



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Major: \_\_\_\_\_

Current Employer/ Position: \_\_\_\_\_

Have you ever been convicted, plead guilty or no contest to a felony or misdemeanor? If yes explain:

\_\_\_\_\_  
\_\_\_\_\_

Duration of Clinical or Observation (Dates/Time): \_\_\_\_\_

Detailed Clinical Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Once Approved:** Please attach a copy of the following information with your request:

Student ID, Student Competencies/Syllabus, Current CPR Card, Current TB skin test, Fingerprint Letter.

Attached documents in this packet from SCRMC: ID Card Acknowledgment and Responsibilities, Confidentiality Agreement, Abuse/Neglect/Exploitation of a Vulnerable Person Policy Acknowledgment, and Student Orientation Quick Reference.

Please drop off to Human Resources, Fax (601)425-7535, or email to [abutler@scrmc.com](mailto:abutler@scrmc.com), once your request is approved we will contact you.

**Student ID Card Acknowledgement and Student Responsibilities**

\_\_\_\_\_

Date

I \_\_\_\_\_ understand that the ID Badge issued to me is the property of South Central Regional Medical Center. I further understand that this badge is not to be used for any reason other than identification for building access only when on official hospital business. I understand that misuse or misrepresentation of this badge will be grounds for immediate termination from my contract or clinical affiliation with the medical center. I agree to return this badge upon completion of my contract/ clinical rotation, and authorize the medical center to withhold payment of any sums due to me until such badge is turned in.

School affiliation \_\_\_\_\_

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

I have read and understood the provided Student Orientation Materials from South Central Regional Medical Center. I understand the following responsibilities:

- Ask questions when clarification or more information is needed
- Adhere to general rules, policies, and regulations of SCRMC and function under the direction of the Professional/Employee/Instructor assigned to, or other personnel caring for the patients.
- Work within my scope of education and skills, seeking direction and validation as needed
- You must report significant changes in a patient's condition immediately to the appropriate health care provider.
- Conduct myself in a professional manner while on the campus of SCRMC and support the mission and philosophy of providing excellent patient care.
- You must park in the appropriate student parking lot.
- SCRMC reserves the right to dismiss a student from clinical rotations at anytime.
- Once approved you will receive a student orientation (SCRMC HR Department), in addition to the attached read and sign.

I will not give out my identification to any other individual. Unauthorized access, release or dissemination of this information may subject to dismissal from SCRMC or other penalties.

Print/Sign/ Date

\_\_\_\_\_

HR USE ONLY.....

Department Access: \_\_\_\_\_

Duration of Clinical: \_\_\_\_\_

ID Card# Issued: \_\_\_\_\_

## **ABUSE/NEGLECT/EXPLOITATION OF VULNERABLE PERSON POLICY ACKNOWLEDGMENT**

The Vulnerable Person Law requires that any person who has knowledge or reasonable cause to believe that a vulnerable person has been a victim of abuse, neglect, or exploitation must make a report or cause a report to be made. The law makes it a crime not to report the abuse, and carries a maximum criminal penalty of a five hundred dollar fine and six months in county jail, or both. Allegations should be reported immediately to the Charge Nurse or Administrative Staff.

The law requires that a copy of the law be posted in a prominent place in the nursing home. Each employee should take time to read the law. It will tell you where to send the report, how soon the report must be made, and what has to be contained in the report.

The law protects you from being terminated, demoted, punished, retaliated against or otherwise sanctioned because of good faith reporting or abuse or exploitation.

Any employee who knowingly makes a false report could face termination and could be charged with perjury which may result in fines and/or criminal charges.

### Definitions:

#### Vulnerable Adult

A person eighteen years (18) years of age or older or any minor whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to mental, emotional, physical or developmental disability or dysfunction, or brain damage or the infirmities of aging.

Any resident of a care facility

#### Abuse

Means the willful or non accidental infliction of pain, injury, unreasonable confinement, intimidation, punishment or mental anguish on a vulnerable adult. Abuse is the willful deprivation by a caretaker of services which are necessary to maintain the mental and physical health of a vulnerable adult. Abuse includes sexual abuse.

*Examples include hitting, slapping, pushing a resident down, pinching, pulling hair, excessive chemical restraint or sedation not ordered by the physician, locking a resident in their room, intentionally withholding prescribed medications, treatments, food, or drink.*

#### Neglect

The failure to provide goods or services to avoid physical harm, mental anguish or mental illness.

*Examples include Malnourishment, dehydration, over medicating or failure to administer ordered medications, lack of medical care (untreated physical or mental problems), lack of personal hygiene (unclean clothes or bedding).*

#### Exploitation

The illegal or improper use of a vulnerable adult or his resources for another's profit or advantage, with or without the consent of the vulnerable adult, and includes acts committed pursuant to a power of attorney. "Exploitation" includes, but is not limited to, a single incident.

*Examples include taking any money or medication from the resident, forcing anyone to give any money or property or to perform personal services for the employees.*

#### Reports should be made to:

Office of the Attorney General

1-800-852-8341

Mississippi State Department of Health

1-800-227-7308

Please be aware that residents in this facility are to be treated with dignity and respect at all times and under all circumstances. Mistreatment in the form of exploitation, verbal or physical abuse of any nature will not be tolerated. Any employee found guilty of these behaviors will be terminate immediately. Local authorities may be notified and criminal charges filed against any person found guilty of abuse, neglect or exploitation.

Print/ Sign/ Date \_\_\_\_\_