Access Family Care, LLC
712 West 25th Street, Sanford, FL 32771
www.accessfamilycarefl.com
Phone: 407-402-2303
Fax: 407-321-0461

Student Clinical Agreement

Student Information

Name: _____ Last 4 digits of SSN: _____

Email: _____ Preferred Phone #: _____

Place of employment/ immediate supervisor name and contact information:

_____

Term/Course (check applicable): ___ Nurse Practitioner
___ Medical Student
___ Medical Administrative Assistant
___ Post Graduate Clinical Rotation

Roles and Expectations

Students are required to comply with the policies, rules, regulations, and ethical standards of Access Family Care, LLC in providing care to individuals across the lifespan. Students must behave in a respectful manner, perform in a manner that respects and accepts cultural differences, and agree to accept guidance from the assigned clinical trainer. Students are expected to be active participants throughout the clinical experience. Students are required to:

- Demonstrate professionalism in appearance, behavior, and communication
- Complete the assigned number of clinical hours agreed by the institution
- Be punctual, and speak directly to the office manager/supervisor for other time conflicts
- Maintain Confidentiality and privacy

Student Signature: _____ Name of Supervisor: _____

Date: _____

*** Copy of resume and a government issued identification form must also be submitted***

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Name of Attending Institution:

Program:

Program Duration:
Start Date: _____ End Date: _____

Reason why you chose this field:

Goals:

_____
_____
_____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Signature: _____ Date: _____