

**Eve & Gene Black Summer Medical Career Program**  
**PARTICIPANT BEHAVIOR POLICY & CONTRACT**

In order to participate in the Eve & Gene Black Summer Medical Career Program, the selected student, together with the full knowledge and assistance of their parent/guardian, agree to adhere to ALL of the following requirements:

1. **Complete, submit and/or comply with all clearance requirements and their corresponding deadline(s)** as given to you by your specific volunteer or medical facility coordinator. This *may* include but is not limited to: online application, orientation(s), HIPAA training, TB testing, immunization record submission, finger printing/background check & training modules. Most requirements are scheduled on a weekday, after school or on a weekend during April, May and/or June.
2. **BE POLITE, BE ENTHUSIASTIC, BE ATTENTIVE and BE GRATEFUL!** Remember that your coordinator(s), as well as all other medical professionals/departments/offices that you visit and/or interact with, are *donating* their time and energy to give you this educational medical experience. Even if *you* don't consider a particular topic interesting, find something to learn and always be appreciative. Bad attitudes and disrespectful behavior will NOT be tolerated.
3. **Respond PROMPTLY to all communication from your coordinator(s)** by the contact method they prefer, usually email and/or phone. Check for messages, OFTEN. Make sure coordinator(s) have your current contact information.
4. **Obey all hospital/medical facility rules, regulations and policies** as given to you in a training, an orientation, by a specific department/center/office and/or by your program coordinator, especially as they apply to patient confidentiality. Obey ALL instructions given to you by your coordinator(s) or any other supervising personnel. If you do not understand an instruction, politely ask for clarification.
5. **Dress in professional attire.** Follow any dress code stipulations/uniform requirements given to you by your medical facility or your coordinator(s).
6. **Abide by the electronic policy given to you by your facility coordinator.** The use of cell phones and/or other electronic devices for calls, texting or music is NOT permitted during your rotation time, unless authorized by your coordinator. If you are allowed to carry a cell phone, it must be on vibrate and all incoming calls/messages are to be returned at designated break times. You *may* be asked to leave your electronic devices in a specific, secured area. If that is the case, your coordinator will provide an emergency number for parents/others to use to reach you.
7. **Show up EVERY day of your program.** Contact your Coordinator ASAP if you will be absent due to an *acceptable* reason, like illness. Do NOT schedule vacation, college orientation, doctors' appointments etc., during the program.
8. **Arrive ON TIME;** tardiness is not tolerated. If the unexpected arises, such as a SIG Alert and you are going to be late, contact your coordinator immediately using the contact method that s/he has specified.
9. **Be where you are supposed to be, when you are supposed to be there.** Follow your assigned rotation schedule and the corresponding times as provided to you by your coordinator. Do NOT leave a department/rotation early and/or go to another area of the medical facility *unless* directed or authorized by your coordinator.
10. **Report any and all problems** that you have with an assigned duty or rotation to your coordinator as soon as possible. Maintaining a good relationship with all the people, practices and departments involved, is IMPERATIVE to the future of the Eve & Gene Summer Medical Career Program at our participating medical centers and offices.
11. **Submit the REQUIRED Exit Essay to LAPS.** See Exit Essay Requirement form given to you in your acceptance package and also found on [www.lapedsoc.org](http://www.lapedsoc.org). **Coordinators will be notified if you do not complete this requirement and will be instructed not to provide any future verification of internship completion or letters of recommendation.**

I have read the Policy & Behavior Contract as outlined above. I understand that failure to adhere to said Contract may result in **my expulsion** from this program and if applicable, the forfeiture of any unpaid/remaining stipend.

Student Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

As the parent/guardian of the above student, I acknowledge the commitment that s/he is making as a participant in this program. I have read and will assist her/him to adhere to the Policy & Behavior Contract as outlined above.

Parent Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_