

PRACTICUM/FIELD EXPERIENCE STUDENT **AGREEMENT**

In consideration for acceptance into the Recreation Therapy Practicum Program at Wake Forest University Baptist Medical Center, I hereby agree to the following conditions of acceptance:

1. Complying with and completing practicum/field experience requirements as determined by agency/department.
2. Notifying supervisor or other staff members of impending absence or tardiness. Failure to do so may negatively impact patient programming, resulting in potential termination with the practicum/field experience.
3. I understand the issue of patient confidentiality, and although I may have access to privileged information, I will not discuss patient related information to individuals not associated with patient treatment or to individuals outside of Wake Forest University Baptist Medical Center.
4. I will adhere to the appropriate dress code as established by department protocol (no blue jeans, cutoffs, open-toed shoes/sandals, perfume/cologne).

I understand that my participation in this program is contingent upon my satisfactory performance and if at any time I do not abide by the above conditions, I understand that I may be removed from the program. I acknowledge that I understand the above conditions of acceptance and agree to perform accordingly.

Signed _____

Date _____