

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 _____ (“Site” - *please list all clinical sites assigned for the academic year*).
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”).
- 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 may require 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, HIPAA, and additional training as required.
- I understand that I am not an employee of the University and not entitled to, nor will I receive wages, vacation pay, paid sick leave, retirement benefits, social security, workers’ compensation, health insurance, disability or unemployment insurance benefits or other employee benefits of any kind.
- I understand that the Site requires me to follow their policies, procedures, and protocols regarding the COVID-19 and influenza. These policies, procedures, and protocols may include masking, vaccination, testing, social distancing, etc.
- Under the Agreement the Site may require 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.
- The University is an 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) If I do not complete the requirements of the Site, am removed from my placement at the Site, or do not comply with the requirements of the Agreement with the Site, I may not be able to complete the academic requirements required for my academic program. If I cannot complete the academic requirements of my academic program, my progress through the program may be delayed.
- (5) If the Agreement requires the University to verify criminal history background checks, health screening, vaccinations, and/or drug screenings, I expressly authorize and grant permission to the University to review the results of criminal history background checks, health screening, vaccinations, and/or drug screenings and to provide the results to the Site if required by the Agreement or for participation in the Program at the Site.
- (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 Program at Site. Additionally, I authorize the University to discuss each of my criminal background checks with the Site. The Site will make the determination as to whether I may participate in the Program at the Site if I have anything other than “No Record” on any clearance or background check.
- (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.
- (8) I understand that I am prohibited from publishing any material related to my education experience that has not been reviewed and approved by the Site. Further, I understand that I may not remove any data, data analyses, or data assessments from the Site.
- (9) I agree to learn, understand, and comply with all of the laws, regulations, and requirements contained in the Agreement.

Student Name (Please type or print): _____ WCU Student ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ WCU Email Address: _____

Signature: _____ Date: _____