



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

## Vera Z. Dwyer College of Health Sciences Course Terms

HSC-A291: Service Learning in Health Sciences I & HSC-A491: Service Learning in Health Sciences II

The following establishes the terms and condition of the contact between the student, Indiana University South Bend, and the community site in which a limited duration immersion experience will be performed. It is the subject of this document to provide a record of the community site, the representative of the Vera Z. Dwyer College of Health Sciences at Indiana University South Bend, and the involved student. For all sites where clinical patient contact is performed, an affiliation agreement between the site and Indiana University South Bend must be established in advance of patient contact. In all cases, a facility representative is responsible for the product of the student's work.

_____	_____
Student Name	Student ID Number
_____	
Student Address	
_____	
_____	_____
Student Email	Student Phone Number

_____	
Community Site Name	
_____	
Community Site Address	
_____	
Community Site Supervisor Name	
_____	
_____	_____
Community Site Supervisor Email	Community Site Supervisor Phone Number

Please initial below when the following tasks have been read and completed:

\_\_\_\_\_ The student acknowledges that a background check, health records, and other information may be needed for their community site.  
student initials

\_\_\_\_\_ The student has CPR/AED certification records submitted to Health Sciences at IU South Bend.  
student initials

\_\_\_\_\_ The student is responsible for medical costs incurred from accident/injury at the community site.  
student initials

\_\_\_\_\_ The student and the community site supervisor have established student expectations.  
student initials

\_\_\_\_\_ The student has discussed professionalism, attire, and communications expectations with community site supervisor.  
student initials

\_\_\_\_\_ The student has discussed appropriate hour requirements with community site supervisor.  
student initials



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The student will complete \_\_\_\_\_ total hours which will constitute \_\_\_\_\_ credit hours for the course. The hours need to be completed by the last day of classes of the current semester. *The student is responsible for establishing appropriate hours based on the needs of the community site and the student. Students will submit hours every third week in class and also complete a final hour report.*

Please provide an explanation of duties below:

By signing, the student acknowledges they understand and will adhere to all policies and procedures of the community site and the Vera Z. Dwyer College of Health Sciences. The student is responsible for reviewing the policies designated in the syllabus and for communicating with the community partner on the necessary requirements and policies that apply to the experience. Inability to complete these responsibilities may result to removal from the community site and/or class failure.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
IU South Bend Course Advisor

\_\_\_\_\_  
Date

*For internal use only:*

CPR/AED/First Aid on file

*Updated July 2018*