

**CNS Academy For Healthcare Professionals, Inc**  
**187A High Street**  
**Holyoke, MA 01040**  
**413-998-3176**  
***cnsacademyhealthcare.com***  
**[cnsacademy@yahoo.com](mailto:cnsacademy@yahoo.com)**

**STUDENT ACKNOWLEDGEMENT**

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

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

I hereby acknowledge that I have received the CNS Academy for Health care Professionals Orientation Policy Manual and I have reviewed the policies in this booklet with the Instructor assigned.

- Attendance Policy / Uniform Policy
- Privacy Acknowledgement and Non-Disclosure
- Abuse and Neglect Policy
- Competency Evaluation Skills Testing Procedures

\_\_\_\_\_  
Initials

I have been given the opportunity to ask any questions needed to clarify the information contained within. I also understand that I may request additional information or explanation at any time while I am a student with CNS Academy for Healthcare Professionals.

\_\_\_\_\_  
Initials

I also understand that if any part of my student file is incomplete at the time of completion of the course, I will not receive my Transcripts and/or a Certificate of Completion, such as but not limited to.

- ALL SCHOOL TUTION, FEES AND ANY OTHER EXPENSE PAID IN FULL**
- Driver's License or State ID
- CPR Certification
- Quizzes/Final Exam/Mock Skills Exam and all any other Educational Criteria

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I hereby accept this agreement on behalf of the school.

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date

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*Attendance Policy*

All students are expected to attend required class, laboratory and related experiences, show evidence of preparation for learning and activity and be punctual.

Students must complete **119.0 hours** which includes **50.0 hours** (fifty hours of classroom) instruction/skill practicum, **39.0 hours** (thirty nine hours of laboratory practice and **30.0 hours** (thirty hours of clinical) experience in the approved long-term care facility as approved by the program.

Absences are not allowed except in extreme circumstances and only if accompanied by a physician's statement. It is the responsibility of the student to be in class when the class begins. If you are absent when the class begins you should make arrangements to withdraw from the class.

Make-up work is not allowed unless you have missed the class for an emergency and can document that emergency. This only applies to one (1) missed class and does not apply to the clinical rotation.

There is 100% attendance compliance required with the Clinical Rotation. If you miss a Clinical day you will be withdrawn from the class and must start the Clinical Rotation over from the beginning, the next time it is offered.

**UNIFORM POLICY**

CNS Academy for Healthcare Professionals believes that proper dressing is essential for the student to present themselves in a professional manner to promote a positive environment. Therefore, students are expected to dress in an appropriate and acceptable manner for class, for clinical and any activity related to training. Students are required to wear ID badges at all times while at the academy for clinical rotation.

**CLINICAL:**

Students will wear navy blue scrub uniforms with natural or white hose for women and white socks for men. White crew neck tee shirt or white mock turtle necks may be worn under the scrub tops for warmth. White lab coats or jackets may also be worn. White shoes/tennis shoes and name badge. "No open toed or open back shoes."

No visible body piercing is allowed other than earrings. Limited jewelry, earrings are to be only small tack, no hoops. Artificial nails or nails that are long may not be worn by any student who provides direct resident care.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

School Official Signature

\_\_\_\_\_

Date

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## ***PRIVACY ACKNOWLEDGEMENT AND NON-DISCLOSURE AGREEMENT***

The facility is committed to protecting the privacy of all Residents and protecting the confidentiality of their health care information. The following specific principles are applicable to all of the facility employees, independent health care professionals involved in the care of Residents at the facility, volunteers, students, faculty, vendors and contractors regardless of their job classification or position.

While working with Residents at/or the facility, I realize that I may have access to/or become aware of confidential Resident medical information, whether or not I am directly involved in providing care to that Resident. I understand that I must keep this information in the strictest of confidence. As a condition of my employment or work at the facility, I agree that I:

- Will not verbally or in any written form disclose confidential Resident information to any unauthorized person.
- Will not permit any unauthorized person to examine or make copies of any Resident's records, reports, other documents, or data files prepared, controlled, or accessible by me at any time during or after my employment or work at the facility.
- Will not examine, use, or disclose confidential Resident medical information except as needed to perform the duties of my job.
- Will not knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.
- Will not remove or copy any record or report from the office where it is kept except in the performance of my duties.
- Will report any violation of this policy.

If I have access to computerized information or programs at the Nursing Home, I understand that the information accessed through all facility information systems contains sensitive and confidential Resident care, business, financial and Nursing Home employee information that should only be disclosed to those authorized to receive it. I commit to:

- Respect the ownership of proprietary software, by not making any unauthorized copies of software even when the software is not physically protected
- Respect the finite capability of the systems and limit my own use so as not to interfere unreasonably with the activity of other users.
- Respect the procedures established to manage the use of the system.
- Prevent unauthorized use of any information in files maintained, stored or processed by the facility.
- Not operate any non-licensed software on any computer provided by the facility. Not utilize anyone else's authentication code or device in order to access any of the facility system.
- Respect confidentiality of any reports printed from any information system containing Resident/member information and handle, store and dispose of these reports appropriately.

- Not release my authentication code.
- I understand that my picture may be taken and used for advertising and publishing on social media's such as Face Book.
- I understand that all access to the system will be monitored.
- I Understand that my computer system privileges hereunder are subject to periodic review, revision and if appropriate renewal.

I understand that a violation of this agreement may result in corrective action up to and including discharge or termination of my student enrollment at CNS Academy for Healthcare Professionals and that my obligations under this agreement will continue after termination of my student enrollment.

By signing this, I agree that have read, understand and will comply with the facility's policies concerning confidentiality of information and use of computerized information systems and the statements made in this Agreement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date

## ***ABUSE AND NEGLECT POLICY***

It is the policy of CNS Academy for Healthcare Professionals to ensure that service will be free of physical, verbal, psychological, sexual abuse and neglect. Patients, Residents and/or Clients serviced by CNS Academy for Healthcare Professionals Students, during clinical rotation, will be treated with respect and dignity. Any form of abuse or neglect is strictly prohibited.

### **Definitions:**

#### **Physical Abuse:**

Includes, but is not limited to shoving, striking or kicking a person serviced, unauthorized restrictions of freedom of movement (i.e., restraint, seclusion).

#### **Verbal Abuse:**

Includes, but is not limited to teasing, ridiculing, and scolding, speaking harshly or rudely, laughing at or using profane or abusive language toward the person being cared for.

#### **Sexual Abuse:**

Includes any sexual activity between staff and persons being cared for, or non-consenting sexual activity between persons to include staff persuading, enticing and /or encouraging sexual activity between one or more unwilling persons.

#### **Psychological Abuse:**

The use of non-verbal expressions or actions in such a manner that subjects a person to ridicule, humiliation, scorn or contempt.

#### **Neglect/Mistreatment:**

Includes, but is not limited to the failure to provide the person with food, clothing, and medical care, assistance with personal hygiene, supervision and clean and safe environment.

#### **Exploitation:**

The unfair use of an individual to one's own advantage.

### **Comment**

- All students/staff/consultants share the responsibility of assuring that all persons being cared for are free from abuse or neglect.
- All Persons being cared for should be treated with respect and should not be demeaned, belittled or degraded.

- CNS Academy for Healthcare Professionals will not teach individuals with a conviction or prior employment history of child, elderly, or any abuse, neglect or mistreatment. Reference of past criminal activity will be checked by CNS Academy for Healthcare Professionals, as per federal, state, and local rules and regulations.
- CNS Academy for Healthcare Professionals and the facility, will actively and aggressively investigate all allegations of abuse and/or neglect. At the time of the report, investigation procedures are to be followed.
- Immediately upon observation or discovery of abuse or neglect, a report to the Executive Director of the facility or Director of Nursing of the facility must be made. Failure to report will result in disciplinary action up to, and including, termination of enrollment.
- Students/staff/independent contractors will ensure that medical/nursing attention is provided immediately as needed for treatment of possible trauma.
- Guardian/advocates and /or advocates care coordinators, case managers, and appropriate state agencies must be notified as per federal, state, and local rules and regulations.
- A preliminary decision regarding the allegation shall be made within five (5) calendar days of the allegations unless doing so would violate protective service procedures. A final written report must be completed within 7 days from the incident.
- All students/staff/independent contractors will receive instruction/training in preventing and reporting abuse, mistreatment or neglect of persons on at least an annual basis as well as instructions in the appropriate approaches to managing persons with Alzheimer's and Parkinson's disease.
- Any person who is subjected to retaliatory action upon making a report of individual abuse, neglect or exploitation, or whose report is ignored without cause, shall immediately contact the Executive Director. Any employee found guilty of retaliatory action may be subject to disciplinary action.
- **Student acknowledges that they may be required to submit to a background check as a precondition of participating in a clinical/internship component of the training. Students need to be aware that past criminal records may prohibit them from participating in clinical/internship components of training and/or gaining employment within the medical field.**
- In accordance with State guidelines.

I have read and understand the above policy on abuse and neglect. I agree to abide by this policy on abuse and neglect.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RN/Director  
Position at the Facility

Note: This policy must be signed and on file, prior to acceptance of enrollment.