

2017

Santa Fe College
Polysomnography
Student Handbook

Contents

Foreword.....	2
ACADEMIC ACHIEVEMENT STANDARDS	3
ACCIDENTS / INCIDENTS	3
ADVANCED PLACEMENT POLICY	3
AMERICANS WITH DISABILITIES ACT (ADA)	4
ATTENDANCE POLICY	4
BACKGROUND CHECKS, NATIONAL AND STATE	5
CHILDREN ON CAMPUS.....	5
CLINICAL ASSIGNMENTS	5
CODE OF CONDUCT.....	5
DISCRIMINATION / HARASSMENT POLICY	5
DISHONESTY, ACADEMIC	5
DISMISSAL FROM PROGRAM	6
DRESS CODE	6
ELECTRONIC DEVICES.....	7
FOOD IN THE CLASSROOM.....	7
GRIEVANCE /COMPLAINTS / APPEALS PROCESS.....	7
HIPAA/CONFIDENTIALITY.....	7
HEALTH.....	8
PREGNANCY	8
RESOURCES	8
STUDENT COUNSELING AND DUE PROCESS	8
STUDENT RIGHTS AND RESPONSIBILITIES.....	9
SUBSTANCE ABUSE	9
TECHNICAL STANDARDS.....	9
VACCINATIONS.....	9
WITHDRAWING FROM PROGRAM.....	10
Program Accreditation.....	11
Program Goal	11
Handbook Agreement.....	12
PERFORMANCE STANDARDS ALLIED HEALTH PROGRAMS.....	13
Incident / Accident Report.....	14

Foreword

The admission of a student into the health field is in many ways the entrance into a world with practices and rules differing in many respects from those to which one is accustomed. The following overview of program requirements, ethical standards, and regulations has been formulated as a guide for the student. It is the student's responsibility to carefully study this handbook to learn what is expected of them and what can be expected of the Program.

It is the responsibility of the college to provide instruction and to counsel students on program requirements, graduation, and eligibility requirements to sit for the national certification examination. It is the student's responsibility to see that these requirements are met. Failure to meet these requirements may result in termination of a student from the program or delay of graduation and eligibility to take the credentialing examination.

Program policies must meet the requirements for accreditation at the professional, state, and institutional levels, and the rights of students and faculty, individually and collectively, must be respected.

Santa Fe College is committed to an environment that embraces diversity, respects the rights of all individuals, is open and accessible, and is free of harassment and discrimination based on, but not limited to, ethnicity, race, creed, color, religion, age, disability, sex, marital status, national origin, genetic information, political opinions or affiliations, and veteran status in all its programs, activities and employment.

Policies in the handbook are subject to change. Should there be a change in policy, students will be provided written notification and a signed acknowledgment from all students will be collected.

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Inquiries regarding non-discrimination policies should be directed to:

Jasmine Gibbs, Equal Access/Equal Opportunity Coordinator
3000 NW 83rd Street, R-Annex, Room 113, Gainesville, Florida 32606
(352) 395-5450
Jasmine.Gibbs@sfcollge.edu

ACADEMIC ACHIEVEMENT STANDARDS

Students must maintain a minimum of 2.0 grade point average each term in all professional courses to remain in the program. Clinical grades lower than a “C” are unacceptable and deemed an unsuccessful attempt.

If a student earns a grade lower than “C” in a professional course, the student will be placed on probation for the remainder of the program. The terms of the probation will state that the student may be dismissed from the program if he or she earns a grade lower than “C” in a second professional course while enrolled in the program. If space is available, the student may be permitted to repeat the course the next time it is offered and then continue in the program. Students cannot remain in the program if they receive a grade lower than “C” in two (2) or more professional or professionally related courses during any term.

If a student receives an “F” grade in a professional course, the student cannot remain in the program. If space is available, the student may be permitted to repeat the course the next time it is offered and then continue in the program.

ACCIDENTS / INCIDENTS

HBV-HCV-HIV Exposure:

PEPline (the National Clinicians’ Post Exposure Prophylaxis Hotline) is a 24 hour, 7 day a week consultation service for clinicians managing occupational exposures. This service is supported by the Health Resources and Services Administration Ryan White CARE Act and the AIDS Education and Training Centers and CDC. PEPline can be contacted by phone at (888)448-4911. Recommendation for occupational exposure to HIV includes post-exposure prophylaxis and should be initiated as soon as possible. If there is an associated cost for this treatment, it is the student’s responsibility.

Health and Accident Insurance:

All students are strongly encouraged to carry some form of personal health and accident insurance for the duration of their enrollment. Workplace Liability Insurance is contracted by the College with Hartford Life and Accident Insurance Company. Please refer to the Department Chair for specific questions.

Health Status Change:

It is the student’s responsibility to contact the Program Director if their health status changes during the Program. The Director may require a release statement from a physician stating the student may return to classes, labs and clinical internship “without restrictions.”

Incidents / Injuries:

If a student incurs or is involved in an activity resulting in an injury or potential injury, including but not limited to needle sticks, the student is responsible for notifying their instructor and the clinical coordinator whether in the classroom, lab or clinical affiliate in order to follow appropriate procedures and to complete appropriate paperwork and SF incident report. In addition, if the incident/injury occurs in the clinical area, students must notify the lead technologist of the department and procedures/paperwork for that clinical agency must be completed. The SF incident report must be submitted into the administrative offices in W 201 by the following school day following the incident/injury. Students should carry insurance cards with them at all times while in the clinical setting. All accidents /incidents, regardless how minor they may seem, must be reported to the lead technologist and appropriate forms completed.

ADVANCED PLACEMENT POLICY

Applicants to the Allied Health Programs at Santa Fe College should be aware that all courses within the professional didactic and clinical curriculum are required. The Allied Health Programs do not recognize advanced placement, credit for experiential learning, international medical experience, or transfer credits from another medical imaging program.

AMERICANS WITH DISABILITIES ACT (ADA)

If you are a student with a disability: In compliance with Santa Fe College policy and equal access laws, a counselor is available to discuss appropriate academic accommodations that you may require as a student with a disability. Requests for academic accommodations need to be made during the first week of the semester (except for unusual circumstances) so arrangements can be made. Students must be registered with the Disabilities Resource Center (DRC) in S-229 for disability verification and determination of reasonable academic accommodations. For more information, see: <http://www.sfcollege.edu/student/drc/>

ATTENDANCE POLICY

Coursework

Should it become necessary to miss a class, the student must notify the appropriate instructor prior to the start of the class. The following attendance policy pertains to all program courses.

- 3 absences = written warning from instructor
- 4 absences = reduction of final grade average by 2 points
- 5 absences = reduction of final grade average by 5 points
- More than 5 absences may result in dismissal from the program
- 3 tardies (late arrival to class) = 1 absence

Continued absences may result in dismissal from the program.

Any exceptions to this policy will be determined by the Chair of the Allied Health Programs.

Clinical rotations

When assigned to clinic 2 or more days a week

The maximum number of absences while assigned to the clinical setting may not exceed 16 hours per semester. If the student misses more than 16 hours in clinic in one semester, the student will be dropped from the course and expected to repeat the course.

The student will be notified if they have reached their established limit for absences, and that additional absences will jeopardize the successful completion of the course. If a student is going to be absent from a clinical assignment, he/she must do both of the following:

- a. Call or text the Clinical Coordinator 30 minutes prior to the start of his/her clinical assignment.
- b. Call the assigned clinical instructor at the site at least 10 minutes prior to the start of his/her clinical assignment. The student is to speak directly to a clinical instructor or supervising technologist or must obtain the name of the person taking the message. It is the responsibility of the student to make these calls – not parents, friends, or relatives.

Any student who does not call the clinical site supervisor, Clinical Coordinator and assigned clinical instructor before the start of the clinical assignment will be put on probation for the remainder of the program and will receive written warning of the violation. Two incidents of “no show, no call” will result in exit from the program.

Students who leave the clinical site early without prior approval by the Clinical Coordinator will be considered absent for the entire day.

Tardiness: A tardy is defined as being more than 10 minutes late.

- c. 10-29 minutes late to the clinical assignment results in a ½ day absence.
- d. Over 30 minutes late to the clinical assignment results in a full day (8 hours) absence.

1st offense: verbal warning

2nd offense: written warning

3rd offense: dismissal from the program

Exceeding the allowed absences will be grounds for failure of the clinical course, which will also result in exit from the Program.

BACKGROUND CHECKS, NATIONAL AND STATE

A federal and state criminal Level 2 and expanded background check was used as a tool to determine eligibility to enter and remain in SF Allied Health Programs. Further and/or additional clinical screenings may be required and completed by clinical agencies. Dismissal from the program may result from additional screening results.

Acceptance into an Allied Health Program requires students to remain free of disqualifying charges or face dismissal from the program. Students are obligated to notify the Chair of Allied Health Programs of any arrests, incidents and/or charges regardless of adjudication that occur after acceptance and during enrollment in an Allied Health Program. Failure to promptly notify shall be grounds for immediate dismissal from the Program.

Students that are charged and/or arrested will be required to suspend all clinical education in the Program until the charges are completely resolved. This may result in a student being required to drop and given a chance to begin with a new cohort class the following year. Students may be subjected to additional background checks by various clinical agencies and must meet that agency's requirements for clinical attendance.

CHILDREN ON CAMPUS

Children are not permitted in classrooms, labs or clinical sites.

CLINICAL ASSIGNMENTS

Students will be supervised, instructed and assessed in the clinical affiliates by the clinical instructors/preceptors, staff technologists and SF faculty. Attendance at the clinical affiliate facilities is a privilege as opposed to a right of the college or students to use the facilities. Students are expected to seek out opportunities to participate in procedures. Students are assigned to the Program's clinical affiliates by faculty in an effort to provide a balanced and varied clinical experience. Students must be prepared to attend any and all clinical sites, including those outside of Gainesville.

CODE OF CONDUCT

Each student is expected to conform to professional standards of conduct that foster an environment of honesty, trust and respect in the classroom, lab and in the clinical area. Students are expected to adhere to the SF College Student Conduct Code, Rule 7.23 http://www.sfcollege.edu/Assets/sf/rules/pdfs/Rule_7/7_23.pdf

DISCRIMINATION / HARASSMENT POLICY

SF prohibits any form of discrimination or sexual harassment among student, faculty and staff. For further information refer to College Rule 2.8 at http://www.sfcollege.edu/Assets/sf/rules/pdfs/Rule_2/2_8.pdf

DISHONESTY, ACADEMIC

The Allied Health Programs require that any student found cheating or leveled with a charge of academic dishonesty in any course requirement be counseled by the Chair of Allied Health Programs. Appropriate action will be taken and will follow the guidelines as found in the [SF Student Conduct Code](#): Rule 7.23.

Specific examples, in addition to those mentioned in the code, include, but are not limited to the following.

1. Falsifying time records of clinical attendance.
2. Violation of HIPAA regarding patient privileged information.
3. Copying or manipulating assessment material in any way at any time.

DISMISSAL FROM PROGRAM

Students are expected to exhibit professional behavior while in program. Demonstration of unprofessional behavior is unacceptable and can result in dismissal from the Program. The following list describes some, but not all reasons for immediate dismissal from programs in the Allied Health department.

1. Violation of the Santa Fe College Student Conduct Code.
2. Violations of rules and regulations of the Program or the student's assigned clinical education site.
3. **Receive a grade lower than a "C" in 2 or more professional courses (a professional course is a course with an SON prefix). Clinical grades lower than a "C" are unacceptable and deemed an unsuccessful attempt.**
4. Habitual absence and/or tardiness.
5. Unprofessional or unethical conduct in the clinical setting, such as sleeping on a scheduled clinical education assignment, exhibiting disrespectful behavior to patients or hospital staff.
6. Behavior that compromises patient safety.
7. Dismissal from a clinical assignment by a preceptor or hospital employee for violations of hospital or departmental regulations or procedures, student actions are affecting work flow in the department or aberrant behavior that is offensive to department personnel.
8. Two incidents of "no show, no call" to a clinical assignment will result in exit from the program.
9. Repeated incidents of unacceptable or uncorrected behavior and/or evidence of insufficient critical thinking for clinical competence or clinical judgement.

DRESS CODE

A professional appearance is mandatory at all times. Patients and healthcare workers view students as members of a professional team, therefore students are expected to present themselves in a professional manner. All students are expected to conform to the Program's standards of dress and grooming.

1. A specific uniform color has been established by the Program. The uniforms are supplied and laundered by the students.
2. Uniforms must be the appropriate size and pants must fit correctly at the waist. No over-sized pants or sagging at the waistline is permitted. Pants must also be of the appropriate length.
3. The uniform is to be non-revealing and free of ornamentation.
4. Cloth shoes are not acceptable. Athletic shoes are acceptable. All shoes must have an enclosed heel and toe.
5. Solid color Croc-style shoes are acceptable but holes or vents are not allowed. Straps must be worn on heels appropriately.
6. Grooming:
 - a. Hair must be clean and long hair must be pulled back from the face. Hair color must be within the natural range of shades of human hair.
 - b. Fingernails must be clean and reasonably short. Polish must be light in color.
 - c. Artificial nails are not allowed while students are assigned to clinical affiliate facilities.
 - d. NO heavy make-up, perfume or cologne is allowed.
 - e. No chewing gum while assigned to clinical facilities.
 - f. No more than two small stud earrings may be worn in each ear. No other jewelry may be visible in parts of the body that have been pierced, including the face and tongue.
 - g. Ear lobe gauges must not be visible.
 - h. Beards and mustaches must be clean and well groomed.
 - i. Tattoos that are visible when students are dressed in the prescribed clinical uniform must be covered by appropriate clothing. Tattoos on arms must be covered by a solid color tee-shirt worn under the scrub uniform top. Tattoos on forearms may require a long sleeve solid color tee-shirt. Under no circumstances are students permitted in the clinical affiliates with visible tattoos.

- j. Students who smoke cigarettes must take measures to avoid the smell of smoke on their clothes, breath and body, or they will be sent home to change clothes. Personal leave time will be applied for their absence until they return.
- k. NAME TAGS MUST BE VISIBLE AT ALL TIMES WHEN IN CLINICAL FACILITIES.

Students may be asked to leave their clinical assignment for a violation of the dress code. Upon the first occurrence of such an event, leave time will be deducted from the student's balance and the student will be placed on probation. A second violation of the dress code will lead to a failing grade assigned to the clinical course.

ELECTRONIC DEVICES

Each instructor will disclose whether or not it is permissible for students to audio record lectures. Videotaping is NOT permitted. Audio recordings are for personal use only and may not be published or distributed over the internet. Transcripts of recordings are not to be distributed or posted in any format. Failure to follow these rules will be considered an act of academic dishonesty and subject to the same consequences. Recordings made by representative of the Disability Resource Center are exempt from the policy stated above.

Cell phone usage is not permitted in the classroom unless clearly stated by the instructor. Students will be dismissed from the classroom or lab and counted as absent if caught using their cellphone without permission.

FOOD IN THE CLASSROOM

Food is not allowed to be consumed in SF classrooms while lecture is ongoing and never allowed in labs.

GRIEVANCE /COMPLAINTS / APPEALS PROCESS

See rules Manual, Rule 7.36, Student Complaint Procedure: Students and Administration
http://www.sfcollege.edu/Assets/sf/rules/pdfs/Rule_7/7_36.pdf

HIPAA/CONFIDENTIALITY

Federal Law, 45 CFR Parts 160-164 requires specialized training regarding client privacy and security. All healthcare providers must complete HIPAA privacy training. The student healthcare provider in SF Allied Health Programs will complete initial HIPAA training prior to initial clinical rotations and will continue to receive education related to HIPAA integrated in the Program's curricula. Specific clinical affiliates may also require additional HIPAA training. No patient data may be photocopied.

HIPAA violations – Professional standards and norms for all health care providers include areas of: professional behavior, confidentiality, patient's rights, informed consent, privileged communication and health care settings standards and norms. Additionally, federal laws (including HIPAA and FERPA), state regulations, licensure requirements and practice acts detail use of specific information related to health care settings and professional behavior. As a student in the SF Allied Health Programs, it is the student's responsibility to adhere to any and all of these standards and regulations. The relaying, discussion, transferring or use of any privileged information or knowledge of events, or actions, via any verbal, written, electronic, computer and/or other technology form(s) concerning identifying patient information, health care agency information (institution or staff), SF College faculty and staff, fellow SF College students or any other like information is strictly prohibited.

Failure to comply with this directive in any way will result in disciplinary action and can include dismissal from the Program.

HEALTH

CPR: A current CPR certification card with expiration date stated is required prior to orientation for all Allied Health Programs. Students must keep their CPR certification active until graduating from the Program.

Health and Accident Insurance: All students are strongly encouraged to carry some form of personal health and accident insurance for the duration of their enrollment in their program. Any medical accidents that occur in class, lab or assigned clinical work must be reported to the program clinical coordinator or the Chair of Allied Health Programs within 24 hours. The SF incident report must be submitted to the Program Director the following school day following the incident/injury.

Health Status Change: It is the student's responsibility to contact the program clinical coordinator or the Director of Allied Health Programs if their health status changes during the Program. A change in health status may require a release statement from a physician stating students may return "**without restrictions in class, lab or clinical area.**" The status of students having long term absences beyond their control will be individually evaluated by the Chair of the Allied Health Programs and faculty based upon how realistically a viable education can be provided under existing conditions. Conditions which prevent students from participating in clinical and/or didactic education may result in the student's total withdrawal from the Program.

Physical Examination: The completed physical examination form is due on the date given in orientation. This includes required immunizations.

PREGNANCY

Students returning to their clinical assignments following a leave of absence due to pregnancy must provide documentation from their physician stating they are able to resume their lab and clinical duties "**without restriction in class, labs and clinical settings.**"

RESOURCES

TLC (Teaching Learning Center) is a Health Sciences Resource Center for students. It is located in room W-233. Computers, learning software, study rooms and printers are available.

TEAM Health is a resource through which students can schedule tutors when available.

The Santa Fe College Library has copies of required texts. Librarians are available to assist with learning needs.

STUDENT COUNSELING AND DUE PROCESS

Student counseling serves to promote, assist, and maintain superior student performance. The main purpose is to provide feedback to the student regarding his/her performance and to specifically identify areas of strength, performance deficiencies, and/or behavior affecting his/her status as a Polysomnography student.

STEPS IN COUNSELING PROCEDURE

- A. Requirements will be made by the faculty to the student regarding deficiencies and non-compliance with the standards outlined in this handbook. These requirements will be documented and signed (by both student and faculty) and placed in the student's file. The student may be required to submit an action plan.
- B. If the student does not conform to the informal suggestions made in step A above, a meeting will be held with the student and one or more faculty members. At this meeting, the following matters must be addressed:
 1. Steps to be taken to identify deficiency and correct it.
 2. Deadlines or time limits on all steps.
 3. Consequences of not meeting the steps or deadlines.

4. The student may be placed on probation for failure to comply with program policy, and/or he or she may be required to submit another action plan detailing his/her plan for improvement.

The content of the meeting will be documented and signed by all involved parties. The student will receive a copy of all documents presented at the meeting, and copies will be placed in his/her file. If the student is placed on probation, the appropriate probation form must be completed, a copy provided to the student, and a copy placed in his/her file.

- C. At the completion of the deadlines, one of the following two (2) things will happen:
 1. If all conditions are met, the student will be allowed to continue in the Program.
 2. If all conditions are not satisfied, the deficiencies still existing will be noted and the student will be dismissed from the Program.

STUDENT RIGHTS AND RESPONSIBILITIES

Student rights and responsibilities are posted at the following site, http://www.sfcollege.edu/studentaffairs/?section=policies/student_rights. The purpose of this document is to provide students with a general overview of both their rights and responsibilities as members of the Santa Fe College community.

SUBSTANCE ABUSE

Alcoholic beverages, illegal or controlled substances or drug paraphernalia are not permitted in the classroom, laboratories or clinical settings.

Students enrolled in the Allied Health Programs are prohibited from attending class, lab or clinical assignments under the influence of alcohol or drugs. Observed impairment of a student may be evidenced and identified by many factors, including but not limited to reasonable suspicion and/or bizarre and unusual behavior. It is the faculty's responsibility to identify students who display physical and/or emotional conditions which may impede clinical judgement and/or practice in class, lab or clinical setting. Upon identification, the student will be excused from class, lab or clinical assignment and will be required to submit to a blood and/or urinalysis test at the student's expense.

The student must notify faculty if he/she is required to take medically prescribed drugs which could impair his/her ability to function safely in the clinical setting or lab. Documentation of the student's ability to function safely in the capacity as a technologist may be required of any student for whom medication has been prescribed. Clinical evidence of the use of illegal substances or alcohol in the clinical setting may lead to dismissal from the program.

TECHNICAL STANDARDS

The student must have:

- Sufficient eyesight to observe patients, manipulate equipment and review documents.
- Sufficient hearing to assess patient needs and communicate verbally with other health care providers.
- Sufficient verbal and writing skills to communicate needs promptly and effectively in English.
- Sufficient gross and fine motor coordination to respond promptly to the patients' needs, manipulate equipment, lift a minimum of 30 pounds, participate as a team member of four in moving a 150 pound incapacitated patient, and ensure overall patient safety.
- Satisfactory intellectual and emotional functions to exercise independent judgment and discretion in the safe technical performance of medical imaging procedures.

VACCINATIONS

All clinical affiliates require immunizations, so all students must be immunized to participate in clinical education. Prior to the first scheduled day of clinical education in the affiliates, students MUST show proof of:

1. Two (2) immunizations for measles and/or two MMR'S.
2. Negative Tuberculin skin test and physical examination. Students must provide proof of a second negative tuberculin skin test approximately one year after the date of the original test that was provided to the Program.
3. Proof of an annual Flu Vaccination is required by clinical sites.
4. The first and second of the three Heptivac (Hepatitis-B series) immunizations must be obtained and documented prior to entering the clinical setting.

Immunizations are available at the Alachua County Health Department. Students who have questions regarding cost or hours of operation may call the ACHD at (352) 334-7900.

Santa Fe College students are eligible to receive certain immunizations and other healthcare assistance from the college's Student Health Care Center located in S-120, for a nominal fee. Students should communicate directly with the Student Health Care Center regarding the costs and availability of immunizations and other services. The phone number is 381-3777.

WITHDRAWING FROM PROGRAM

Students considering withdrawing from the Program are advised to discuss their reasons first with the DMS Program Director as well as with the Chair of Allied Health before terminating their clinical or classroom attendance. Students who decide to withdraw from the Program must complete an exit form to remain in good standings within the Health Sciences Department of the College. Students can then withdraw from classes through their eSantaFe account.

Program Accreditation

The Program is accredited by the Commission on Accreditation of Allied Health Programs (CAAHEP). Instruction is consistent with the curriculum frameworks as administered by the Florida Department of Education (FDOE). Additional information about CAAHEP can be found at <http://www.caahep.org/>. CAAHEP is located at 25400 U.S. Highway 19 North, Suite 158, Clearwater, FL 33763. Their phone number is 727-210-2350.

Program Goal

The goal of the Polysomnography Program is to prepare competent entry-level general technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Handbook Agreement

I certify that I have received a copy of the Santa Fe College Polysomnography Student Handbook. I further certify that I have read and agree to follow the standards outlined in the Handbook and realize that any deviation from these standards will be cause for counseling procedures to be implemented. I understand that these standards apply to each and every course within the Program. I understand that I am responsible for providing my own medical insurance if I desire coverage, maintaining a current CPR certification, proof of a second negative tuberculin skin test (PPD), proof of annual Flu vaccine (required by clinical sites) by the first day of the Fall Term Second Year, and acquiring the series of Hepatitis B vaccinations.

I have completed a HIPAA instructional module, and I have submitted the appropriate certificate of completion to the program.

Printed Name

Student's Signature

Date

Additionally, I give my permission to be photographed by the Program/College for faculty and/or clinical affiliate purposes of identification. If needed, I agree to participate in College/Program promotional activities, which might include a photograph or video to be posted on the college or program website.

Student's Signature

Date

PERFORMANCE STANDARDS ALLIED HEALTH PROGRAMS

Health Sciences program applicants must:

1. Possess sufficient physical, motor, intellectual, emotional and social/communication skills to provide for patient care and safety, and the utilization of equipment. Required performance standards for Polysomnography technologists are outlined below.
2. Tour an appropriate health care facility, career shadow and/or otherwise ascertain if she/he can perform the professional duties of the chosen profession and without becoming injurious to themselves or the patient.

ISSUE	STANDARD	EXAMPLE
Critical Thinking	Critical thinking sufficient for competent clinical judgment.	Handle multiple priorities in stressful situations. Make accurate independent decisions. Ability to work alone as well as a member of a team. Satisfactory intellectual and emotional functions to exercise independent judgment and discretion in the safe technical performance of diagnostic exams.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Display patience, empathy and concern for others. Deal with fear and hostility in a calm manner. Demonstrate a high degree of patience. Work with other health care providers in stressful life/death situations.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Communicate needs in a prompt, clear and concise manner. Accurately record/document pertinent information. Follow verbal and/or written instructions. Interact with patients, faculty and other health care providers in a professional manner.
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces.	Walk to and from departments. Maneuver nimbly in small spaces. Respond swiftly to patient's needs, manipulate equipment, lift a minimum of 30lbs, push/pull mobile equipment weighing up to 300lbs; participate as a team member of four in moving an incapacitated patient; ensure patient safety; stand for prolonged periods of time.
Motor Skills	Gross and fine motor abilities sufficient to safely and effectively perform necessary skills.	Ability to grasp, hold, grip, seize, turn or otherwise manipulate work with hands. Work with fingers to manipulate switches, dials and other computer equipment. Input data into computer. Perform palpitations.
Hearing	Auditory ability sufficient to monitor and assess health needs.	Communicate verbally with patients and other health care providers. Auscultation of BP, breath sounds and heart sounds.
Visual	Visual ability sufficient for observation and assessment necessary while producing sleep studies.	Observe and monitor patients in full and dimmed light. Visual near acuity of 20 inches or less with clarity. Distinguish depth, color and spatial attributes of images. Detect color on image display.
Tactile	Tactile ability sufficient for physical assessment.	Perceive attributes of an object via touch. Palpate.

I have read and understand the aforementioned Performance Standards for the Allied Health Programs.

(Student signature)

(Date)



STUDENT ACCIDENT (EDUCATION / TRAINING) Summary of

Coverage:

- This is a fully insured program underwritten by Hartford Life and Accident Insurance Company (Hartford). This policy provides coverage for registered students in the named education/training courses on file with Hartford while the student is:
 - Participating in college courses, labs or clinical training:
 - Sponsored by the college; and
 - On the premises designated and supervised by the College; or
 - On the premises used for classes, labs or clinical training as designated by the college; or
 - Traveling with a group in connection with the activities under the direct supervision of the college
- Once the course or program of study ends, coverage ends. The policy does not provide for any returning students who wishes to take agility tests, re-certifications, etc. unless they are enrolled in a class.
- Student must incur first medical expense within 26 weeks after the accident for coverage to apply for Accident Medical Benefit
- Accidental Death Benefit and Accidental Dismemberment Benefit—loss of life or limb (per policy) must occur within 365 days after the date of accident
- The college has no deductible
- The policy provides limits of:
 - Accident Medical Expense Maximum \$15,000
 - Accidental Death Principal Sum \$25,000
 - Dental Maximum \$15,000
 - Accidental Dismemberment Principal Sum \$25,000
 - Benefit Period 104 Weeks
- This policy provides EXCESS coverage – any coverage available to the student would be primary including Health Insurance.

Claims reporting:

- College must file Accident / Incident report to the Consortium indicating at the top of the form “Student Accident Claim-Hartford form sent directly to Fringe Benefits Coordinators”.
- Complete Hartford Claims Form *within 30 days of date of injury* to comply with policy provisions (these forms can be found on Fringe Benefits Coordinators website: www.fbc-inc.com). Forward the Hartford Claims Form to Fringe Benefits Coordinators, Inc. along with any medical bills or other supporting documentation to gzinger@fbc-inc.com. *Please include the student’s / claimant’s social security number, claims will NOT be processed without it.*

Example of claim: Student suffers a laceration requiring medical attention while participating in a clinical experience as part of his/her education/training coursework.

How to File a Medical Claim

Florida College System Risk Management Consortium

Attached is a Blanket Lines Notice of Claim (Claim Form) for your accident policy.

Please forward claims and questions to the following address:

Fringe Benefit Coordinators, Inc.

P. O. Box 5249

Gainesville, FL 32627-5249

Toll Free Number (800) 654-1452

Fax Number (352) 372-9805

Policy underwritten by Hartford Life and Hartford Life and Accident Insurance Company

Claimant administration handled by Fringe Benefit Coordinators, Inc.

Step 1 - Submit a completed Notice of Claim (claim form) to our office either by fax or mail.

The Policyholder (not the Parent, Claimant or Agent) should:

- Fully answer/sign each item in the Policyholder Certification section.
- Read and sign the Fraud Warning Certification statement located on the reverse side of the Notice of Claim.

The Parent/Guardian or Adult Claimant should:

- Fully answer/sign each item in the Claimant Certification section (choose either the Parent/Guardian column or the Adult Claimant column; whichever is applicable).
- Read and sign the Fraud Warning Certification statement located on the reverse side of the Notice of Claim.

Step 2 - Submit itemized medical bills for payment consideration to our office. This policy is Excess, so please also include any other insurance carrier's corresponding Explanation of Benefits (EOBs) as outlined in the helpful information bullet listed below.

Helpful information for submitting claims and expediting payment

- A fully completed Notice of Claim is required for each accident/injury a Claimant incurs. Claims submitted with incomplete information will be denied pending receipt of the missing data.
- Release of claim forms by an insurance company is not an admission of coverage. In addition, information on the form is subject to audit by the insurance company.
- Providers may wish to bill us directly for their services. If they do, please ensure a Notice of Claim has first been submitted to our office.
- Itemized medical bills (including claimant name, date of service, diagnosis, procedure codes, amount charged, and provider information) should be submitted for processing. "Balance Due" statements and/or incomplete bills do not provide enough claim detail to process the charges. In order to ensure we receive complete claim information, we suggest providers submit standardized billing statements (called "UB-04" for hospital charges and/or a "CMS-1500" for physician charges).
- Unless proof of payment is submitted with the medical bill (a copy of check, a medical bill that indicates the claimant has made all or partial payment or zero balance information) claim payment is generally sent directly to the medical providers.

Please detach this page and forward the completed Notice of Claim (and medical bills if you are submitting expenses for payment) to the address listed above. We recommend you keep copies of the correspondence you are submitting to use for future reference.

HARTFORD LIFE INSURANCE COMPANY
HARTFORD LIFE & ACCIDENT INSURANCE COMPANY
Notice of Claim

Florida College System Risk Management Consortium
 Fringe Benefit Coordinators, Inc. P. O. Box 5249, Gainesville, FL 32627-5249
 Toll Free Number (800) 654-1452 Fax Number (352) 372-8805



POLICYHOLDER CERTIFICATION - To be completed by Policyholder Official

Policyholder Number 08SR2131	Policyholder Name Florida College System Risk Management Consortium	
College Name		College Phone Number ()
Policyholder Address (Street, City, State & Zip Code) 4500 NW 27th Avenue, Suite D2, Gainesville, FL 32606		Program Name
Claimant (Injured Party) Name		Time of Accident (hh:mm) □ AM □ PM
Date of Accident: (mm/dd/yyyy)	Place of Accident	Cause of Accident
Indicate Injured body part(s)	Nature of Sickness (if applicable)	Date Sickness first commenced
<p><i>Policyholder Certification Signature Required:</i></p> <p>I hereby certify the Claimant is a member of the group insured under the above Policy and the injury/sickness was sustained under adequate supervision while participating in an official Covered Activity. I further certify I have read and signed the Fraud Warning statement located on the reverse side of this form.</p>		
Title of Policyholder Official		Signature of Policyholder Official
		Date

CLAIMANT/STUDENT CERTIFICATION - To be completed by Parent/Guardian or Adult Claimant

**Due to new government regulations, claims submitted without this data will be returned.*

<i>Parent/Guardian completes for dependent child</i>		<i>Adult Claimant completes</i>	
Claimant (Dependent Child) Name	Claimant Gender □ Male □ Female	Claimant Name	Claimant Gender □ Male □ Female
*Is the Claimant a Medicare Beneficiary? □ No □ Yes If yes, please provide Claimant's Social Security Number or Health Identification Claim Number _____		*Is the Claimant a Medicare Beneficiary? □ No □ Yes If yes, please provide Claimant's Social Security Number or Health Identification Claim Number _____	
Claimant Date of Birth	Daytime Phone Number ()	Claimant Date of Birth	Daytime Phone Number ()
Claimant Address (Street Number, City, State, Zip)		Claimant Address (Street Number, City, State, Zip)	
<p>Does the Claimant have medical coverage through?</p> <p>Mother's employer's policy* □ Yes □ No</p> <p>Father's employer's policy* □ Yes □ No</p> <p>Guardian's employer's policy* □ Yes □ No</p> <p>Medicare policy □ Yes □ No</p> <p>Medicaid policy □ Yes □ No</p> <p>Any other medical policy* □ Yes □ No</p>		<p>Do you have medical coverage through?</p> <p>Your employer* □ Yes □ No</p> <p>Spouse's employer* □ Yes □ No</p> <p>Medicare policy □ Yes □ No</p> <p>Medicaid policy □ Yes □ No</p> <p>Any other medical policy* □ Yes □ No</p>	
This Policy is Excess, please include the other insurance carrier's Explanation of Benefits (EOBs) for each medical bill submitted.		This Policy is Excess, please include the other insurance carrier's Explanation of Benefits (EOBs) for each medical bill submitted.	
<p><i>Parent/Guardian or Adult Claimant Certification Signature Required:</i></p> <p>I certify the above information to be true and accurate to the best of my knowledge. I further certify I have read and signed the Fraud Warning Certification statement located on the reverse side of this form. I also authorize any physician / hospital that has attended me or my dependent child to disclose information acquired for claim payment purposes.</p>			
Printed Name Parent/Guardian or Adult Claimant _____			
Signature of Parent/Guardian or Adult Claimant _____		Date _____	

Signature - Please read the statement that applies to your state of residence and sign the bottom of the page.

With the exception of any source(s) of income reported above in this form, I certify by my signature that I have not received and am not eligible to receive any source of income, except for my disability benefits from this plan. Further, I understand that should I receive income of any kind or perform work of any kind during any period The Hartford has approved my disability claim, I must report all details to The Hartford, immediately. If I receive disability income benefits greater than those which should have been paid, I understand that I will be required to provide a lump sum repayment to the Plan. The Hartford has the option to reduce or eliminate future disability payments in order to recover any overpayment balance that is not reimbursed.

For residents of all states EXCEPT Arizona, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For Residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit and who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The statements contained in this form are true and complete to the best of my knowledge and belief.

Signature of Policyholder/Claimant

Date

Signature of Parent/Guardian or Adult Claimant

Date

Electronic Funds Transfer (EFT) is our standard method of payment. When making our claim decision we may contact you to obtain your banking information.