

BSN-PL & BSN-AT PERSONAL RESPONSIBILITY STATEMENT

POLICIES & PROCEDURES

I read the UMKC School of Nursing & Health Studies Honor Code at <http://nursing.umkc.edu/documents/our-school/honor-code.pdf>. As a professional, I understand and accept that it is my responsibility to become thoroughly familiar with this document and to comply with the provisions pertaining to it. I understand that all statements in the Honor Code are announcements of present policies only and are subject to change at any time without prior notice and that they are not to be regarded as offers of contract. I understand that it is my responsibility to review the Honor Code each semester so I am informed about updates and changes.

I also reviewed the UMKC General Catalog at <http://www.umkc.edu/catalog/> the School of Nursing & Health Studies philosophy, mission and goals at About Us <http://nursing.umkc.edu/our-school/about-us.asp> , and the UMKC School of Nursing & Health Studies Policy & Procedures at <http://nursing.umkc.edu/documents/our-school/policy-procedure.pdf>. I understand and accept that it is my responsibility to become thoroughly familiar with the contents of these pages and to comply with the provisions pertaining to them. I understand that all statements in these pages are announcements of present policies only and are subject to change at any time without prior notice and that they are not to be regarded as offers of contract. I understand that it is my responsibility to review these pages each semester so I am informed about updates and changes. Keep in mind that UMKC's official means of communication is via UMKC e-mail.

CONFIDENTIALITY STATEMENT

I understand that during my clinical rotations I may have access to confidential information about patients, their families, and clinical facilities. I understand I must maintain the confidentiality of all verbal, written, or electronic information and in some instances the information may be protected by law, such as the State of Missouri and State of Kansas Nursing Practice Act. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the American Nurses' Association Code for Nurses.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients. And, during each clinical rotation in the nursing program, I agree to follow each agency's established procedures on maintaining confidentiality.

HIV/AIDS STATEMENT

I am a student/faculty/staff member at the University of Missouri-Kansas City School of Nursing & Health Studies. I have read the Centers for Disease Control Standard Precautions. I acknowledge the importance of using the Centers for Disease control standard precautions for all physical and invasive contact with clients and with students who serve in the role of client for learning activities. I acknowledge full responsibility for implementing the Centers for Disease Control standard precautions. I also acknowledge full responsibility for reviewing any updates concerning use of the Centers for Disease Control standard precautions.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

I understand it will be necessary for faculty in cooperative programs maintained by UMKC with other colleges/universities to share educational records including but not limited to course information, student's progress, GPA and grades. My signature below will attest to the fact that I understand this and for these purposes waive my rights under the Family Educational Rights and Privacy Act (FERPA).

LICENSURE ELIGIBILITY

I understand the State Board of Nursing may refuse to issue a license pursuant to Sections 335.011 to 335.096 for any one or any combination of causes stated in 335.066 subsection 2 of the State of Missouri Nursing Practice Act. The Missouri State Board of Nursing may refuse to issue a license for specific reasons related to moral turpitude, intemperate use of alcohol or drugs, or conviction of a crime. Application for licensure in the State of Missouri includes disclosure of criminal background, if any, and criminal background checks by the Missouri Highway Patrol and the Federal bureau of Investigation. Specific information may be obtained by contacting the Missouri State Board of Nursing. Completion of

the B.S.N. program does not guarantee eligibility to write the licensure examination. Completion of the program guarantees the eligibility to apply to the State Board of Nursing to write the licensure examination. Applicants who have had a citation or arrest for drug or alcohol offenses or who have a history of felony convictions must meet with the Association Dean for Students to discuss the issues prior to admission and while enrolled in the program. Failure to do so may lead to dismissal from the program.

RELEASE OF INFORMATION

I give the School of Nursing & Health Studies at University of Missouri-Kansas City permission to release any information requested by the health care agencies in which I may have clinical experiences. This information may include but is not limited to my name, social security number, telephone number, health record information and disclosure of results from background checks. Additional information may be released as requested by agencies.

I have read, understand and take responsibility for all the information stated herein.

I understand the nursing curriculum is academically rigorous and extremely demanding on personal time. Successful completion in the nursing program requires that students have a financial plan in place. To be successful in the program, students are advised to not work at all or a maximum of 12 hours a week.

STUDENT SIGNATURE

PRINTED NAME

STUDENT ID # DATE

N:\Groups\Nursing\Workgroups\Shared Files\Student Services\RecruitmentMaterials\FormPersResp for BSN.doc; Revised: 8/02;4/04; 8/8/07; 3//13

