

## **APPENDIX A: COMMITMENT STATEMENT**

### **Working with Diverse Groups**

I understand that as part of the educational experience in the Ithaca College MS-PAS Program, I will work with individuals representing a variety of cultural, religious, ethnic, racial, sexual orientation and socio-economic backgrounds. I agree to participate in such educational experiences with individuals regardless of their background.

### **Health Status**

I have reviewed the Ithaca College MS-PAS Program Technical Standards, and to the best of my knowledge, I do not have any condition which will compromise my ability to perform the duties expected of me as a learner in this program. Further, I agree to fulfill any associated health testing or intervention necessary for me to participate fully in assigned SCPEs. I will submit any necessary documentation regarding my health status (e.g., records of immunization) as required by the program or the clinical site, and I will not be permitted to start a SCPE if the documentation has not been completed.

### **BLS & ACLS Certification**

I understand that current BLS and ACLS - certifications are required prior to beginning the clinical phase of the Ithaca College MS-PAS Program and that it is my responsibility to maintain certification and immunizations during the entire clinical curriculum and to provide the appropriate documentation.

### **SCPE Agreement**

I understand that the Ithaca College MS-PAS Program assigns all SCPEs and that there is no guarantee I will be assigned to a specific location or preceptor. I also understand that SCPE sites are subject to change, sometimes without advanced warning. During the clinical curriculum, PA learners may have to relocate for periods of time due to availability of clinical sites. Learners are expected to identify, and cover costs associated with transportation and housing.

### **Communications**

I understand that my Ithaca College email is the primary means of communication for the Ithaca College MS-PAS Program. I will check my Ithaca College email account on a daily basis and respond in a timely manner. Furthermore, I understand that I may be subject to disciplinary action for failure to respond to faculty or staff communications in a timely manner.

### **Statement of Confidentiality**

I acknowledge my responsibility under applicable federal law and the Affiliation Agreement between a clinical training facility and Ithaca College to keep confidential any information regarding facility patients, as well as all confidential information of the facility.

## **PA Program Clinical & Professional Phases Handbook**

As a Master of Physician Assistant Studies Learner at Ithaca College, I have read, understand and accept, and agree to be bound by all the rules, policies and procedures of the Clinical & Professional Phases Handbook.

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Learner Name (Please Print)

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Date

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Learner Signature

This acknowledgement is to be signed and returned to the Course Director by the end of the Preparation for Clinical Education course.

Note: If learners do not sign and return the form, they will still be held to the standards outlined in the handbook.