

STUDENT ACKNOWLEDGMENT

I desire to receive student training at Columbia St. Mary's and its subsidiaries and affiliates ("CSM") and acknowledge the following:

1. I am a student of _____ (the "School") and will receive training at CSM as part of a course at the School.
2. I am subject to, and shall abide by, all the written and verbal rules, regulations, policies, standards, and practices of CSM.
3. Any and all patient information created or maintained in any form or media, accessed and/or utilized at CSM is confidential and will not be used or disclosed except as is necessary.
4. I shall provide all services without regard to race, color, creed, sex, age, handicap or national origin of any individual requiring services. I shall comply with all applicable laws prohibiting discrimination.
5. Prior to the commencement of my training in CSM, I will present CSM results of any general physical examinations requested by the Facility.
6. I am not, and during student training I will not be, an employee or agent of CSM. CSM is not responsible for the payment of any wages or other benefits to me (including, without limitation, fringe benefits and coverage under workers' compensation insurance). While in CSM's facilities, I will have the status of a student and I am not to replace the staff of CSM. I will only render services, if any, as specifically directed.
7. CSM is not obligated, now or at any time in the future, to hire me as an employee.
8. CSM may revoke my right to receive training in CSM if, in CSM's sole discretion: (a) my performance is unsatisfactory; (b) my health status is or becomes a detriment to the successful completion of training or to CSM patients or a determination is made by CSM that my continuance is not in the best interest of CSM or its patients; or (c) I fail to fully comply with each of the statements in this Acknowledgment.

Dated as of the _____ day of _____, 20_____

Print Name: _____

Signature: _____