

## **Class of 2011**

### **Agreement**

#### **Upon signature below, I acknowledge the following:**

1. I have attended the Orientation for the Clinical Skills Course, and I understand the format of the Clinical Skills Course.
2. I have received my personal copy of the Clinical Skills Course Schedule for the 2007-2008 academic year.
3. I understand that it is my responsibility to monitor my schedule and attend all Clinical Skills overviews, practicum sessions and exams.
4. I have received written instruction on how to access the Clinical Skills Course link on MedNet, which provides information regarding schedules, course objectives, and materials, and agree to contact Pamela Noble with questions regarding navigating MedNet.
5. I agree to access and become familiar with the Clinical Skills Course Manual (located on MedNet), including the Course Overview and all lesson objectives and materials.
6. I understand that information regarding the Clinical Skills Course, including but not limited to overview lectures, practicum sessions, and exam schedules, will be communicated via MUSM email; therefore, I agree to access my MUSM email on a regular basis to monitor for such communication.
7. I agree to purchase all necessary textbook and equipment for the Clinical Skills Course.
8. I understand that any request for a non-emergency practicum schedule change must be communicated to Ann O'Neal at least seven (7) days prior to the lesson or exam, and must be approved by Dr. Lopez.
9. I understand that missed sessions will be excused only if I provide proof of mitigating circumstances (e.g. personal or family emergency). In the event of an emergency, I will need to personally communicate my need for an absence to Ann O'Neal as soon as possible.
10. I agree to be punctual and prepared for all Clinical Skills lessons and exams.
11. I agree to attend all practicum and assessment sessions groomed and dressed professionally.

12. I understand that resource sessions or other optional, non-curricular activities must not interfere with my participation in the Clinical Skills Course.

13. I agree to abide by Mercer University School of Medicine's honor code.

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(Signature)

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(Date)

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(Printed Name)