Student Liability Acknowledgement

The undersigned hereby acknowledges that he/she is a student in the

_______________________________________________________________ Program at

_______________________________________________________________.

The undersigned agrees to abide by the terms of the Educational Affiliation Agreement (contact your school for a copy, if desired) applicable to Student, including but not limited to the provisions relating to compliance, insurance, confidentiality, non-excluded provider status, and confidential information. The undersigned further agrees to comply with the terms of all other documents referenced in the Educational Affiliation Agreement or provided by Mercy Medical Center during their Internship.

The undersigned further certifies that he/she is not, and at no time has been, excluded from participation in any federally funded health care program, including Medicare and Medicaid and further agrees to immediately notify Mercy Medical Center of any threatened, proposed or actual exclusion.

______________________________  ___________________________
Signature of Student                  Date

______________________________
Print Name