

**I have read or reviewed all the information and documents Provided by my instructor, Handouts and Course Reserves – Allied Health Externship including:**

* Course Syllabus.
* Time sheet requirement and proper filling.
* Program Specific Documents.

**I also accept the Rules and Expectations for my externship.**

Including:

1. **Florida Vocational Institute Dress Code, and Externship attendance policy.**
2. **HIPAA Compliance** – Please submit a copy of your training certificate for your extern file.
3. **Any Random Drug Screening mandated by Florida Vocational Institute or Site Supervisor.**

**I am also aware that if I don’t comply or break any of Florida Vocational Rules and Regulations during externship I will be forcefully remove from my site and the program.**

Please print, sign and date this page and complete the - Extern Questionnaire.

Please turn them into the Program Coordinator.

***Both documents are required before you will be assigned an Extern Site.***

**Student name printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

*(Program Coordinator)*