

**West Chester University of Pennsylvania**  
**Student Attestation for Affiliation Placement**

I, \_\_\_\_\_, student at West Chester University (“University”), have requested a/an \_\_\_\_\_ (internship/field experience/clinical rotation, etc.) (“Program”) at *a University of Pennsylvania Health System Facility (“Site”)*. I have chosen to participate in the Program at the Site.

I understand and acknowledge all of the following:

- My placement at the Site is made pursuant to and in accordance with a written agreement between the University and Site (the “Agreement”), a copy of which is attached.
- The Agreement contains important requirements that I must comply with before I am permitted to begin the Program, and it contains additional requirements that I must comply with in order to remain in the Program.
- I have carefully read the entire Agreement and I understand all of the requirements that I am subject to under it.
- Under the Agreement, the Site may require the University to attest to my criminal history background, health screenings and vaccines, and/or drug screenings prior to me being permitted to participate in the Program at the Site.
- Under the Agreement, the Site requires me to complete and provide evidence to the University and/or the Site that I have completed, obtained, or will comply with a number of items, including, but not limited to any or all of the following, prior to the start of or while participating in my Program: criminal background checks, drug screening, health screening, vaccines, health insurance, professional liability insurance, general liability insurance, religious directives, drug/alcohol policy, statement of personal responsibility/confidentiality, confidentiality/HIPAA, and additional training as required.
- Under the Agreement the Site requires me to comply with laws and regulations including, but not limited to any or all of the following: HIPAA, HITECH, and additional laws and regulations contained in the Agreement.
- I understand that the Site requires me to follow their procedures, protocol, and vaccine requirements regarding SARS-CoV-2.
- I understand that I am fully responsible for all damage or destruction of property or other loss that I cause at the Site.
- The University is a public institution of higher education and as such cannot provide legal advice or legal representation. In the event that I require legal advice or legal representation, I will contact my attorney.

Because of the foregoing, I agree to all of the following:

- (1) I will submit to all requirements identified in the terms of the Agreement at my own expense.
- (2) If I do not complete the requirements of the Site, I may not be able to begin placement at the Site.

(3) If I do not comply with the ongoing requirements of my placement, I may be removed from the placement pursuant to the terms of the Agreement.

(4) The Agreement requires the University to verify criminal history background checks, health screening, vaccinations, and/or drug screenings. I authorize the University to review the results of those criminal history background checks, health screening, vaccinations, and/or drug screenings and to provide the results to the Site.

(5) I understand that even if I am employed by the Site, I am required to purchase professional and general liability insurance. Any UPHS insurance policy that may cover my actions as an employee, does not cover my actions in the Program.

(6) If any of my criminal background checks show any offenses—in other words, anything other than “No Record”—I may not be able to participate in the placement at Site.

(7) If my health screening, vaccinations, and/or drug screenings are not complete or show values outside of the normal range – I may not be able to participate in the Program at the Site. Marijuana is included as part of the Site-required drug screen and that testing could capture any marijuana use, including use of medical marijuana that has been prescribed by a physician. The decision to permit prescribed levels of marijuana is solely at the discretion of the Site.

(8) I agree to learn, understand, and comply with all of the laws and regulations that apply to confidentiality and security of patient information as described in paragraph 12.2 of the Agreement.

(9) I will not embark in unnecessary travel in the month before I begin my Program, as such travel may affect my eligibility to begin as scheduled. I agree to comply with the same requirements regarding the Pandemic that the Site has in place for its employees at the time of my learning experience at the Site and as they may change from time to time.

(10) In addition, I acknowledge and agree to the following: (a) I will participate in training provided by Site, which shall include then-current safety precautions and use of PPE, in the context of Pandemic exposure; (b) I agree to purchase, at my own expense, all of the appropriate PPE as required by, and as determined to be acceptable by, the Site, other than such PPE that Site may provide to me; (c) I agree to immediately notify the Field Director and Site if I test positive for SARS-CoV-2 virus or any Pandemic organism or if I have a known high-risk exposure; and (d) I agree to follow the procedures of Site and will not return to the Site until it is agreed upon by both my Field Director and the Site.

(11) I expressly authorize and grant permission to WCU to disclose my Pandemic related health status to Site.

(12) I agree to indemnify and hold harmless West Chester University and the State System of Higher Education for any loss or damage caused by violation of laws and regulations contained in the Agreement.

(13) I agree to indemnify and hold harmless University and the State System of Higher Education for any damage, destruction, or loss that I cause in connection with my participation in this Program.

Student Name (Please type or print): \_\_\_\_\_ WCU Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ WCU Email Address: \_\_\_\_\_

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