Statement of Understanding Health Occupations

Meridian Technology Center seeks to provide eligible students enrolled in a Health Occupations career major with clinical opportunities consistent with their occupational choices.

As a student enrolling in a Health Occupations career major, it is my understanding that:

- 1. When applicable, a national felony record search (which includes a Sex Offender Registry check and Health Care Fraud & Abuse Scan), as well as proof of specific immunizations, will be required after my enrollment, but prior to the commencement of the clinical experience.
- 2. The national felony record search must be conducted by the designated third party authorized by the Health Occupations area. No other forms, photocopies, or record searches will be accepted.
- 3. If the completed record search/registry check indicates areas of concern, there is a <u>strong</u> possibility that I may not be able to complete the required clinical component of the career major which means I would <u>not</u> successfully complete the career major.
- 4. Meridian Technology Center clinical sites require clinical participants to provide proof of immunizations, which may include a full COVID-19 vaccination series, in order for students to participate in clinical.
- 5. If I am unable or unwilling to obtain the required immunizations for the clinical rotations, I will not be able to successfully complete the career major.
- 6. As a high school student, if I am unable to complete the career major because of ineligibility to attend Clinicals, I will be subject to program dismissal and/or receive a failing grade on my high school transcript.
 - As an adult, if I am unable to complete the career major because of ineligibility to attend Clinicals, I will (if applicable) forfeit any tuition paid and be subject to whatever consequences are identified if I have accepted federal Financial Aid.
- 7. An employment authorization card or a social security number is required for this program due to licensure requirements.

Printed Name of Student		
Student Signature	Date	
Parent/Guardian Signature (if student is a minor)		