Instructions for NP/PA/Medical Students

You must complete the online application in its entirety. Incomplete applications will NOT be accepted. In addition to the online application form, you must also provide the following:

From Student:

- The Online application should be completed first (links are listed below for type of student):
  - NP/PA/MIDWIFE Link: https://www.volgistics.com/ex/portal.dll/ap?ap=114780363
  - Medical Student Link: https://www.volgistics.com/ex/portal.dll/ap?ap=1969764705
- Signed attestation form from school official verifying completion of all clinical compliance requirements (as listed in this packet) within 2 weeks of your application.
- A clear copy of government issued ID.
- Signed student agreement
- CV (Resume)
- Signed confidentiality and security form
- Current Virginia Medical License
- NP/PA students will provide evidence of current BLS or ACLS certificate
- Signed Preceptors/Sponsoring Physicians agreement
- Orientation for clinical placement
- Signed code of conduct acknowledgement page
- Letter from school program director stating: Purpose of rotation as well as skill level and duties to be performed (i.e. H&P’s, assist in surgery, etc), Outlining students current experience and year of school as well as copy of curriculum. Length of rotation including start dates.
- Proof of Malpractice Insurance (School’s coverage-unless stipulated that student provides)

All required documents must be completed, and returned via e-mail to Office of Academic Affairs, at least three weeks before your placement begins at BSV-academicaffairs@bhsi.org. Keep in mind that it would be best to turn these items in a month in advance to avoid any delays in connectcare access.

If you need access to Connectcare (EMR) you will need to attend training before that access is granted, even if you are An employee you are required to have a separate student account. Please keep this in mind as you will be offered Training dates and need to make an effort to attend.

You will NOT be allowed to start your clinical placement without completing compliance and approval from the Office of Academic Affairs.

While on site Time Logging through the Student Information System is MANDATORY failure to log time can result in the ending of your rotation early, and being declined for future rotations through Bon Secours Richmond.

You will need to contact the Office of Academic Affairs a week before your start date, to schedule a temporary ID badge pickup. This badge will be required to be worn during all hours that you are on site with Bon Secours. Badges can be picked up in the Office of Academic Affairs between 8:45 a.m. – 4:45 p.m. M-F @ 8550 Magellan Parkway, Richmond, Virginia 23227. This is done by appointment only, so please be mindful.
IF YOU ARE NOT AN EMPLOYEE:

After receiving approval from Office of Academic Affairs you will receive an email notification from the help desk with instruction to complete Health stream. Please complete within 72 hours.

Once your health stream courses have been completed you will be sent a date for your connect care training.

The Office of Academic Affairs CANNOT assist you with passwords or user ID’s. Please complete the process as listed above. Any issues should be referred back to helpdesk at 1-866-
Compliance requirements for clinical students

• Criminal background check (refer to Master affiliation agreement and/or school counsel, one completed for school program is sufficient)

• Proof of training in Universal Precautions/school exposure plan and HIPAA. Student provided Bon Secours Code of Conduct and Ethical religious directives.

• Drug Screen (The one completed for school program is sufficient, if one has not been completed it will need to be done before start of rotation)

• Health record showing immunizations or immunity: (Proof of immunity to measles, mumps, and rubella either by 2 documented MMR vaccines and or positive titers to the disease. Proof of immunity to varicella by either 2 varivax vaccines or a positive titer, we do not accept verbal history. Proof of immunity to hepatitis B if position has potential for coming into contact with blood or body fluids is recommended. Documentation of a Tdap vaccine as an adult, Documentation of influenza vaccine during flu season, Documentation of a 2 step tuberculin skin test (TST) is required ( Two TST’s within a year, the last one given no greater than 3 months before working at BSHSI). Documentation of a TSPOT TB blood test or a QuantiFERON Gold TB blood test done in the last 12 months is accepted in place of the TST. All non-employees will be screened annually for TB and the method of screening will be determined by the result of the Risk Assessment done by Infection prevention.
Attachment B
Attestation of Compliance
To be filled out by school only

Student Name ("Student"): ___________________________________________ Phone Number: __________

Email: ________________________________________________________________________________________________

School ("School"): __________________________________________________________________________________________

Academic Program/Discipline: ___________________________________________________________________________

School/Program coordinator: ___________________________ Phone Number: _______________________

Email: ________________________________________________________________________________________________

School and Student hereby certify to Bon Secours that School and Student have satisfied the following requirements:

• Criminal background check for Student has been performed and there are no adverse findings
• Universal Precautions/school exposure plan and HIPAA training have been provided to Student
• Bon Secours Code of Conduct and Ethical Religious Directives have been provided to Student
• UDS drug screen has been performed and there are no adverse findings
• Health record showing immunizations or immunity has been obtained that shows: (Proof of immunity to measles, mumps, and rubella either by 2 documented MMR vaccines and or positive titers to the disease; Proof of immunity to varicella by either 2 varivax vaccines or a positive titer, we do not accept verbal history; Proof of immunity to hepatitis B if position has potential for coming into contact with blood or body fluids is recommended but not mandatory; Documentation of a Tdap vaccine as an adult; Documentation of influenza vaccine during flu season; Documentation of a 2 step tuberculin skin test (TST) is required (2 TST’s within a year, the last one given no greater than 3 months before working at Bon Secours, noting that documentation of a TSPOT TB blood test or a QuantiFERON Gold TB blood test done in the last 12 months is accepted in place of the TST. All non-employees will be screened annually for TB and the method of screening will be determined by the result of the Risk Assessment done by Infection Prevention)

All documents supporting compliance with the above requirements are to be kept on file by School and shall be made available to the Bon Secours Office of Academic Affairs at any time upon request. In the event that Student does not meet the requirements set forth above, School shall promptly disclose such non-compliance to Bon Secours and Bon Secours shall, in its sole discretion, determine whether to proceed with the clinical education experience.

___ (initial) I understand that Student is fully responsible for any medical expenses incurred during a clinical placement with Bon Secours.

___ (initial) I understand that Bon Secours Office of Academic Affairs reserves the right to audit, on a schedule or at random, information pertaining to the compliance requirements set forth herein.

_________________________________________________________________________
School/University Official Representative
(Please print) Email Telephone #

_________________________________________________________________________
School/University Official Representative
(Signature) Date

Please send the Attestation of Compliance Form to:
BSV-AcademicAffairs@bshsi.org
Office of Academic Affairs
8550 Magellan Pkwy Suite 101
Richmond VA 23227
Student Agreement

Confidentiality: I acknowledge and understand that I may have access to proprietary or other confidential business information belonging to Bon Secours Richmond (BSR). In addition, I acknowledge and understand that I may have access to confidential information regarding Bon Secours Richmond employees, patients and patient care. Therefore, except as required by my employer or by law, I agree that I will not:

A. Access data that is unrelated to my job duties at Bon Secours Richmond; or
B. Disclose to any other person, or allow any other person access to, any information related to Bon Secours Richmond which is proprietary or confidential and/or pertains to employees, patients or patient care.

"Disclosure of information" includes, but is not limited to, verbal discussions, FAX transmissions, providing hard copies, electronic message transmission, taking pictures of data, voice mail communication, written documentation, "loaning" computer access codes, copying sensitive or confidential information to unauthorized, unprotected electronic devices and/or other electronic transmission or sharing of data. I shall not copy surgery schedules, patient medical records, or other Facility information. Except as permitted or required by this Agreement or by law, I will not use or disclose patient information in a manner that would violate the laws of the Commonwealth of Virginia or the requirements of any federal law, including, for example, the Privacy and Security Standards contained in the Health Insurance Portability and Accountability Act of 1996 (45 CFR §§ 160 through 164). I expressly agree to comply with state and federal law in all respects, and to implement all necessary safeguards to prevent such disclosure.

Unauthorized disclosure may give rise to irreparable injury to the patient or the owner of the confidential information and accordingly, the patient or owner of such information may seek legal remedies against me. I agree to comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which govern the use and/or disclosure of individually identifiable health information. Further, I understand that violations of this agreement, or any other Bon Secours Richmond policy regarding confidentiality, may result in disciplinary action, up to and including my termination of clinical experience. I understand that this statement is binding both during my clinical experience and thereafter.

I also understand that as a representative of Bon Secours Richmond, I must demonstrate ethical behavior and maintain professional boundaries with patients and their families both at work and outside work. Recognizing that my association with individuals outside work hours may be construed as work related, I shall be compelled to abide by confidentiality, integrity, conflict-of-interest, ethical and legal considerations in representing Bon Secours Richmond at all times.

Compliance with Policies and Rules: In exchange for authorization to participate in a clinical placement experience at the Bon Secours Richmond, I agree to:

- Read and follow the orientation instructions and any other materials provided by Bon Secours Richmond related to this experience
- Arrive punctually on the date of the experience and remain for the agreed upon time frame unless advance notice is provided
- I will abide by all applicable Facility rules, policies, procedures and instructions, whether verbal or written, including the Bon Secours Health System Code of Conduct.
- Wear attire that is clean, neat, and modest in appearance
- Remain with the designated healthcare professional at all times when in patient care/treatment areas and not enter rooms or offices without permission
- I will review the Facility’s Administrative Policy Manual which includes information regarding bloodborne pathogens, hazardous chemicals, TB prevention, fire safety, electrical safety, and emergency preparedness.
- Not take pictures or videos of patients, staff, visitors, or others without written authorization in any patient care or treatment areas
- Not remove any forms, documents, equipment, materials, resources or other items from Bon Secours Richmond without permission
**Release and Professional liability insurance**: Understanding that the nature of a healthcare environment can potentially expose me to emotional and physical trauma, infections, such as the flu, and dangerous equipment, I acknowledge that I am participating in this clinical experience at my own risk and will hold harmless the Facility, its parents, officers, directors, employees, members, and any and all of their affiliates, subsidiaries, employees, agents and insurers, from any and all liability of whatsoever nature. I acknowledge that I am covered by School’s professional liability insurance coverage and agree to furnish proof of such coverage to Facility.

**Limitation**: I understand that by signing this agreement, I am not guaranteed participation in any activities at the facility. Eligibility of participation shall be determined exclusively by facility, at its own sole discretion.

**Withdrawal of Student**: Facility may require the Student to immediately withdraw from the clinical activities in the event Facility determines, in its sole discretion, that Student’s conduct, demeanor or cooperation is unsatisfactory or that Student has violated Facility policies or rules, including, but not limited to, breach of confidentiality.

**Student Status**: I understand that I am not and will not be considered an employee of Facility or any of its subsidiaries or affiliates by virtue of my participation in the clinical learning activities and shall not as a result of my participation in the clinical activities, be entitled to compensation, remuneration or benefits of any kind.

**Ownership of Intellectual Property**: All reports and other data (including without limitation, written, printed, graphic, video and audio material contained in any computer data base or computer readable form, but excluding any academic or scholarly publications) (hereinafter “Works of Authorship”) developed during the term of this Agreement and while on Facility’s premises or using Facility resources or information are the property of the Facility. Works of Authorship created during the term of this Agreement are “Works for Hire”, as that term is defined in copyright law. Facility shall own all rights to any inventions, discoveries, new uses, advances on the state of art, protocols, ideas, products or other protectable rights arising from my participation in the clinical learning activities at Facility pursuant to this Agreement (hereinafter “Inventions”). I shall execute all documents, provide all information, and otherwise take all actions requested by Facility, including, without limitation, assignments of rights, if any, I may have in such works, to secure for Facility the ownership rights and available legal protections for all Works of Authorship or Inventions.

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Print Name (student)  Date

Signature (student)

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Signature (facility)  Date
Confidentiality and Security Agreement

Bon Secours Health System, Inc. (Bon Secours) has a legal and ethical responsibility to safeguard the privacy of all patients, residents, and clients and to protect the confidentiality of their personal health information. Additionally, Bon Secours must protect the confidentiality of organizational information that may include, but is not limited to, human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and management information from any source or in any form including, without limitation, paper, magnetic or optical media, conversations, electronic, and film. For the purpose of this Agreement, all such information is referred to as “Sensitive Data.” In the course of my employment / association / affiliation with Bon Secours, I understand that I may have access and / or exposure to Sensitive Data.

I UNDERSTAND AND HEREBY AGREE THAT:

1. I will access and / or use Bon Secours’ Sensitive Data only as necessary to perform my job-related duties and in accordance with Bon Secours’ policies and procedures.
2. My User-ID and password are confidential, and in certain circumstances may be equivalent to my LEGAL SIGNATURE, and I will not disclose them to anyone. I understand that I am responsible and accountable for all entries made and all information accessed under my User-ID.
3. Violation of this Agreement may result in disciplinary action, up to and including civil or criminal action, termination of employment / affiliation / association with Bon Secours, and suspension and / or loss of medical staff privileges in accordance with Bon Secours’ policies.
4. I will not copy, release, sell, loan, alter, or destroy any Sensitive Data except as properly authorized by law or Bon Secours policy.
5. I will not discuss Sensitive Data so that it can be overheard by unauthorized persons. It is not acceptable to discuss information that can identify a patient in a public area even if the patient’s name is not used.
6. I will only access and / or use systems or devices that I am authorized to access / use, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
7. I have no expectation of privacy when using Bon Secours’ information systems. Bon Secours has the right to log, access, review, and otherwise use information stored on or passing through its systems, including email.
8. I will never connect to unauthorized networks through Bon Secours’ systems or devices.
9. I will practice secure electronic communications by transmitting Sensitive Data in accordance with approved Bon Secours security standards.
10. I will practice good workstation security measures such as never leaving a terminal unattended while logged in to an application, locking up removable media when not in use, using screen savers with activated passwords appropriately, and positioning screens away from public view.
11. I will:
   A. Use only my assigned User-ID and password.
   B. Use only approved licensed software.
   C. Use a device with virus protection software.
   D. Not attempt to learn or use another’s User-ID and password.
12. Upon termination of my employment / affiliation / association with Bon Secours, I will immediately return or destroy, as appropriate, any Sensitive Data in my possession.
13. I will disclose Sensitive Data only to authorized individuals with a need to know that information in connection with the performance of their job function or professional duties.
14. Unauthorized or improper use of Bon Secours’ information systems and / or Sensitive Data is strictly prohibited and may not be covered by Bon Secours’ insurance or my personal professional malpractice insurance. Any such violation may subject me to personal liability as well as sanctions for violation of state and federal law.
15. I will notify my manager, Privacy Officer, IT Security Lead, Bon Secours Security Administrator, or other appropriate Information Services personnel if my password has been seen, disclosed, or otherwise compromised.
16. My obligations under this Agreement will continue after termination of my employment / affiliation / association with Bon Secours.

By signing this document, I acknowledge that I have read this Agreement, and I agree to comply with all the terms and conditions stated above.

Signature: ____________________________ Date: ____________________________
Printed Name: ____________________________ Employee #: ____________________________

Entity: ___________________________________ Facility: ____________________________
[i.e. School Name, Agency Name etc.]
[i.e. Bon Secours Hospital, St. Francis, St. Mary’s, MRM, Richmond Community, Rappahannock General, etc.]

Department: ____________________________ License #: ____________________________

Last updated: May 19, 2017
Orientation

Bon Secours Richmond would like to welcome you to our organization. We hope your clinical placement experience here will be enriching and that you will consider us in your future career decisions and health care needs. The purpose of this brochure is to introduce you to our organization and provide you with useful information that will make your tour with us enjoyable and safe.

MISSION
The Mission of Bon Secours Health System is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

VISION
*Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours…*  
As a prophetic Catholic health ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.

VALUES
*Respect*: Respect is our commitment to treat all people well. It is based on our belief that each person has equal dignity because each individual is “made in the image and likeness of God.” We promote self-respect and mutual respect and trust among all the members of the Bon Secours team.

*Justice*: Justice is the value that supports and protects the rights of all people. It characterizes what we desire in our relationship to those we serve and our co-workers. It promotes the right to have needs met and in a manner consistent with human dignity; and it supports and protects the right of the individual to participate in decision-making regarding their care.

*Integrity*: Integrity implies a highly-developed sense of ethical behavior, consistent with that expected of an individual or organization with great moral character. Integrity is having our actions in harmony with our thoughts, feelings and values. This integration of behavior with thoughts, feelings, and values applies to each of us as individuals as well as collectively as an organization.

*Stewardship*: Stewardship is the responsible use of all our resources for which they are intended to support, promote, expand and preserve our mission and ministry. It is the use of good business principles. It is the balanced and right relationship of quality and value with cost and financial return.

*Innovation*: Innovation is the process of creating or managing new ideas, methods and technologies to vitalize existing services and to develop new ones. Innovation is stimulated by a strong awareness of the needs of those we serve and thrives in an organization that promotes new approaches to health care delivery. The innovative organization commits resources necessary for research and development and for change, while recognizing that not all new efforts will succeed.

*Compassion*: Compassion means experiencing empathy with another’s life situation. Compassion is being with another as well as doing for them. This “being with” is done in such a way that the person experiences acceptance, concern, hopefulness, and sensitivity.

*Quality*: Quality is the excellence we strive to reach in the delivery of our health services. It is done in a fashion to meet or exceed clearly established internal and external standards. We will design or modify the ways we do our work seeking to constantly improve what we do so that the right things are done the right way.
Growth: Growth is developing and improving our services and promoting self-renewal and progressive development programs for those with whom we work our organization and our community. It implies expansion, embracing change and seeking new opportunities as an organizational way of life.

Supervision during Your Experience
Individuals have a variety of reasons for asking to participate in observation experiences at Bon Secours Richmond. As an authorized observer, you are granted permission to accompany a Bon Secours Physician Faculty Member and witness various health care workers in performance of their duties. Observers cannot participate in providing patient care and/or treatment; use any equipment, or access patient medical records, staff personnel records, or organization business records. You may only watch. Before beginning your observation experience clarify expectations and limitations with your official guide. Observers are limited to no more than 16 hours of experience which may be spread over several days. Observers must be at least 18 years old.

What is HIPAA?
HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information

Health Insurance Portability
The portion of HIPAA addressing the ability to retain health coverage is actually overseen by the California Department of Insurance and the California Department of Managed Health Care. The links below will take you to useful information about retaining your health insurance.

Protection and Confidential Handling of Health Information
The HIPAA Privacy regulations require health care providers and organizations, as well as their business associates, develop and follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic, etc. Furthermore, only the minimum health information necessary to conduct business is to be used or shared.

You will learn more about HIPAA during your on-site orientation.

Cell Phones or Cameras
While use of cells phones is allowed except where posted to the contrary, be courteous to others and do not use your cell phone, except during breaks while participating in your observation experience. Use of video equipment, cameras, cell phone cameras or other equipment is prohibited during your observation experience. It is a violation of HIPAA to take photos of or with Bon Secours patients, at any time during your clinical placement experience.

Customer Service Expectations
We expect everyone who represents our organization, to treat those with whom they interact with respect, courtesy and caring. Bon Secours strives to provide equal opportunities, services, and access to all persons without regard to race, color, religion, gender, age, national origin, disability, or veteran’s status.

Dress Code
Professional attire is required of all staff, students, and observers. Clothing must be clean, neat, well-fitting, and modest. Jeans are not allowed. Shoes should have a moderate heel and have an enclosed heel and toe. Dress may be business casual, a comfortable relaxed version of traditional business attire without sacrificing professionalism or personal power. Appropriate attire includes:

- Business-casual slacks/pants (dress slacks, khakis, etc)
• Polo shirts, collared shirts, or blouses, sweaters, turtlenecks
• Business-casual dresses or skirts (knee-length/below the knee)
• Business-clean, comfortable, casual shoes (no opened-toe shoes while in the clinical areas)
• Business-Casual Attire, as defined by the above guidelines, may be worn at internal and external educational events when representing Bon Secours Richmond Health System.
• A issued identification badge must be worn at all times and clearly displayed

Injuries
We hope that your experience at Bon Secours Richmond is free of any mishaps. However, should you experience an injury or become involved in a safety event, any medical expenses incurred would be your responsibility. Furthermore, you are not covered by Bon Secours liability insurance should an action on your part result in harm to someone else. Therefore, it is essential that you do not use equipment or provide care to patients.

Patient Rights and Responsibilities
Patients are entitled to certain rights. We affirm the Patient Bill of Rights and Responsibilities posted throughout our organization and all persons serving our organization are expected to support and respect these principles.

Confidentiality
While here you may become aware of confidential information. Disclosure of confidential health information to any other person, or allowing any other person access to, any information related to Bon Secours Richmond which is proprietary or confidential and/or pertains to employees, patients or patient care is strictly prohibited. You are asked to acknowledge your understanding that anything heard or seen here related to a patient, staff member, or Bon Secours operations should not be discussed with others not specifically working in that area.

Staff Identification Badges
All staff should be wearing an issued identification badge that will assist you in knowing who they are, their job at Bon Secours, and how they might assist you. You will be issued a badge which should be displayed while you are participating in your clinical placement experience and be returned to security.

Medical Emergencies
If you observe what you perceive to be a decline in the patient's condition or a medical emergency, notify nursing staff immediately. Remain with the patient until help arrives and then follow instructions.

Infection Control Instructions
For your protection and that of our patients and staff:

• Wash hands with soap and water for 15 seconds.
• Foam soap located outside patient rooms and throughout the organization may also be used for hand washing.
• If you will be entering a patient room that has a sign on the door warning of precautions that are needed, obtain instruction from an authorized staff member before entering the room.
• Do not report for or remain at your observation experience if you are not feeling well, have a temperature above 99°, are experiencing vomiting, diarrhea, runny nose, or illness associated rash or cough.
• If you become exposed to any patient blood or body fluids while participating in your observation experience, notify your official guide immediately for what to do next.

Emergency Relocation & Evacuation
If an audible fire alarm and strobe lights are activated in your area, staff will assess the need to relocate to a designated area. If evacuation is necessary, follow the instructions of Bon Secours Richmond staff in that area, leaving immediately, to the designated relocation area. Do not return to the area unless an “all clear” is announced.

Tobacco Free Environment
Bon Secours Richmond is a tobacco free environment. Use of tobacco or tobacco products is prohibited in or around any of our facilities.

Drug Free Workplace
Bon Secours Richmond expects all individuals providing care or customer services in our environment to be able to do so competently and unimpaired by chemical substances. If you suspect an individual of being impaired in the performance of their duties, please report your concern to the department manager of that area.

**Acknowledgement Card**

___________________________________________
(Print Name), I have received a copy of the Bon Secours Virginia Clinical Placement Orientation Guide. I am responsible for reviewing the content of the guide prior to my clinical placement experience at my designated facility. My Signature indicates that I have completed the review of the orientation guide, and understand that I am required to follow Bon Secours Virginia policies and specific facility policies while on site.

______________________________
Signature & Title

______________________________
Date
**Student Acknowledgement**

I agree to fully comply with the policies of St. Mary’s, St. Francis, Memorial Regional and Richmond Community Bylaws of the Medical Staff(s).

Signature___________________________  Date_________________

**Sponsoring Physician(s)**

ALL preceptors/sponsoring physician(s) must sign an agreement to supervise the performance of the above names Student and accept responsibility for his/her actions to insure full compliance with the Bylaws of the Medical Staff.

I have read the forgoing application and agree to supervise the performance of the above-named applicant for Student privileges; I agree to accept responsibility for his/her actions and to insure full compliance with the Bylaws of the Medical Staff.

_______________________________
(Primary) Preceptor/Sponsoring Physician        Date

_______________________________
Preceptor/Sponsoring Physician          Date

_______________________________
Preceptor/Sponsoring Physician          Date

**Hospital Approval**

_______________________________
CEO or CMO signature             Date
Acknowledgement of Bon Secours Health System Code of Conduct

I have received the Bon Secours Health System Code of Conduct.

I understand my obligation to carry out my responsibilities to Bon Secours in accordance with the Bon Secours Values and Code of Conduct.

Signature

Name (print)

Date

A Foundation for Right Relationships

CODE OF CONDUCT

RESPECT
JUSTICE
INTEGRITY
STEWARSHIP
INNOVATION
COMPASSION
QUALITY
GROWTH