

## UNC-PrimeCare4Youth Program ASSURANCES FORM

**Please initial to indicate you have read, understand, and agree to the following:**

### **UNC-PrimeCare Selection Process**

I understand that UNC-PrimeCare4Youth project personnel will review and rank all applications. Submission of an application does not guarantee acceptance into the program.

### **Required Courses, Seminars & Stipend Payment Process**

I understand that if accepted, I will register for all required courses.

I understand that if accepted, I must participate in all required supplemental trainings held over the course of the academic year.

I understand that once accepted, I will be eligible for a stipend of up to \$10,000. I further understand that my eligibility to receive this stipend is contingent upon my continuing satisfactory participation in the program, including but not limited to completion of all required classes, supplemental trainings, capstone project and field placement/internship at an approved UNC-PrimeCare4Youth site.

I understand that as a trainee, I must agree to complete administrative forms requested to help evaluate the program as required by funding from HRSA. This may include but is not limited to pre and post-test questionnaires, Qualtrics surveys, and focus groups.

### **Participant Field Education/Internship Agreement**

I understand that if I am accepted as a UNC-Prime Care4Youth trainee, I will request, and must be placed at an approved internship/field agency. All applicable UNC-CH School of Social Work, School of Education and School of Medicine placement policies and procedures apply.

I understand that if I am accepted into the UNC-PrimeCare programs, I will be required to do the following:

1. To follow the policies, standards, and practices of the facility where I complete my field education/internship experience (the "AGENCY") including but not limited to HIPAA.
2. To abide by the policies of The University of North Carolina at Chapel Hill and the Schools of Social Work, Education, and Medicine (the "UNIVERSITY"), including but not limited to applicable Code of Conduct and honor codes.
3. To report to the AGENCY on time and to follow all established regulations of the AGENCY.
4. If requested to undergo a health examination as required by the AGENCY including testing to determine infectious or contagious diseases and/or to provide evidence of immunity as may be appropriate and to meet AGENCY requirements.
5. To undergo a drug screen and criminal background check as may be required by the AGENCY.
6. To keep confidential and private all medical, health, mental health, financial and social information pertaining to any particular client, student or patient that I am exposed to as part of the UNC-PrimeCare program.
7. To not publish any material related to the clinical/field education experience that identifies or uses the name of the UNIVERSITY and the AGENCY its members, officers, clients, patients, students, or faculty, directly or indirectly, unless I have first received written permission from the UNIVERSITY and the AGENCY.
8. To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
9. To follow Center for Disease Control and Prevention (C.D.C.) COVID-19 guidelines and Universal Precautions for Blood-borne Pathogens, C.D.C./DHCC Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standards.
10. To wear a name tag that clearly identifies me as a student at all times while in the AGENCY if required.
11. To not present myself as an employee of the UNIVERSITY or the AGENCY.

I understand and agree that I may be immediately withdrawn from the AGENCY's educational training program or dismissed, suspended or expelled based upon a perceived lack of competency on my part, or my failure to comply with the rules and policies of the UNIVERSITY or AGENCY.

I understand and agree that I may be immediately withdrawn from the AGENCY if I pose a direct threat to the health or safety of others or, for any other reason the UNIVERSITY or the AGENCY reasonably believes that it is not in the best interest of the UNIVERSITY, the FACILITY or the AGENCY' s patients or clients.

I understand that my stipend may be suspended if I am forced to withdraw from the AGENCY for any of the reasons noted above.

I further understand that potential risks of internship/field education include, but are not limited to, exposure to infectious diseases, hazardous chemicals, personal injury, illness, and even death. I also understand it is my responsibility to become informed of AGENCY policies and practices regarding the management of these issues in order to minimize the risks to me. I accept these risks.

I further understand that all medical or healthcare (emergency or otherwise) that I receive at the AGENCY will be my sole responsibility and expense, unless I am eligible for Worker's Compensation coverage as determined by the UNIVERSITY.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, and that I have freely and voluntarily signed this Agreement.

**Signature:**

**Printed Name** (First, Middle Initial, Last):

**Date:**

