Continuation Agreement

Student Name:
Date of Agreement:

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Student Progress Committee
Estimated Date of Return:
Student must notify the program to continue in the program at least: ☐ 90 days prior to start of the semester 202__ ☐Fall ☐Spring ☐ Summer ☐ 7 days prior to the start of the next rotation beginning __/___/202_
Student must provide the following documentation prior to return from leave: ☐ Healthcare provider note indicate student is able to return and meet program technical standards ☐ Student signed copy of the Technical Standards to revalidate meet standards
Student will be required to complete the following upon return from leave: ☐ Demonstrate competency in the following area(s): ☐Clinical Reasoning & Problem-solving ☐Medical Knowledge ☐ Professional Behaviors ☐ Clinical & Technical Skills ☐ Interpersonal Skills The date of the assessment will be: _____ ☐ Other _____
For prolonged leave of absence greater than one semester SPC recommends the student should: ☐ Audit IU MPAS courses already completed ☐ Review course material ☐ Other _____

_____ _____

Student Progress Chair Signature Date signed

_____ _____

Program Director Signature Date reviewed and signed