

CODE OF CONDUCT

As an Intern applicant, I will agree to abide to the following:

- In making this application to serve as an intern at Western Missouri Medical Center (WMMC), I understand that I must abide by all WMMC policies and procedures. I will follow any unit specific rules that are explained to me.
- I understand that I must respect each patient's and staff member's privacy and right to confidentiality and will not seek information regarding specific patients. I will not discuss with anyone outside of the organization, names or information I may come upon during my experience here.
- I understand I must keep confidential any information I may observe during the course of my internship experience. If a violation of privacy does occur even after the experience, your school/college may be in jeopardy of not being allowed to send students in the future to intern at WMMC.
- **I will dress appropriately as specified by my assigned department/unit. NO low-cut, low hanging, spaghetti strap tops, NO blue jeans or shorts and NO flip-flops will be worn.**
- I understand that I must wear my identification badge at all times while I am at the Medical Center serving as an intern during the dates agreed upon. I may not use my ID badge to gain access to any Medical Center areas, which are not within the realm or scope of my approved program. When my internship is complete, I will return my ID badge to my WMMC supervisor or Human Resources.
- I understand that any action unbecoming will not be tolerated. The use of obscene language will not be tolerated. **WMMC is a tobacco-free environment, thus no tobacco products will be allowed in or on any owned or leased buildings, grounds, parking lots, ramps, plazas, vehicles and sidewalks adjacent to our properties.**
- I will not damage, deface or destroy any WMMC property. If this occurs, I may be held responsible for any/all damages.
- I agree to be punctual and conscientious. I will treat others with dignity, courtesy and consideration.
- I understand that I may compromise the health of the patients, staff and visitors if I am experiencing any of the following conditions: upper respiratory infection, diarrhea or skin lesions. Thus I will not come to WMMC and will call my WMMC supervisor to let them know I will not be coming on the designated day(s). Additionally, I understand that if these conditions occur during my assigned hours, if appropriate, I may be asked to leave the Medical Center.
- I understand that approval for this program is for a specified length of time and that failure to meet any of the internship requirements shall cause approval to intern to be forfeited.
- I understand that during my participation in this program I may be exposed to patients who have contagious diseases as well as to blood and bloodborne pathogens. I accept this risk and should I contract an illness from such exposure, hereby release Western Missouri Medical Center from any liability.
- I understand that if an accident should occur while interning, I accept the responsibility for any medical treatment and/or expenses which may be required, hereby release Western Missouri Medical Center from any liability.

I agree to abide by the above conditions and by not doing so could result in dismissal from my internship at Western Missouri Medical Center.

Printed Name

Signature

Date