

**West Chester University of Pennsylvania**  
**Student Attestation for Affiliation Placement**

I, \_\_\_\_\_, student at West Chester University (“University”), have requested a/an \_\_\_\_\_ (internship/field experience/clinical rotation, etc.) (“Program”) at \_\_\_\_\_ (“Site”). I have chosen to participate in the Program at the Site.

I understand and acknowledge all of the following:

- My placement at the Site is made pursuant to and in accordance with a written agreement between the University and Site (the “Agreement”).
- The Agreement contains important requirements that I must comply with before I am permitted to begin the Program, and it contains additional requirements that I must comply with in order to remain in the Program.
- I have carefully read the entire Agreement and I understand all of the requirements that I am subject to under it.
- Under the Agreement, the Site may require the University to attest to my criminal history background, health screenings and vaccines, and/or drug screenings prior to me being permitted to participate in the Program at the Site.
- Under the Agreement, the Site may require me to complete and provide evidence to the University and/or the Site that I have completed, obtained, or will comply with a number of items, including, but not limited to any or all of the following, prior to the start of or while participating in my Program: criminal background checks, drug screening, health screening, vaccines, health insurance, professional liability insurance, general liability insurance, religious directives, drug/alcohol policy, statement of personal responsibility, confidentiality, HIPAA, and additional training as required.
- I understand that I am not an employee of the University and not entitled to, nor will I receive wages, vacation pay, paid sick leave, retirement benefits, social security, workers’ compensation, health insurance, disability or unemployment insurance benefits or other employee benefits of any kind.
- I understand that the Site requires me to follow their procedures and protocol regarding the Pandemic and SARS-CoV-2.
- Under the Agreement the Site may require me to comply with laws and regulations including, but not limited to any or all of the following: HIPAA, HITECH, and additional laws and regulations contained in the Agreement.
- The University is an institution of higher education and as such cannot provide legal advice or legal representation. In the event that I require legal advice or legal representation, I will contact my attorney.

Because of the foregoing, I agree to all of the following:

- (1) I will submit to all requirements identified in the terms of the Agreement at my own expense.

(2) If I do not complete the requirements of the Site, I may not be able to begin placement at the Site.

(3) If I do not comply with the ongoing requirements of my placement, I may be removed from the placement pursuant to the terms of the Agreement.

(4) If the Agreement requires the University to verify criminal history background checks, health screening, vaccinations, and/or drug screenings, I authorize the University to review the results of those criminal history background checks, health screening, vaccinations, and/or drug screenings and to provide the results to the Site if required by the Agreement or for participation in the Program at the Site.

(5) If any of my criminal background checks show any offenses—in other words, anything other than “No Record”—I may not be able to participate in the Program at Site. Additionally, I authorize the University to discuss each of my criminal background checks with the Site. The Site will make the determination as to whether I may participate in the Program at the Site if I have anything other than “No Record” on any clearance or background check.

(6) If my health screening, vaccinations, and/or drug screenings are not complete or show values outside of the normal range – I may not be able to participate in the Program at the Site. Marijuana is included as part of the Site-required drug screen and that testing could capture any marijuana use, including use of medical marijuana that has been prescribed by a physician.

(7) I expressly authorize and grant permission to WCU to disclose my Pandemic and SARS-CoV-2 related health status to Site.

(8) I understand that I am prohibited from publishing any material related to my education experience that has not been reviewed and approved by the Site.

(9) I agree to learn, understand, and comply with all of the laws and regulations contained in the Agreement.

Student Name (Please type or print): \_\_\_\_\_ WCU Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ WCU Email Address: \_\_\_\_\_

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