

Clinical Placement Toolkit for Nursing Students in Long-Term Care

This toolkit is designed to strengthen academic-clinical partnerships, elevate the role of long-term care in nursing education, and inspire students to explore geriatric nursing as a rewarding and impactful career pathway.

INSIDE THIS TOOLKIT, YOU WILL FIND:

Why Long-Term Care Matters: Inspiring the Next Generation of Nurse



Busting Myths about Nursing in LTC

Long-term care (LTC) clinical placements offer students essential training in core nursing competencies such as communication, patient assessment, time management, and critical thinking—skills that are valuable in all healthcare settings.

Building Powerful Academic– Practice Alliances



Communication Plan

Simple, clear and effective communication is the foundation of successful clinical placements in long-term care settings. This communication plan provides a structured framework outlining the key roles, responsibilities, and processes for both nursing programs and long-term care facilities to support effective coordination and a meaningful learning experience for students.

Setting the Stage for Student Growth and Resident Impact



Student Orientation Template

This template offers guidance on the core topics and materials facilities may adopt, adapt, or replace when creating a site-specific orientation manual. The content areas outlined are recommended for inclusion to ensure students are well-prepared for their clinical placement.

Acknowledgment

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Introduction

Long-term care (LTC) clinical placements offer powerful and transformative learning opportunities for nursing students while supporting the development of a resilient and prepared healthcare workforce. These experiences provide students with essential training in foundational nursing competencies such as time management, critical thinking, effective communication, patient assessment, and the promotion of dignity in care—all of which are vital across every area of healthcare practice.

LTC settings also offer invaluable exposure to aging populations and individuals with cognitive impairments, including those living with Alzheimer’s disease and related conditions. This experience not only helps nursing programs meet mental health and geriatric care requirements, but it also equips students with the empathy, confidence, and behavioral management skills needed to care for a rapidly growing segment of the population.

Importantly, many students find a calling within long-term care as they build meaningful relationships with residents and witness the profound impact of person-centered care. These placements foster a deeper understanding of the care continuum and highlight the essential role of LTC providers in the healthcare system.

This toolkit is designed to support that shared mission—empowering clinical site leaders, educators, and preceptors to create inspiring and well-structured LTC clinical placements.

Inside this toolkit, you will find:

- **Myths vs. Reality of Long-Term Care**, to help reframe perceptions and highlight the meaningful, highly skilled nature of LTC nursing.
- **A Communication Plan**, focused on strengthening partnerships, clarifying expectations, and supporting effective collaboration between clinical sites and academic programs.
- **A Student Orientation Guide**, offering a structured approach to preparing students for success through clear expectations, role clarification, and resources for a safe and meaningful clinical experience.

Together, these components will help elevate long-term care clinical placements as high-value learning environments that prepare students for the future of nursing and inspire the next generation of long-term care professionals.

Busting Myths about Nursing in LTC: Myth vs. Reality: Nursing in Long-Term Care

Long-term care (LTC) clinical placements offer essential training in communication, patient assessment, time management, and critical thinking—making this experience vital to nursing education and a powerful foundation for leadership and high-quality patient care across all healthcare settings.

Myth #1

"You don't learn real nursing skills in long-term care."

Reality:

LTC settings care for patients with complex medical conditions, such as diabetes, dementia, post-surgical recovery, and chronic disease management. You'll apply clinical reasoning, care coordination, wound care, pain management, and more.

Myth #2

"LTC is boring compared to the hospital."

Reality:

Nursing homes are dynamic environments. You'll build deep patient relationships and manage evolving care plans. LTC demands strong communication, leadership, and interdisciplinary teamwork, skills vital for *any* nursing path.

Myth #3

"If I'm not starting IVs, I'm not learning enough."

Reality:

Hands-on tasks matter, but so does **comprehensive patient assessment**, managing medications, evaluating functional status, and end-of-life care planning. **Clinical judgment** is as valuable as technical skills. LTC helps refine both.

Myth #4

"LTC nursing is the same as end-of-life nursing."

Reality:

LTC homes are welcoming communities where residents engage in a lot of living! Maximizing a resident's quality of life can bring tremendous joy. Working in LTC allows nurses to serve as advocates for the aging population who may not feel like priorities in our society.

Myth #5

"All nurses in LTC just pass meds all day."

Reality:

Many LTC facilities now use certified medication aides, allowing nurses to focus on assessment, care planning, patient education, and clinical leadership.

Myth #6

"Long-term care is a dead-end job."

Reality:

LTC offers career advancement into unit management, staff education, quality improvement, and nurse practitioner roles.

Myth #7

" LTC nursing doesn't involve bedside care."

Reality:

LTC nurses must possess well-developed, astute assessment skills and the ability to respond rapidly to a resident's change in condition. LTC nurses give residents clinical support by delivering curative, supportive, rehabilitative and palliative care using a person-centered approach.

Myth #8

" LTC nursing doesn't include teamwork."

Reality:

LTC requires an interprofessional team approach. LTC nurses are links between the care team, specialists, residents and family members. A nurse in LTC may be responsible for supervising many team members, including students.

Communication Plan

This communication plan guides nursing programs and long-term care facilities through every phase of the student placement lifecycle—from initial site engagement to post-rotation evaluation—ensuring timely information sharing, clear expectations, and a coordinated approach to student success. By standardizing communication practices, the plan strengthens partnerships, enhances the clinical learning environment, and promotes positive outcomes for students, residents, and care teams.

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Clinical Placement Team: Roles and Responsibilities

The clinical placement team is composed of key individuals from both the **School of Nursing** and the **Long-Term Care (LTC) Facility**, working in partnership to plan, implement, and support nursing student clinical experiences.

School of Nursing Roles

1. Clinical Placement Coordinator

- **Role:** Serves as the administrative lead for student placements, managing the logistics of clinical assignments, coordinating affiliation agreements, verifying student compliance, and acting as the bridge between academic leadership and clinical sites.

2. Health Compliance Coordinator

- **Role:** Manages immunization and health documentation for students and instructors and provides the roster along with the attestation letter. Serves as the primary contact for clinical sites to obtain CORIs, immunization records, COVID exemption status, and other detailed health information as needed.

3. Faculty Member / Clinical Instructor

- **Role:** Acts as the frontline academic contact during the clinical rotation. They guide students in achieving learning objectives, maintain regular communication with site staff, address day-to-day concerns, and support the overall success of the placement.

Long-Term Care Facility Roles

1. Facility Leadership (Administrator or Executive Director)

- **Role:** Provides organizational commitment to student engagement. Their endorsement ensures that student education is integrated into the facility's mission and operations, helping to foster a culture that values learning and professional development.

2. Designated Education & Training Liaison may hold different titles such as: *Staff Development Coordinator, Educator, Clinical Site Liaison, or Director of Nursing.*

- **Role:** serves as the primary liaison between the LTC facility and the school. Oversees orientation, reviews student readiness, ensures facility staff are informed and prepared, and supports faculty in coordinating a successful clinical experience. Acts as the day-to-day logistical coordinator. Facilitates communication between faculty and unit staff, helps resolve on-site issues, and ensures students are supported throughout their clinical rotation.

3. Unit Managers and Staff Nurses

- **Role:** Provide direct supervision and mentorship to students during their clinical shifts. Their engagement is essential for modeling best practices, supporting student learning, and helping students understand the realities of long-term care nursing.

4. Certified Nursing Assistants (CNAs) and Lead CNAs (if applicable)

- **Role:** CNAs shape the student's experience with hands-on patient care. When empowered, they can serve as informal mentors and leaders, helping to model teamwork, compassion, and high standards of care.

TEMPLATE: Clinical Placement Contact Sheet: School of Nursing and Long-Term Care Facility

This contact sheet provides key contact information for individuals involved in coordinating and supporting the clinical placement experience. Listed are representatives from both the School of Nursing and the Long-Term Care facility to ensure clear communication, quick access to relevant personnel, and smooth collaboration throughout the clinical rotation.

School of Nursing

Name	Role	Contact Information	Preferred Method
[Clinical Placement Coordinator Name]	Clinical Placement Coordinator	[Email] / [Phone]	[Email, Phone call, text, or scheduled call]
[Health Compliance Coordinator Name]	Health Compliance Coordinator	[Email] / [Phone]	[Email, Phone call, text, or scheduled call]
[Faculty Member (Clinical Instructor) Name]	Faculty Member (<i>Clinical Instructor</i>)	[Email] / [Phone]	[Email, Phone call, text, or scheduled call]

Long-Term Care Facility

Name	Role	Contact Information	Preferred Method
[Administrator or Executive Director Name]	Administrator or Executive Director	[Email] / [Phone]	[Email, Phone call, text, or scheduled call]
[Designated Education & Training Liaison]	Staff Development Coordinator, Educator, Clinical Site Liaison, or Director of Nursing.	[Email] / [Phone]	[Email, Phone call, text, or scheduled call]
[Unit Managers Name]	Unit Managers	[Email] / [Phone]	[Email, Phone call, text, or scheduled call]

Clinical Placement Communication Process

For clinical student group placements in long-term care

Establishing and maintaining effective clinical placements requires structured communication between schools of nursing and long-term care (LTC) facilities. This process typically unfolds in four phases:

- **Phase 1 – Establishing a New Clinical Site:** Initiating the relationship and completing foundational planning and agreements.
- **Phase 2 – Pre-Placement Communication:** Coordinating the details of the upcoming placement, including student preparation, orientation planning, and final confirmations.
- **Phase 3 – Ongoing Communication:** Supporting real-time, week-to-week engagement and troubleshooting throughout the clinical rotation.
- **Phase 4 – Evaluation and Feedback:** Enables structured reflection, the identification of best practices, and opportunities to address challenges collaboratively.

At each stage, clearly identified individuals within both the **School of Nursing** and the **Long-Term Care Facility** play vital roles in ensuring a successful and meaningful experience for students, staff, and residents. The tables below outline the responsibilities associated with each phase.

Phase 1: Establishing a Relationship with a New Clinical Site

Role	Responsibility
School of Nursing	
Clinical Placement Coordinator	Request: Initiates the clinical placement request to the facility's Staff Development Coordinator or Educator, typically one semester in advance.
	Agreements: Manages administrative logistics including documentation, student rosters, and affiliation agreements. Obtains clinical placement essential contact details.
Long-Term Care Facility	
Leadership (Administrator or Executive Director)	Approval and financial investment: Provide organizational support and commitment to hosting students.
	Agreements: Engages in formalizing agreements and receives updates on partnership outcomes.
Designated Education & Training Liaison (Staff Development Coordinator, Educator, Clinical Site Liaison, etc.)	Primary contact and communication: Serves as the primary on-site contact for initial placement requests and is responsible for overseeing all documentation, student rosters, and affiliation agreements.
	Manages agreements: Oversees the facility's participation in clinical education.
	Operational logistics: Coordinates operational logistics and staff preparation.
	Troubleshoots challenges: Troubleshoots placement challenges.
Nursing Team (Unit Managers, Staff Nurses, CNAs)	Notification: Receives notification that the facility is an educational site for nursing students and the days/times students will be on site.
	Student Experience: Play a critical role in shaping the student experience.

(Note: This phase includes all tasks outlined in Phase 2)

Phase 2: Pre-Placement Communication

This phase begins upon confirmation of a new site and recurs each semester as student placements are finalized.

Role	Responsibility
School of Nursing	
Clinical Placement Coordinator(s)	Placement requests: Submits placement requests and confirms intent to return.
	Affiliation agreements: Updates affiliation agreements when necessary.
	Placement requirements: Coordinates with faculty and LTC facility to confirm schedules, student rosters, placement numbers, and compliance requirements (e.g., immunizations, background checks).
	Primary contact: Serves as a bridge between academic administration and clinical site leadership. Verifies that facility contact information is current and accurate.
Faculty Member (<i>Clinical Instructor</i>)	Group placement details: Confirm student roster and submits objectives in advance.
	Coordinates Assignments: Coordinates students' assignments and addresses anticipated challenges.
Long-Term Care Facility	
Leadership (Administrator or Executive Director)	Maintain institutional commitment: Receives and approves notification of student placement
Designated Education & Training Liaison (<i>Staff Development Coordinator, Educator, Clinical Site Liaison, etc.</i>)	Primary contact and communication: Primary on-site contact for faculty and students at the beginning of the rotation.
	Manages clinical placement: Oversees the facility's overall participation in clinical education. <ul style="list-style-type: none"> • Approves student placements, designates an internal point person (e.g., liaison or staff development coordinator), and ensures the nursing team at all levels is informed and engaged. • Facilitates or oversees orientation to the facility, reviews policies, and ensures students understand expectations. • May participate in joint planning or orientation sessions with faculty.
	Integration of students: Coordinates with staff to ensure smooth integration and positive welcome of students.
	Facilitate communication: Collaborate with faculty to identify appropriate residents for learning experiences and name of facility personnel who will support students. Troubleshoots real-time issues and liaises with unit staff.
Nursing Team (Unit Managers, Staff Nurses, CNAs)	Support students' experience: Play a critical role in shaping the student experience. <ul style="list-style-type: none"> • Often serve as informal mentors and help students understand the rhythm and culture of daily care. • Lead CNAs (if applicable) may play a formal role in supporting and orienting students, helping reinforce learning and model best practices. • Staff should be encouraged and empowered to provide constructive feedback.

Phase 3: Ongoing Communication

Once the clinical rotation begins, clear and consistent communication ensures a positive and productive learning environment.

Role	Responsibility
School of Nursing	
Clinical Placement Coordinator	Monitors placement: Monitors the clinical partnership and remains available for escalation or support.
Faculty Member (<i>Clinical Instructor</i>)	Primary onsite school contact: Maintains open, weekly communication with the site liaison.
	Primary student support: Serves as the primary student support while on-site.
	Adheres to attendance expectations: Reports on-site arrival and departure to the School's Clinical Placement Coordinator. Manages and communicates adjustments to student assignments or schedules.
Long-Term Care Facility	
Leadership (<i>Administrator or Executive Director</i>)	Maintain institutional commitment: Receives periodic updates on partnership impact.
Designated Education & Training Liaison (<i>Staff Development Coordinator, Educator, Clinical Site Liaison, etc.</i>)	Manages clinical placement: Oversees the facility's continued participation. <ul style="list-style-type: none"> Engages in problem-solving or mid-placement adjustments if necessary. Greets students upon arrival, ensures they know where park, to put their belongings, where to take breaks. Makes sure they arrive to the correct nursing unit, facilitates introduction of students to unit staff
	Coordinates Assignments: Handles faculty communication regarding daily logistics and integration. <ul style="list-style-type: none"> Provides patient status updates when necessary
	Facilitate communication: Troubleshoots real-time issues and liaises with unit staff.
Nursing Team (<i>Unit Managers, Staff Nurses, CNAs</i>)	Support students' experience: Play a critical role in shaping the student experience. <ul style="list-style-type: none"> Often serve as informal mentors and help students understand the rhythm and culture of daily care. Experienced CNAs can play a formal role in supporting and orienting students, helping reinforce learning and model best practices. Staff should be encouraged and empowered to provide constructive feedback.

Phase 4: Evaluation and Feedback

Evaluation and feedback should occur after the completion of each clinical rotation, involving both the School of Nursing and the LTC facility. The goal is to assess the effectiveness of the placement experience, capture insights from students, faculty, and staff, and make adjustments to strengthen future collaborations.

Role	Responsibility
School of Nursing	
Director of Nursing or Director of Clinical Education	Collects feedback: Collects feedback from faculty and clinical partners to assess satisfaction, communication effectiveness, and overall experience.
	Student learning outcomes: coordinate and submit the evaluation with a follow-up conversation.
Faculty Member (<i>Clinical Instructor</i>)	Qualitative Feedback: Facilitates student reflection and gathers qualitative feedback.
Long-Term Care Facility	
Leadership (<i>Administrator or Executive Director</i>)	Partnership effectiveness: Participates in high-level review of partnership effectiveness. Considers impact on resident care, staff workload, and organizational readiness for future placements.
Designated Education & Training Liaison (<i>Staff Development Coordinator, Educator, Clinical Site Liaison, etc.</i>)	Manages improvements: Provides recommendations for improving student orientation or workflow integration.
Nursing Team (<i>Unit Managers, Staff Nurses, CNAs</i>)	Share experience: Offers informal feedback through team huddles or structured forms.

School-to-Facility Communication Checklist

To support a smooth and successful clinical experience, this checklist outlines the key information to be exchanged between nursing schools and long-term care (LTC) facilities at each phase of the clinical placement process—from initial affiliation agreements to end-of-rotation feedback. By clearly identifying what should be shared, when, and by whom, this tool strengthens academic-practice partnerships, and helps ensure a safe, structured, and enriching learning environment for students. Each item includes guidance on content, timing, and examples to support consistent and effective communication between academic and facility partners.

Item	Information to be included	Times of Communication	Example
Affiliation Agreement (<i>School to Facility</i>) <i>The colleges use a standardized affiliation agreement that applies to all partner clinical sites.</i>	<ul style="list-style-type: none"> Responsibilities of the college Responsibilities of the host facility Indemnification, and other applicable conditions 	Phase 1 – Establishing a New Clinical Site	see “uniform affiliation” on pages ...
Attestation Letter (<i>School to Facility</i>)	<ul style="list-style-type: none"> Full names of all students and instructor Confirmation that all individuals meet the health requirements of the facility 	Phase 2: Pre-Placement Communication	see “Attestation Letter” on pages ...
Placement Specific Information (<i>School to Facility</i>) <i>Both faculty and students must complete all facility-specific orientation materials and training requirements prior to, or at the start of, the clinical rotation.</i>	Clinical Instructor: <ul style="list-style-type: none"> Full name, professional title, and role Faculty contact information, including email and phone number Cell phone number for immediate onsite communication Preferred method and timeframe for non-urgent communication 	Phase 2: Pre-Placement Communication	see “Attestation Letter” on pages ...
	Students: <ul style="list-style-type: none"> Full names of all students Academic year and level Any required accommodations or accessibility needs (i.e., <i>including Title IX accommodations</i>) Start and end dates of the rotation Days and times students will be on-site Rotation break periods, holidays, or canceled sessions 		

Item	Information to be included	Times of Communication	Example
<i>It is standard practice for clinical instructors or faculty to initiate contact with the long-term care (LTC) facility prior to the start of the clinical rotation. This communication may occur in person or via electronic means. It typically takes place close to the beginning of the clinical term, as clinical placement agreements and faculty employment contracts are often established on a semester-by-semester basis, with faculty contracts commencing shortly before the academic term begins.</i>			
Placement Specific Information <i>(within Facility)</i> Ways to Share: <ul style="list-style-type: none"> Share clinical placement information within the facility through appropriate channels, such as email, morning meetings, or pre-placement meetings. Post student schedules and placement details on calendars located in unit manager offices. 	<ul style="list-style-type: none"> Name of school Full names of all students Academic year and level Start and end dates of the rotation Days and times students will be on-site Rotation break periods, holidays, or canceled sessions Cell phone number for immediate onsite communication <i>Requests prompt notification if any issues arise so they can be addressed early</i> Nursing student restrictions 	Phase 2: Pre-Placement Communication	None available
Learning Objectives for the Day <i>(School to Facility)</i>	<ul style="list-style-type: none"> Planned clinical skills to be practiced (e.g., medication administration, wound care, ADLs) Anticipated observations or participation (e.g., interdisciplinary team meeting, resident assessments) Recommendations on resident assignments by complexity and student level Noteworthy considerations (e.g., palliative care exposure, behavioral challenges) Student restrictions originating from the school (unable to provide care to a resident recently identified with an airborne illness, etc.) Clinical cancellation: instructor illness, inclement weather – usually the instructor calls the unit to report. Self-disclosed COVID positive student/instructor- School clinical coordinator reaches out to determine the facility’s return to clinical policy for the student 	Phase 3: Ongoing/Weekly Communication <i>Typically, clinical instructors finalize clinical assignments at the end of their clinical day for the following week. Since faculty are generally available only on their assigned clinical days, they provide this information to the clinical site approximately one week prior to their return. If the facility determines that any changes to the assignments</i>	See “clinical assignment sheet on page ...

Item	Information to be included	Times of Communication	Example
Learning Objectives for the Day (Facility to School)	<ul style="list-style-type: none"> • Site-specific student opportunities outside the student's direct assignment (administering flu vaccines to multiple residents, COVID testing, etc.) • Student restrictions originating from the facility (<i>is there a patient who is no longer able to be assigned to a student?</i>) • Clinical cancellation: DPH visit- if applicable, site contacts the instructor and the clinical coordinator of the school if students are not allowed on the site during a state inspection ahead of time as able. 	<i>are necessary, they typically communicate these adjustments the night before or on the morning of the clinical day.</i>	
Debrief and Feedback	<ul style="list-style-type: none"> • End of clinical collaborative review meeting (can be 5-10 mins) between instructor with unit manager or designee • Feedback from student evaluations • Notes on student engagement, professionalism, or learning needs. 	Phase 4 – Evaluation and Feedback:	

Notice to Nursing Team: Welcoming Nursing Students to Our Learning Community

By communicating the arrival of students through formal notice, the letter ensures that the team is aligned with the facility's educational partnerships. It prepares staff to respond supportively to students' questions, offer guidance, and work collaboratively with faculty.

Dear Team,

We are pleased to share that nursing students will soon begin their clinical learning experiences here at **[Facility Name]**. Our facility is proud to serve not only our residents but also the next generation of nursing professionals.

Please find below key information about the upcoming student rotation:

- Name of school: **[Insert School Name]**
- Start and end dates of the rotation: **[Insert Dates]**
- Days and times students will be on-site: **[Insert Days/Times]**

Your work as Licensed Nurses and Certified Nursing Assistants plays a critical role in shaping these students' early understanding of compassionate, high-quality care. Through your daily interactions, teamwork, and deep knowledge of resident needs, you serve as role models and informal educators.

Your patience, professionalism, and willingness to engage with students helps create a supportive learning environment that reflects the values we uphold. We are grateful for the way you contribute to making this a place where students feel welcome, residents feel safe, and learning can truly flourish.

Thank you for everything you do, and for helping to prepare the nurses of tomorrow.

With appreciation,
[Administrator or Executive Director Name]

MASSACHUSETTS COMMUNITY COLLEGE UNIFORM CLINICAL TRAINING AFFILIATION AGREEMENT

This AGREEMENT is made and entered into by and between Holyoke Community College, located at 303 Homestead Avenue, Holyoke, MA 01040, hereinafter referred to as the COLLEGE, and the hospital, clinic, office of other health care or medical facility noted below, hereinafter referred to as the HOST AGENCY, on the effective date noted below.

Host Agency: _____

Address: _____

Effective Date: _____

Health Programs/Concentrations to which this AGREEMENT is applicable:

Associate Degree Nursing Program Practical Nursing Certificate

WHEREAS, the purpose of this AGREEMENT is to guide and direct the parties respecting their affiliation, working arrangements, and agreements in furtherance thereof to provide high-quality clinical learning experiences for students in the COLLEGE.

WHEREAS, this AGREEMENT is intended and shall be interpreted to meet the COLLEGE's accreditation standards related to affiliation agreements with clinical affiliates which require at a minimum:

The HOST AGENCY will provide students, and faculty if applicable, access to appropriate resources for student education.

The COLLEGE is ultimately responsible for the education program, academic affairs, and the assessment of students.

The COLLEGE is responsible for the appointment and assignment of faculty members with responsibility for student teaching.

Specification of the responsibility for treatment and follow-up when a student is exposed to an infectious or environmental hazard or other occupational injury.

The shared responsibility of the COLLEGE and HOST AGENCY for creating and maintaining an appropriate learning environment.

WHEREAS, neither party intends for this AGREEMENT to alter in any way its respective legal rights or its legal obligations to any third party.

NOW, THEREFORE, in consideration thereof, the COLLEGE and HOST AGENCY, functioning collaboratively, herein agree to carry out the responsibilities as set forth in this AGREEMENT.

A. Responsibilities of the COLLEGE

The COLLEGE will plan and determine the adequacy of the educational experience of the students in theoretical background, basic skill, professional ethics, attitude and behavior and shall assign to the HOST AGENCY only those students who have satisfactorily completed the prerequisite didactic portions of the COLLEGE's curriculum.

The COLLEGE will retain ultimate responsibility for the education and assessment of its students. The COLLEGE shall designate a clinical liaison who will communicate and cooperate with the HOST AGENCY's identified site coordinator.

The COLLEGE will advise all students assigned to the HOST AGENCY facilities regarding the Health Insurance Portability and Accountability Act (HIPAA) and the confidentiality of patient/client records and patient/client information imparted during the training experience. The COLLEGE will also advise all students that the confidentiality requirements survive the termination or expiration of this AGREEMENT.

The COLLEGE will require all participating students to maintain health insurance and provide proof of health insurance to the COLLEGE. The HOST AGENCY may request the student provide proof of health insurance prior to beginning of the training experience.

The COLLEGE will ensure that faculty and students who participate in the program(s) have undergone a check for Criminal Offender Record Information ("CORI") and are eligible to participate consistent with Massachusetts Executive Office of Health and Human Services (EOHHS) Regulations and COLLEGE policy. The COLLEGE will inform students that they may be required to undergo additional background checks pursuant to HOST AGENCY's policies and practices.

The COLLEGE will ensure that faculty and students who participate in the program(s) have documentation of immunizations consistent with Massachusetts Department of Public Health regulations, 105 CMR 220.600.

The COLLEGE will inform faculty and students that they may be required to undergo a drug test or other similar screening tests pursuant to the HOST AGENCY'S policies and practices, and that the cost of any such test will be paid by the student, if not the HOST AGENCY.

The COLLEGE will advise faculty and students that they are required to comply with the HOST AGENCY's applicable rules, regulations, policies, and procedures.

If requested by the HOST AGENCY, the COLLEGE will provide instruction to the HOST AGENCY'S staff with respect to the COLLEGE's expectations regarding assessment of the COLLEGE'S students at the HOST AGENCY.

The COLLEGE warrants and represents that it provides Professional Liability insurance for its students and faculty with limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate. If requested by the HOST AGENCY, the COLLEGE shall provide a certificate of insurance demonstrating coverage.

B. Responsibilities of the HOST AGENCY

The HOST AGENCY has a responsibility to maintain a positive, respectful, and adequately resourced learning environment so that sound educational experiences can occur. Therefore, the HOST AGENCY will provide students and faculty with access to appropriate resources for student education including: a) access to patients at HOST AGENCY facilities in an appropriately supervised environment, in which the students can complete the COLLEGE's curriculum; b) student security badges or other means of secure access to patient care areas if required; c) access to electronic medical records or paper charts, as applicable; d) computer access; e) secure storage space for students' personal items when at the HOST AGENCY.

The HOST AGENCY will retain full authority and responsibility for patient care and quality standards, and will maintain a level of care that meets generally accepted standards conducive to satisfactory instruction. While in HOST AGENCY's facilities, students will have the status of trainees; are not to replace HOST AGENCY staff; and, are not to render unsupervised patient care and/or services. All services rendered by students must have educational value and meet the goals of the education program. HOST AGENCY and its staff will provide such supervision of the educational and clinical activities as is reasonable and appropriate to the circumstances and to the student's level of training.

The HOST AGENCY staff will, as applicable to the specific program, assist the COLLEGE in the assessment of the learning and performance of participating students by completing assessment forms provided by the COLLEGE and returned to the COLLEGE in a timely fashion.

The HOST AGENCY will provide for the orientation of COLLEGE's participating faculty and/or students as to the HOST AGENCY's applicable rules, regulations, policies, and procedures.

The HOST AGENCY agrees to provide first aid treatment to students needing such care, but shall not be obligated to furnish any other non-emergency medical or surgical services.

To the extent the HOST AGENCY, generates or maintains educational records related to the participating student, the HOST AGENCY agrees to maintain these records as confidential and will not disclose to third parties without written authorization by the student.

Upon request, the HOST AGENCY will provide proof that it maintains liability insurance in an amount that is commercially reasonable.

The HOST AGENCY shall identify a site coordinator from among its staff who will communicate and cooperate with the COLLEGE's clinical liaison to ensure faculty and student access to appropriate resources for the clinical training experience.

C. Mutual Responsibilities

The parties will work together to maintain an environment of high quality patient care. Annually, or at the request of either party, there will be communication between COLLEGE and HOST AGENCY representatives to review the current agreement, resolve any problems, or develop any improvements in the operation of the clinical training program.

The parties will not discriminate against any employee, applicant or student enrolled in their respective programs because of race, creed, religion, color, sex, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, national origin, or any other basis protected by law.

HOST AGENCY will notify the COLLEGE in writing if it seeks to have any faculty member or student withdrawn from the HOST AGENCY for reasonable cause, including but not limited to, reasons of health, unsatisfactory clinical performance, or behavior that is disruptive or detrimental. The HOST AGENCY shall also provide a written explanation of the reasons for requiring withdrawal.

D. Employment Disclaimer

The students participating in the program will not be considered employees or agents of the HOST AGENCY or COLLEGE for any purpose. Students will not be entitled to receive any compensation from HOST AGENCY or COLLEGE or any benefits of employment from HOST AGENCY or COLLEGE, including but not limited to, health care or workers' compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect. HOST AGENCY will not be required to purchase any form of insurance for the benefit or protection of any student of the COLLEGE.

E. HIPAA

Faculty and students participating in clinical training pursuant to this Agreement are members of the HOST AGENCY's workforce for purposes of HIPAA within the definition of "health care

operations” and therefore may have access to patient medical information as provided for in the Privacy Rule of HIPAA. Therefore, additional agreements are not necessary for HIPAA compliance purposes. This paragraph applies solely to HIPAA privacy and security regulations applicable to the HOST AGENCY and, as stated in paragraphs D and F, does not establish an employment relationship.

No Agency Relationship Between the Parties.

Nothing in this Agreement is intended to or shall be construed to constitute or establish an agency, employer/employee, partnership, franchise, or fiduciary relationship between the parties; and neither party shall have the right or authority or shall hold itself out to have the right or authority to bind the other party, nor shall either party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.

G. Assignment

This AGREEMENT will not be assigned by either party without the prior written consent of the other.

H. Indemnification

As a public agency and political subdivision of the Commonwealth of Massachusetts, the College is prohibited from indemnifying or holding harmless, in any manner, any individual, or any private association, or any corporation that is privately owned and managed pursuant to amended Article 62, §1, of the Massachusetts Constitution and applicable Massachusetts case law. Where the party to a contract with the College is not an individual, private association, or privately owned and managed corporation, state law requires a two-thirds vote of each house of the Massachusetts Legislature in order to indemnify and hold harmless such party. In the event of the repeal of amended Article 62, §1, AND the enactment of statutory authority authorizing the Commonwealth, its agencies and political subdivisions, including the College, to enter into an indemnification and hold harmless agreement, the College agrees to indemnify and hold harmless said party consistent with such statutory authority.

I. No Special Damages

In no event shall either party be liable hereunder (whether in an action in negligence, contract or tort or based on a warranty or otherwise) for any indirect, incidental, special or consequential damages incurred by the other party or any third party, even if the party has been advised of the possibility of such damages.

J. Notices

All notices provided by either party to the other will be in writing, and will be deemed to have been duly given when delivered personally or when deposited in the United States mail, First Class, postage prepaid, with copies to all signatories.

K. No Payments

No payments shall be made to the students in connection with this AGREEMENT.

L. Severability

The invalidity of any provision of this AGREEMENT will not affect the validity of any other provisions.

M. Headlines

Headlines in this AGREEMENT are for convenience only.

N. Entire Agreement

This AGREEMENT contains the entire AGREEMENT of the parties as it relates to this subject matter and may be modified only by additional addenda agreed upon and signed by both parties.

O. Term and Termination

This AGREEMENT shall automatically renew itself on a yearly basis from the effective date until terminated. This AGREEMENT may be terminated at any time and for any reason by either party upon not less than thirty (90) days prior written notice to the other party. Should notice of termination be given under this Section, students already scheduled to train at HOST AGENCY will be permitted to complete any previously scheduled clinical assignment at HOST AGENCY.

For the HOST AGENCY:

Signature

Name

Title

For the COLLEGE:

Signature

Name

Title

(ATTESTATION LETTER) STANDARD VERIFICATION LETTER TEMPLATE

SCHOOL LETTERHEAD

CURRENT DATE

FACILITY CONTACT (NAME, EMAIL & TELEPHONE NUMBER)

FACILITY ADDRESS

Dear FACILITY CONTACT,

FACULTY NAME will be returning as the clinical nursing instructor for the TYPE OF STUDENT/FACULTY doing their clinical rotation in the SEMESTER DATE. This rotation begins on DATE and ends on DATE.

FACULTY has provided the following:

- Documentation of current immunizations (MMR, Tdap, Varicella, Hep. B), negative TB testing with or without exemptions as long as the organization allows an exemption.
- Documentation of physical exam
- Flu Vaccination or medical/religious exemption form
- COVID-19 Vaccination or medical/religious exemption form as long as the organization and or school allows an exemption
- Current CPR card
- Current RN license
- Background checks completed by the College
- Sanctioned Screening
- Proof of health insurance
- Documented completion of all required CCP on-line orientation and facility-specific orientation requirement.
- Reference to Drug Testing completion and negative results, if required, with or without exemptions as long as the organization allows an exemption
- Verification in MA Nurses Aid Registry
- N95 mask waiver/MGB N95 Respirator Fit Test Record and RMC Form (*no waivers*)

Students/faculty who will be coming to FACILITY NAME have met the health requirements and have updated medical records on file in the NAME OF DEPARTMENT at SCHOOL NAME, which contain the following:

- Documentation of current immunizations (MMR, Tdap, Varicella, Hep. B), negative TB testing with or without exemptions as long as the organization allows an exemption
- Documentation of physical exam
- Flu Vaccination or medical/religious exemption form
- COVID-19 Vaccination or medical/religious exemption form as long as the organization and or school allows an exemption
- Current CPR card
- Current RN license (*if applicable*)
- Background checks completed by the College
- Sanctioned Screening
- Proof of health insurance
- Documented completion of all required CCP on-line orientation and facility-specific orientation requirement.
- Reference to Drug Testing completion and negative results, if required, with or without exemptions as long as the organization allows an exemption

- Verification in MA Nurses Aid Registry
- N95 mask waiver MGB N95 Respirator Fit Test Record and RMC Form (*no waivers*)

NAME OF SCHOOL maintains a current Certificate of Insurance (COI) for both students/faculty and faculty.

First Session-DATE	Second Session-DATE
1. STUDENT/FACULTY NAME	1. STUDENT/FACULTY NAME
2. STUDENT/FACULTY NAME	2. STUDENT/FACULTY NAME

As always, thank you for allowing us to utilize your facility for this experience. If there are questions, or request for documents please call or email NAME OF NURSING PLACEMENT COORDINATOR AND CONTACT INFORMATION.

Sincerely,

SCHOOL ADMINISTRATOR – DEAN OR DIRECTOR
DIRECT CONTACT INFORMATION

Nursing Clinical Shift Assignment Sheet Instructions

This sheet serves as a *written reinforcement tool* to enhance communication, support coordination, and ensure accountability during clinical shifts. It does not replace verbal communication, but rather supplements it.

General Guidelines

I. Use the Sheet as a Written Reinforcement Tool

- Continue to provide face-to-face updates and verbal communication to relevant staff.
- Use the sheet to reinforce information and provide written clarity.

I. Post the Sheet Discreetly Within the Unit (if allowed)

- Place the sheet in a discreet but accessible location, such as the nurse's station or clinical instructor area, in accordance with the facility's preferences and privacy policies.

II. Review and Update as Needed Throughout the Shift

- Make timely updates if assignments change, procedures are added, or new instructions arise.

III. Retain the Sheet per School/Facility Policy

- At the end of the shift, follow school or facility policy for retaining or disposing of the sheet, particularly if it contains protected health information (PHI).

Step-by-Step Instructions:

1. Complete the Assignment Sheet

- Begin by filling out the sheet before or at the start of the shift, in collaboration with the clinical instructor or faculty member.

2. List Resident Assignments

- Clearly indicate which student is assigned to which resident.

3. Identify Staff Nurse Supervision

- Record the name of the staff nurse assigned to supervise to the resident.

4. Detail Scheduled Procedures and Skills Practice

- Include anticipated clinical tasks for each student (e.g., wound care, G-tube flushes, tracheostomy care), ensuring alignment with each student's learning objectives and competencies.

5. Note Medication Administration Responsibilities

- Specify medication pass times to promote timely and ensure safe medication administration.

6. Include Student Breaks and Post-Conference Times

- List planned lunch or break times for each student.
- Add the scheduled post-conference time and location, if applicable.

Nursing Clinical Shift Assignment

Name of School:

Day/date:

Instructor/contact:

Hours ON unit:

Time Off Unit:

Special Note from Facility (i.e. residents designated for staff-only care):

<p>ROOM #/ Pt. initials: Student Nurse: Staff nurse:</p> <p>Medication pass: YES NO Scheduled YES NO PRN YES NO Time last med pass: _____</p> <p>Anticipated procedures:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;"><input type="checkbox"/></td><td>Wound care</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Vital signs</td></tr> <tr><td style="text-align: center;">other</td><td></td></tr> </table>	<input type="checkbox"/>	Wound care	<input type="checkbox"/>	Vital signs	other		<p>ROOM #/ Pt. initials: Student Nurse: Staff nurse:</p> <p>Medication pass: YES NO Scheduled YES NO PRN YES NO Time last med pass: _____</p> <p>Anticipated procedures:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;"><input type="checkbox"/></td><td>Wound care</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Vital signs</td></tr> <tr><td style="text-align: center;">other</td><td></td></tr> </table>	<input type="checkbox"/>	Wound care	<input type="checkbox"/>	Vital signs	other		<p>ROOM #/ Pt. initials: Student Nurse: Staff nurse:</p> <p>Medication pass: YES NO Scheduled YES NO PRN YES NO Time last med pass: _____</p> <p>Anticipated procedures:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;"><input type="checkbox"/></td><td>Wound care</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Vital signs</td></tr> <tr><td style="text-align: center;">other</td><td></td></tr> </table>	<input type="checkbox"/>	Wound care	<input type="checkbox"/>	Vital signs	other	
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Students are always looking for new technical experiences, such as catheterization, specimen collection, and assisting with assessments. If there is a change of condition or transfer to the hospital, please have the students observe and assist if they are able. Thank you!

Student Clinical Orientation Guide

This Student Clinical Orientation Guide ensures that all nursing students begin their clinical experience in long-term care with clear expectations, a strong understanding of the care environment, and confidence in their role as part of the care team. A well-structured orientation promotes resident safety, supports high-quality learning, and helps students transition smoothly into the clinical setting.

Conducted by: _____

1. Welcome & Introduction

- ☐ Greeting by the facility liaison or clinical instructor.
- ☐ Brief overview of the facility's mission, values, and culture.
- ☐ Introductions to key interdisciplinary team members (nurses, CNAs, therapists, social workers).
- ☐ Facility tour including:
 - Resident care areas, staff lounges, supply rooms, and dining areas
 - Emergency exits, fire pull stations, and safety equipment (AEDs, code carts)
 - Designated student spaces for parking, breaks and personal belongings

2. Role Clarification & Communication

- ☐ Explanation of student scope of practice and limitations.
- ☐ Reporting structure and points of contact for clinical questions, emergencies, or incidents.
- ☐ Expectations for professionalism, punctuality, documentation, and teamwork.
- ☐ Review of the incident reporting process.

3. Policy & Safety Review

- ☐ Review of high-priority policies, including HIPAA, Resident Rights, Abuse Prevention, and Falls Management.
- ☐ Overview of emergency codes, evacuation routes, and disaster procedures.
- ☐ Demonstration of essential equipment: mechanical lifts, PPE, and hand hygiene stations.

Student Clinical Orientation Template

Overview

This Student Clinical Orientation Template provides a suggested framework that ensures all students receive the essential information required to protect resident safety, maintain compliance with regulatory standards, and promote a supportive, professional learning environment. It is developed to introduce students to the policies, procedures, expectations, and culture of the clinical setting.

Recommended Orientation Content

Facility Overview

1. History, mission, vision, and values
2. Organizational chart and introductions to key personnel
3. Overview of services provided and resident population served
4. Facility map and guided tour
5. Designated spaces are provided for meals, parking, and the secure storage of personal belongings.

Student Roles and Responsibilities

1. Scope of practice and limitations
2. Expectations for professionalism and conduct
3. Reporting structure and communication channels
4. Procedures for reporting and escalating concerns
5. Infection control protocols and personal protective equipment (PPE) use
6. Mandatory trainings and competency requirements

Policies

1. Company Overview
2. HIPAA
3. Resident Rights
4. Abuse Policy
5. Trauma-Informed Care Policy
6. Substance Use Disorder Policy
7. Falls Management Policy
8. Medical Emergency Policy
9. Elopement Policy
10. Fire Safety Policy
11. Disaster Plan
12. Workplace Violence Policy
13. Advance Directive Policy / POLST
14. Mechanical Lift Policy

Guidelines and Procedures

1. Incident Report Checklist
2. Code Carts & AEDs – usage and maintenance procedures
3. Waste Disposal Guide
4. Codes to Know – emergency code reference guide

Competency Trainings/Required Skills for All Staff

1. Medical Emergency Response Competency
2. Choking Response Competency
3. Handwashing Competency
4. PPE Donning and Doffing Competency
5. Dementia Training

Student Orientation Acknowledgement Template (attached to the completed manual)

I acknowledge that I have received and reviewed the **[Facility Name] Student Orientation Manual** and have participated in the required orientation process. I understand that the purpose of this orientation is to ensure the safety and well-being of residents, maintain compliance with applicable laws and regulations, and support a professional and respectful learning environment.

By signing below, I confirm that:

1. I have read and understand the policies, procedures, and expectations outlined in the orientation materials.
2. I have been informed of my role, responsibilities, and limitations as a student in this facility.
3. I have reviewed the required safety procedures, including infection control, emergency procedures, and incident reporting processes.
4. I have demonstrated required competencies, where applicable, to the satisfaction of my instructor or designated facility staff.
5. I understand that failure to follow facility policies or expectations may result in disciplinary action, up to and including removal from the clinical site.

Student Name (Print):

Facility Representative Name (Print):

Student Signature:

Facility Representative Signature:

Date: _____

Date: _____

Massachusetts Senior Care Association (MSCA) represents 400 nursing facilities, assisted living residences and continuing care retirement communities across the Commonwealth.

Please contact MSCA for assistance with establishing clinical placement relationships between nursing schools and nursing facilities.



<https://www.maseniorcare.org>

MassHire Hampden County Workforce Board manages the Healthcare Workforce Partnership of Western Massachusetts, a regional cross-sector collaboration committed to developing and sustaining a skilled, diverse, and future-ready healthcare workforce. This work was carried out by the Western Massachusetts Nursing Collaborative, a committee of the Healthcare Workforce Partnership of Western Massachusetts.



<https://westernmasshealthcareers.org/>