

Practice Experience Agreement

Prior to starting your practice experience at The Hospital for Sick Children (“SickKids”) you are required to sign this Agreement. This document describes your responsibilities during your practice experience and other important information you should know. By signing, you agree to the following:

1. Your Placement cannot compromise the patient care and/or service objectives of SickKids. SickKids staff is the final authority for the integration of your practice experience into SickKids. If your practice experience is within clinical care, each patient has the right to refuse to be a participant in your practice experience.
2. You must comply with all rules, regulations, guidelines, policies and procedures of SickKids (“SickKids Policies”) and maintain appropriate behaviour for the duration of your practice experience with SickKids. SickKids has the right at any time to terminate your practice experience, require you to leave or refuse you admission to its premises because of your conduct.
3. You must respect the private and confidential nature of all hospital information, including without limitation patient records, and must maintain the confidentiality of all records which you will encounter in the course of your placement. If confidentiality is breached, in addition to any rights and legal remedies of SickKids, your practice experience may be terminated immediately. The obligation of confidentiality created under this section shall survive termination or expiration of this Agreement.
4. If your visit exceeds 5 days you must provide documentation of 2-step TB testing and of immunity to rubella, measles and chicken pox as per SickKids Occupational Health and Safety requirements. Failure to provide such documentation will delay the start date of your practice experience. You acknowledge and agree that SickKids may conduct a criminal check prior to the start of your practice experience at SickKids, and you shall agree to provide all forms necessary for such criminal checks. The refusal to submit to a criminal check may delay your start date or terminate your practice experience.
5. You are responsible for the following:
 - a. all financial costs you incur arising from your practice experience including, but not limited to, the cost of meals, uniforms, uniform laundering, accommodations, parking, transportation and emergency medical care;
 - b. orienting yourself to SickKids, your assigned practice area, SickKids Policies; and attending the SickKids orientation session if applicable; and
 - c. meeting the required standards and obtaining the necessary certifications, registrations and licenses applicable to your visit.
6. SickKids does not carry insurance that would provide you coverage in the event of accidental injury and does not accept any responsibility for any accidental injury you may incur during your experience. You are responsible for obtaining such coverage for yourself.
7. You or your institution must carry and maintain liability insurance for your practice experience in the amount of five million Canadian dollars (\$ 5,000,000) per occurrence. You must provide a copy of the insurance.
8. You agree that, with the exception of scholarly works, all intellectual property you create while at SickKids, either on your own or with others, through work, study or research and development activities, will be the property of SickKids. You agree to irrevocably transfer all of your rights, title and interest in and to the intellectual property to SickKids. You will waive any moral rights in favour of SickKids, or persons acting under or with the authority or permission of SickKids. You agree to sign and give SickKids any agreements, assurances, undertakings, acknowledgements or other documents that may be reasonably required relating to the intellectual property during your experience or afterwards.
9. If applicable, you must show proof of an Ontario license to practice
10. Following the end of your experience, you may not continue to provide on-going care to SickKids’ patients and will have no further clinical contact with them.

I have read and understood the above this _____ day of _____, 20_____
Print Name: _____ **Signature:** _____
Agency/Hospital/Institution Name: _____
Duration of Experience (dd/mm/yyyy) from: _____ **to:** _____