



STUDENT SUPPORT POLICIES — SECTION 600

NUMBER: 642

SUBJECT: CLINICAL EXPERIENCES FOR MINOR STUDENTS

LAST REVIEWED: 1/18/2023

EXECUTIVE STAFF APPROVAL: 1/30/2023

BOARD APPROVAL: 3/15/2023

FACULTY REVIEW:

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642.1 POLICY

1.1 Clinical Experience Statement

This statement can be found on the website, syllabi, handbooks, and in other applicable course documents:

*This course and/or program contains a clinical and/or externship experience segment in which the student will **observe** and **perform** specific healthcare procedures in direct contact with a patient that may include personal care, patient bathing, bathroom assistance, or other types of contact with the body.*

1.1.1 Parental Consent for participation for minors

1. A minor student will not be permitted to participate in a clinical and/or externship experience until they have parental consent to do so.
2. Absence of parental consent is assumed, without exception, to be denial of permission

1.1.2 Necessity of the clinical and/or externship experience in training and performance of the occupation

1. The clinical and/or externship experience is critical to completion of any MTECH healthcare program and for eligibility to certify, where applicable.

1.1.3 Consequences for program completion if the students does not participate in the specified activities:

1. If a student and/or the parent or legal guardian of a minor student opts out of participating in the clinical and/or externship experience, the student will not be eligible for an MTECH certificate or industry certification, where applicable.

1.1.4 Provisions for withdrawal including process and deadlines

1. Students will be required to adhere to the refund policy for withdrawal deadlines and refunds of tuition and fees.

642.2 PROCEDURE

2.1 Minor students enrolled in healthcare programs that include a clinical and/or externship experience will be given a parental consent form to be signed and returned to the instructor by the designated due date.

2.2 This form must be completed and filed with the student's records in order to participate in the clinical and/or externship experience.



Mountainland Technical College
Parent/Guardian Consent Form

Dear Parent/Guardian,

Your student is enrolled in the Nurse Assistant Program at Mountainland Technical College (MTECH). This course contains a clinical experience segment in which the student will observe and perform specific healthcare procedures in direct contact with a patient that may include personal care, patient bathing, bathroom assistance, or other types of contact with the body.

The clinical experience is critical to completion of any MTECH healthcare program and for eligibility to certify with the State of Utah and be eligible for employment as a Certified Nurse Assistant (CNA). If the student and/or parent/guardian opts out of participating in the clinical experience, the student will not be eligible for an MTECH certificate or industry certification.

Please read the form carefully, select one option, sign, and return to the instructor. Your student will not be able to participate in the required clinical experience without this completed and signed form on file.

Option 1:

I grant permission for my student to participate in the clinical experience as described above

Option 2:

I will contact the Program Coordinator, Tiffany Haggerty, to discuss the clinical experience in more detail

Option 3:

I do not want my student to participate in the clinical experience. I understand that if we choose to stay in the class, it will be for high school credit only and my student will not be eligible for an MTECH certificate or to certify with the State of Utah as a Certified Nurse Assistant

Option 4:

I do not want my student to participate in the clinical experience and they will withdraw from MTECH. I understand that the published Refund Policy still applies to my situation and I may not be eligible for a refund of student fees paid to MTECH for the Nurse Assistant course.

Student Name:

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Parent/Guardian Phone Number:

Relationship to Student:

Date:
