

**Putnam County EMS Education Department**

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**STUDENT RESPONSIBILITIES CONTRACT**

I will attend all classes I have registered for including mandatory classes or experiences on the assigned dates.

I will notify the agency if I will not be participating in a class I have registered for as soon as I am aware of nonattendance

I will miss no more than 15 total minutes of class time for any reason. Tardiness and cuts will be recorded and inclusion in the program can be withdrawn with loss of contact hour for that session. This may also lead to not receiving course completion documentation.

I will prepare ahead of time for each class including pretests, reading assignments, research, homework, or other academic activities

I will actively participate in the educational offerings I am involved in.

I will participate in all examinations on the dates assigned. A make up may be granted only for extenuating circumstances such as illness and that my instructor will determine my eligibility

I understand that I must achieve a minimum average score of 76% on my examinations and I must pass any skills examinations according to standards developed

I will not cheat on any examination or exercise nor will I falsify any documentation pursuant to my training. I further understand that if I am caught or suspected of cheating or falsification of my documentation, that I will immediately be dismissed from class and may receive further actions.

I will behave professionally at all times while in attendance including but not limited to: class time, breaks, skill experiences, or outside education events.

I understand that I am obligated to report any misconduct or violation of policy by my fellow students or myself to my instructor or to the education director.

I will not be argumentative, disruptive or disrespectful, and I will demonstrate enthusiasm. I shall be respectful of fellow students, the faculty and the staff . I will not use harsh or offensive language. (whichever applies).

I understand that I have 48 hours from the time of an alleged infraction to appeal the action taken against me. All appeals must be in writing and addressed to the EMS Director of PCEMS.

I fully understand and agree to be bound by this statement of commitment in its entirety for the duration of my participation in PCEMS educational offerings. My signature below is my affirmation of this intent.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_