order to maintain my enrollment in the EMT Program. I understand that failure to abide by the policies as outlined in the syllabus may result in an unsuccessful grade or withdrawal from the EMT Program.

\_\_\_\_\_\_\_\_ I understand if I do not return this signed contract by 09/08/2015, I will receive 10 points off my first test and will continue to have 10 points off subsequent tests until it is turned in.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_