



ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF POLICY AND PROCEDURE MANUAL

I acknowledge that I have received and reviewed the CSE SIMULATION CENTER Policy and Procedure manual. I have read and understand the content of the manual. I am aware that there may be changes made to this manual from time to time, and that I will be responsible for reading and abiding by said changes. I agree to abide by the content of this manual.

I agree that no student will perform any procedure on human subjects, task trainers, or Human Patient Simulators without direct supervision. No student is allowed in any Simulation Lab or Control Room without direct supervision of a faculty member. A clinical instructor must always be present with no exceptions.

I will contact the CSE Simulation Lab Director regarding any questions or concerns. I understand that failure to abide by the terms of this manual may lead to a suspension (temporary or permanent) of CSE Simulation Center facility privileges. Please note that rules may be periodically updated. Most current version will be kept online.

Instructor/Client Signature

Date

Print Name

Cell Phone

CSE Email