

ISDH QMA 40 Hour Practicum Agreement Between RESQ and Student’s Facility

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Facility Name and Corporate Name)

is an approved site for conducting the ISDH QMA 40 Hour Practicum **under the direct supervision of a designated licensed nurse at the student’s above-named facility - the student must perform these 50 procedures with 100% accuracy.**

The student needs written permission from the Director of Nursing or designee that allows the QMA student to complete the 40 hour practicum requirement at their facility. This is mandated by Nancy Adams, RN, Director of Program Performance & Development @ the Indiana State Department of Health. She states the QMA student **MUST** perform as many procedures that are available in the **ENTIRE** facility. The practicum is their hands-on experience to complete the 100-hour ISDH QMA Program. Please contact RESQ for any clarifications or questions regarding this.

Facility Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I ACCEPT AND AGREE TO CONTACT RESQ IF THE STUDENT IS NOT ABLE TO COMPLETE THE COMPETENCIES TRAINING AT THIS FACILITY. PLEASE NOTIFY US ASAP AT INFO@RESQTRAINING.COM**

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RESQ Representative Signature

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