**Agreement for Physician Assistant and Nurse Practitioner Students**

I, (*print name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that while I

am a student using Great River Health System facilities, I will abide by all bylaws, rules,

regulations and policies of the organization. In signing this agreement, I understand:

• I will wear a Great River Health System name and access-specific name badge at all times

while in the health system.

• I may not treat or prescribe for hospital patients except under the direct supervision of the

attending physician or preceptor.

• I may perform the following clinical responsibilities/activities **if they are within the scope**

**of my training and under direct supervision**:

1. Document a review of systems, vital signs, chief complaint, history of present illness, and past medical, social, and family history.
2. All histories performed and orders proposed by the students must be countersigned by the attending physician or preceptor.
3. Assisting in surgery or delivery. The attending physician or preceptor must be present in the room at all times. Direction on the types of procedures in which a student may assist shall be provided by the appropriate medical staff chief of service after consultation with the supervising physician or preceptor.
4. **Students may not assume responsibility for making a final diagnosis or directing patient care.**
5. Students’ review of systems, vital signs, chief complaint, history of present illness, and past medical, social, and family history, when properly edited and countersigned by the attending physician or preceptor, will become the official chart copy.

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Signature of student Date