

CORPORATE POLICY, STANDARDS and PROCEDURE

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<u>POLICY TITLE</u> JOB SHADOW, CAREER OBSERVATION AND SUPERVISED PRACTICE PLACEMENTS		<u>NUMBER</u> TBA
<u>AUTHORIZATION</u> Vice President, Clinical Operations and Professional Practice	<u>DATE APPROVED</u> January 2004	<u>CURRENT VERSION DATE</u> March 2014

DATE(S) REVISED / REVIEWED SUMMARY ¹

Version	Date	Comments / Changes
1.0	January 2004	Initial policy created entitled "Student Job Shadow Placements"
2.0	March 2014	Added practice pertaining to career observation and supervised practice placements.

INTENT / PURPOSE

This policy establishes the principles and protocols regarding job shadow experiences, career observation experiences, and supervised practice experiences in Fraser Health.

This policy applies to all Fraser Health owned and operated facilities and all individuals (i.e. students, health authority staff and non-health authority staff) seeking job shadow experiences, career observation experiences, or supervised practice experiences. Individuals seeking job shadow or career observation experiences are permitted in Fraser Health on an "observation only" basis. This includes programs such as the career observation/work experience programs, Take Our Kids to Work Day™ and supervised practice experience. Individuals seeking supervised practice experiences are often seeking practice hours to fulfill registration requirements for a governing body/regulatory college (i.e. College of Dietitians of BC, College of Registered Nurses of BC, etc.).

POLICY

1. An Affiliation Agreement, release of liability form (Appendix A) or Memorandum of Understanding (Appendix B) is required prior to commencement.
2. The lead (or designate) of a profession for a given practice area approves all job shadow, career observation experiences or supervised practice experiences. Each request is assessed according to the resources available and merit of the request.

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3. Individual(s) are supernumerary to regular staff positions and will not displace or replace staff positions nor be used for workload relief.
4. For job shadow and career observation only experiences, individual(s) may not engage in any work related activities. Individual(s) must identify themselves as an observer.
5. Verbal consent from the patient/client/resident is required prior to the observational experiences.
6. Individual(s) must be supervised at all times.
7. Individual(s) must wear identification indicating their name and have proof of identity upon request.
8. Fraser Health staff are responsible to ensure that individual(s) adhere to Fraser Health policy related to confidentiality, infection control and work place health and safety (i.e., code red).

STANDARDS

Fraser Health:

- Is an academic health care organization that supports teaching and education to foster a “culture of curiosity” and support various models of inter-professional education and training.
- Creates workplaces that support a learning culture to encourage personal and professional development in collaborative partnerships with educational institutions. Supporting learning provides opportunities to recruit and retain employees.
- Encourages learning experiences because it contributes to great workplaces and strengthens the practice of health care providers/support service personnel and promotes quality care.

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- Affiliation Agreement templates and processes ensure consistent language and practice across the province to protect the Health Authority, our staff and the patients/clients/residents/families served.
- Values individuals making informed decisions about career opportunities in health care

DEFINITIONS

Affiliation Agreement is a legal binding document to establish a contract between the Health Authority and Educational Institution. The contract defines the roles and responsibilities of the involved parties in providing student practice education; addresses the risks in the relationship for organizations and their employees, patients/clients/residents and students.

Career Observation (also referenced to as Work Experience Programs) refers to instances of watching or observing to gain information, experience or knowledge. This includes high school students' coming to Fraser Health Authority facilities as part of a school's sponsored work experience program, which forms part of the student's Career and Personal Planning (CAPP) course.

Educational Institution (Institution) refers to any organizations that offer educational programs.

Facilities mean those facilities that are owned and operated or administered by the Health Authority.

Health Authority Staff means the officers, directors, employees, physicians, contractors, subcontractors, representatives or agents of the Health Authority.

Individuals refer to students who are selected by the Institution to participate in the Programs or employees from an organization that may be acting in a student capacity. This also includes individuals seeking practice hours as a requirement of their professional college (i.e., Dietitians, Internationally Educated individuals and individuals returning to their profession after an extended leave).

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Job Shadow Experiences refers to when an individual observes Fraser Health staff in order to gain knowledge about career opportunities. The experience is typically three days or less in duration. These types of experiences may or may not be affiliated with an educational institution or licensing/regulatory body.

Take Our Kids to Work Day™ Program is a national single day job shadow experience for grade nine students sponsored by a number of school districts in the Lower Mainland.

Supervised Practice Experience (individual experience) is a learning experience that is not affiliated with an educational institution, which requires supervised practice to fulfill admission to or licensure by a regulatory body.

PROCEDURE

1. The lead (or designate) of a profession for a given practice area is contacted by individual(s) or educational institution(s) making the request. The lead (or designate) of a profession for a given practice area will confirm date/time of the placement, number of individual(s), name(s), and type of experience (i.e. job shadow, career observation experience or supervised practice experience).
 - a. Where applicable, post-secondary educational institution experiences must be entered into the Health Sciences Placement Network (HSPnet).
 - b. For the Take Our Kids to Work Program™ permission is granted from the lead (or designate) of the profession for a given practice area of the employee (i.e. parent, relative or friend) who will be “supervising” the individual.

2. The lead (or designate) of a profession for a given practice area will determine if an Affiliation Agreement is in place. When an Affiliation Agreement is not in place with an educational institution, prior to:
 - a. The job shadow experiences and career observation experiences all individual(s) sign a release of liability form (Appendix A) and submit to the lead (or designate) of a profession for a given practice area. This form is a waiver of liability and Work Safe BC

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coverage for the Fraser Health Authority. Records will be retained for seven years by the department/work location.

- b. The supervised practice experience, all individual(s) must complete the Memorandum of Understanding for Supervised Practice Experience form (Appendix B), which includes the Waiver and Release of Responsibility.
3. Prior to the experience, individuals understand and comply with the confidentiality policy, sign an Oath of Confidentiality Acknowledgement (Appendix C) and submit to the lead (or designate). Records will be retained for seven years in the department/work location.
4. Individual(s) or educational institutions are responsible for ensuring documentation of current immunization status for health care workers as per guidelines by the British Columbia Center for Disease Control (2013). Individual(s) must have proof of immunization status upon request.

Note: According to the BC Centre for Disease Control, Tuberculosis Manual (2012), individuals seeking job shadow experiences, career observation experiences, or supervised practice experiences do not require tuberculosis screening ².
5. The lead (or designate) of a profession for a given practice area, ensures that a department/work location staff member is assigned to individual(s).
6. All individual(s) completing a supervised practice experience must complete the online Student Practice Education Core Orientation, Student Practice Education Orientation Checklist and fulfill any other prerequisites for practice education experience (i.e. infection control, WHMIS, code red, etc.).
7. All individuals (i.e. students, health authority staff and non-health authority staff) seeking

² BC Centre for Disease Control TB Manual (2012), page 12, recommends that all health care workers be screened for tuberculosis (TB) upon hire and that the health authority Medical Health Officer can make alternate policy decisions. In 2009, Workplace Health discontinued TB screening of new hires to focus on target testing and post-exposure testing of health care workers.

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job shadow experiences, career observation experiences, or supervised practice experiences are required to complete the hand hygiene online module

- Professional Practice and Integration is available to consult with health authority staff regarding this policy and procedure. All forms can be obtained from Professional Practice and Integration.

RESOURCES

Fraser Health/Provincial Practice Education Guidelines

Located on the external Fraser Health Website, under Professionals, Student Practice Education, Placement Orientation

(<http://www.fraserhealth.ca/professionals/student-practice-education/placement-requirements/guidelines/>)

Fraser Health Student Practice Education Web Page

Located under Professional Practice and Integration, Clinical Education, Student Practice Education

http://fhpulse/EDUCATION_AND_PROFESSIONAL_DEVELOPMENT/CLINICAL_EDUCATION/PRACTICUM_PLACEMENTS/Pages/StudentPracticeEducationGuidelines.aspx

Affiliation Agreement List for the Fraser Health Authority

Located on the FH Pulse (intranet) under Professional Practice and Integration, Clinical Education.

http://fhpulse/EDUCATION_AND_PROFESSIONAL_DEVELOPMENT/CLINICAL_EDUCATION/PRACTICUM_PLACEMENTS/Pages/AffiliationAgreements.aspx

Hand Hygiene Course for Fraser Health (Online)

Available through the Course Catalogue Registration System.

Student Practice Education Core Orientation (SPECO)

Registration for the orientation available through the Course Catalogue Registration System.

<http://www.fraserhealth.ca/professionals/student-practice-education/news/new-online-student-practice-education-core-orientation>

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REFERENCES

Fraser Health Corporate Policy "Affiliation Agreements– Educational Institution"

Fraser Health Corporate Policy "Student Practice" (in development)

Fraser Health Corporate Policy "Confidentiality and Security of Personal Information"

British Columbia Center for Disease Control (2013). *Communicable Disease Control Manual, Immunization Program (Section III Immunizations for Select Populations: Health and Childcare Worker)*. Vancouver, BC: Author. Accessed August 7, 2013 at <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm>.

BC Centre for Disease Control (2012). *Tuberculosis Control Manual – For Professionals to Help Manage Tuberculosis*. Vancouver, BC: Author. Accessed August 7, 2013 at http://www.bccdc.ca/NR/rdonlyres/7CDEAF08-D7F0-41A1-ABED-98BC3CEB6B96/0/BCCDC_TB_ManualRevisedFebruary_2012.pdf.

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APPENDIX A

RELEASE OF LIABILITY FOR JOB SHADOW OR CAREER OBSERVATIONAL EXPERIENCES

THE UNDERSIGNED, _____ *(name of individual)* agrees:

To release and forever discharge Fraser Health Authority, _____
(practice area and site/location) from any action, cause of action, or claim for damages resulting from the presence of _____ *(name of student/individual)* in the workplace on _____ (date[s] of experience) (d/m/y).

It is important that individuals be aware of the importance of confidentiality of information learned while in the hospital and/or community programs.

In the Freedom of Information and Protection of Privacy Act, it is declared that it is an offence to use or disclose personal information learned at a work site of any reason other than as necessary in the job. Personal information includes: names, addresses, phone numbers, ethnicity, religion, age, marital status, education, employment, and medical and psychiatric history.

It is ethically wrong to disclose other sensitive information learned while in a hospital or community health care setting. Information such as the name of the patient or type of diagnostic/surgical procedure is to be kept confidential.

A signed "Oath of Confidentiality" must be completed prior to observing in a healthcare facility in the Fraser Health Authority.

I hereby agree that I will not, either now or after ceasing my job shadow experience or career observation experience, disclose or otherwise use any personal or sensitive information

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I learn while at _____ (*practice area and site/location*).

Signed at _____ (*city*) this _____ day of _____ 20 ____.

READ BEFORE SIGNING

Name of Individual or Student (*print*)

Signature of Individual or Student

Name of Parent/Guardian (*print*)

Signature of Parent/Guardian

Note: Required if individual/student is under nineteen (19) years of age.

FOR FRASER HEALTH AUTHORITY

Signature of Manager/Delegate

Date (*d/m/y*)

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APPENDIX B

MEMORANDUM OF UNDERSTANDING FOR SUPERVISED PRACTICE EXPERIENCE

This Memorandum of Understanding between Fraser Health (FH) and _____ (*name of individual*) of _____ (*name of organization, if applicable*) is entered into for the purpose of clarifying the responsibility assumed by the FH staff member, _____ (*name of employee*) participating in a 'Supervised Practice Experience' of limited duration, not affiliated with a formal educational institution, and requiring supervised practice in order to fulfill admission to or licensure by a professional college. Failure to maintain or comply with any of the following may result in termination of the experience.

THE INDIVIDUAL AND FH AGREE THAT:

1. The Individual's responsibilities are to:

1. Comply with the standards of practice, policies and procedures established by FH, particularly those involving patient confidentiality and patient safety. Including signature of the FH Confidentiality Agreement.
2. Upon request, supply evidence of current immunizations of concern to the Individual's Supervisor.
3. Take reasonable measures to avoid exposure to any hazard or risk of harm.
4. Respect the clients' right to privacy, and defer to any wish by a client or care provider that the Individual not attend particular episodes of care.
5. Refrain from direct client care of any nature except under supervision by the FH supervising staff member and when it is within scope of practice.
6. Assume all responsibility for the quality of instruction and for ensuring that all curricula, supervisors, and instructors meet the requirements of the professional college.

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7. The Individual shall indemnify and save harmless FH from and against all liability including, but not limited to claims, losses, damages, judgments, costs, expenses, actions and other proceedings made, incurred, sustained, brought, prosecuted or threatened to be brought or prosecuted that are based upon, occasioned by or arising out of any act, error, deed, matter, thing, negligence or omission on the part of the Individual arising out of this Agreement, and agrees to maintain third party liability coverage to a minimum of \$2 million, naming FHA as an additional insured. A current copy of this certificate is to be kept on file at FH during the course of this agreement.

2. Fraser Health’s responsibilities are to:

1. Provide the individual with a desirable supervised practice experience within the scope of health care services provided at this facility.
2. Maintain the quality of client care while offering the individual an opportunity to learn.
3. Identify a liaison person with whom communications and feedback regarding the experience can be channeled.
4. Make available to the Individual the information necessary to comply with the facility's policies and procedures, especially those related to patient confidentiality and safety.
5. Provide and maintain comprehensive general liability insurance.

3. The parties agree that:

1. While in an FH facility, the Individual shall be and remain an independent student and in no sense be considered an employee or agent of FH.
2. There is no coverage for Work Safe BC type injuries sustained during the experience. FH assumes no liability for injuries sustained by the Individual. The Individual has been advised of the recommendation to maintain personal injury (death and disability) insurance to a minimum of \$500,000 and **(initial one)**:

_____ has agreed to do so, and provide evidence of same

_____ has decided not to, confirming that FHA assumes no liability for injuries, and will not be held responsible (complete *Waiver and Release of Responsibility* form {attached to this document})

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Date(s) of Supervised Practice: _____

Profession/Professional College of Individual: _____

Name of FH Supervisor/Manager/Lead: _____
(please print full name)

Signature of FH Supervisor/Manager/Lead: _____ Date (d/m/y): _____

Practice Area/Site: _____ Site/Location: _____

INDIVIDUALS RELATIONSHIP WITH FRASER HEALTH:

- Employed Staff
- Medical Staff
- Other _____

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Signed at _____ (*city*) this _____ day of _____ 20 ____

SIGNATURE OF INDIVIDUAL

Name (Please Print)

Signature

SIGNATURE OF WITNESS

Name (Please Print)

Signature

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WAIVER AND RELEASE OF RESPONSIBILITY

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND LIABILITIES - PLEASE READ CAREFULLY

The Fraser Health Authority (hereinafter called Fraser Health) requires individuals to have accident insurance coverage as a condition of participating in a supervised practice experience. In consideration of the benefits to be achieved by facilitating a supervised practice experience (hereinafter called "experience") and the risks associated with the applicant not having accident insurance coverage for the duration of this placement, Fraser Health has drawn up this waiver and release of responsibility.

DISCLAIMER CLAUSE:

The Fraser Health Authority (Fraser Health) is not responsible for any injury or damage suffered by _____ (*name of individual*) arising from or related to his/her in the _____ (*practice area*) of Fraser Health, located at _____ site(s).

AGREEMENTS:

I _____, (*name of individual*) hereby acknowledge and agree that I am not an agent, employee or servant of Fraser Health for the purposes of this experience.

I acknowledge that I wish to participate in this experience in the _____ department/practice area and I hereby accept full responsibility for and assume all risks for myself and waive any responsibility or duty that Fraser Health may have in these circumstances.

In consideration of Fraser Health permitting this experience, I hereby release Fraser Health, its Directors, officers, employees, agents and attending physicians from any and all liability for any loss, injury or damage, which I may suffer during the course of my supervised practice experience with Fraser Health.

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I acknowledge and agree that I will abide by the applicable policies and procedures of Fraser Health and follow the directions and instructions of duly authorized employees of Fraser Health.

I acknowledge that I am nineteen (19) years of age or over, and I have read this Liability Release and I accept the above Disclaimer Clause as evidenced by my signature.

Signed at _____ (*city*) this _____ day of _____ 20 _____

SIGNATURE OF INDIVIDUAL

Name (Print Please)

Signature

SIGNATURE OF WITNESS

Name (Print Please)

Signature

* Form adapted from Interior Health Authority

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APPENDIX C

**OATH OF CONFIDENTIALITY ACKNOWLEDGEMENT
FOR JOB SHADOW, CAREER OBSERVATIONAL EXPERIENCES,
AND SUPERVISED PRACTICE EXPERIENCES**

The collection, use and disclosure of personal information under the custody and control of Fraser Health are governed by British Columbia's *Freedom of Information and Protection of Privacy Act (FOIPPA)* and the policies of the Fraser Health Authority.

Individuals who have direct or indirect access to personal and corporate information, are required to ensure the confidentiality of personal information and exercise discretion when discussing the business of the Fraser Health Authority. During learning experiences, all information is confidential and shall only be accessed on a "need to know" basis to carry out individual responsibilities and *facilitate education. Under no circumstance, will individuals permit unauthorized access to, or use of, personal or corporate information.

Information shall not be altered, copied, interfered with, destroyed or removed except as authorized.

Individuals acknowledge their electronic personal user identification (ID) is equivalent to a legal signature. Personal user IDs shall not be disclosed to anyone nor shall an attempt to learn or use another person's user ID be made. Individuals acknowledge they have an obligation to report any unauthorized disclosures or demands for disclosure from outside of Canada, including subpoenas, warrants, or court orders to the Fraser Health Information Privacy Office.

This **signed Fraser Health Confidentiality Acknowledgement is valid for the duration of your experience.** Compliance with confidentiality policies is a requirement of learning experiences and failure to comply may result in immediate dismissal from the experience, in addition to legal action.

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I acknowledge that I have read and understand the Fraser Health Policy entitled Confidentiality and Security of Personal Information and understand the consequences for breach of this policy. I further acknowledge that I have read and understand the contents of this Confidentiality Acknowledgement Statement.

Legal Name of Individual (Please print first and last name)	Previous Name (if applicable)
Name of Organization (if applicable)	Name of Program (if applicable)
Signature	Date (d/m/y)
Name of Parent/Guardian (print)	Signature of Parent/Guardian
<small><u>Note:</u> Required if individual/student is under nineteen (19) years of age.</small>	
Experience Start Date (d/m/y)	Experience End Date (d/m/y)

Retain a copy of the completed form for your personal records AND
 Submit **original** signed form to:
 Lead (or designate) that granted permission for the experience.