

ENMU Student Financial Responsibilities Acknowledgment

(Please initial each item to verify your acknowledgment.)

_____ **Course Fees:** I understand that practicum courses (e.g., 445, 446, CDIS 501, 502, 503, 505, and 589) are assessed course fees. I understand that distance education courses (e.g., SW, WW) are also assessed a course fee. I understand that these fees will be charged, along with my tuition, when I register for these courses. I understand that I may access the course fee rate at any time in the course fee schedule.

_____ **Proctoring Fees:** I understand that many courses will require exam proctoring, and that I am responsible for identifying potential proctors and submitting the proctor's information as described in each course. I understand that any and all fees associated with proctoring are my sole responsibility. I understand that, if I do not wish to pay for proctoring services, I should plan on traveling to campus for my final examination.

_____ **Travel and Housing Expenses for On-Campus Requirements:** I understand that I am responsible for any and all expenses incurred for travel to and from campus and for housing while attending mandatory functions on campus. These functions may include, but are not limited to the following:

- Practicum activities (e.g., assessment, conferencing, supervisory meetings)
- The Annual Graduate Student Information meeting
- Student Research Conference participation
- Required course trainings (e.g., travel to campus for CDIS 540, nasoendoscopy and/or FEES/videofluoroscopy training)
- Other activities related to meeting KASA outcomes as required by the Program

Signature _____ Date _____

Print Name _____

_____ **Fees and Expenses Associated with Clinical Practicum Enrollment:** I understand that I must complete required clock hours in clinical practicum, and that this will necessitate that I meet numerous requirements at my personal expense. These requirements may include, but are not limited to, providing and passing the following:

- DOH and/or FBI/Fingerprint background check
- Other background checks as required (e.g., HHS/OIG and GSA/SAM exclusions, OFAC/SDN, county of residence/state search, national sex offender registry search, felony records search, SS/identity verification, criminal records search, etc.)
- Drug screen
- Motor vehicle records check
- Physical examination
- Immunization receipt or immunity (i.e., influenza, varicella, measles, mumps, rubella, tetanus, hepatitis B)
- 2 step tuberculosis skin test within the last 12 months or documentation of positive reactor
- Health insurance coverage (as required by some sites)
- Completion of various trainings (e.g., CPR, safety training, abuse and neglect reporting, bloodborne pathogens, universal precautions, first aid, HIPAA, FERPA, PPRA)
- Other requirements as specified by practicum site at which I am placed
- Evidence of professional liability and/or general liability insurance coverage as specified by course requirements and/or affiliation agreements (i.e., 1 million each occurrence and incidence, 3 million aggregate)
- Travel and/or housing fees incurred while completing practicum and/or internship. I understand that my internship must be completed in a major medical setting and will be a full-time minimum 8-10 week experience (depending on my catalog of record). I understand that I will not be able to complete this in Portales surrounding areas and that this requirement will require travel to and housing in an area mutually agreed upon by myself and the Program.
- Participating in compliance monitoring as administered by a contracted external agency (e.g., CastleBranch – MyCB.CastleBranch.com)
- Enrollment in Master Clinician or other observation software provider
- Enrollment in SimuCase or other simulation experience software provider
- Enrollment in Calipso for clock hour log monitoring/tracking.

Signature _____ Date _____

Print Name _____

_____ **Research Activity Expenses:** I understand that I am responsible for any and all expenses related to completing research activities as required by the program and CDIS 500, 557, 560, and 573. These expenses may include, but are not limited to, the following:

- Travel/housing required to secure subjects
- Published experimental assessment protocols
- Subscription fees to survey construction/deployment websites
- Recording fees
- Stationary, copying, and postage expenses
- Statistical software packages
- Poster printing
- Travel/housing or other expense required to secure supervisory assistance
- Travel/housing required to present results at the ENMU Student Research Conference

_____ **Technology Expenses:** I understand that I must be prepared to use a current Windows based operating system. I understand that I must be able to access Blackboard and submit and open documents in Microsoft Word, Excel, and pdf formats. I understand that I must have a Skype address, a working microphone and webcam on my system, have access to DSL or high speed internet, and a means to phone-in to classes while connected to the internet. **I understand that I am financially responsible for meeting these requirements.**

Signature _____ Date _____

Print Name _____