

## Welcome New S425 Registered Practical Nursing Perioperative students in Fall Term 2024!

- As part of this program, you will be provided with an opportunity to participate in a clinical placement in a health care setting. In preparation for your placement experience, there are mandatory requirements that you will need to complete ahead of time. The Clinical Placement Office recommends that you begin gathering the necessary documentation now, in order to be able to submit them and provide enough time for the approval process.
- Once you have gathered all the necessary documents, you will need to create an account, upload and submit all documents, certificates and evidence to the electronic ParaMed Placement Pass website by the **given deadline on September 13, 2024**. A link to the portal can be found at <https://georgebrowncollege.placementpass.ca/>
- If you **fail** to complete, submit, and upload these requirements to Requisite Portal by the **given deadline on September 13, 2024**, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- Please **note** that even if you have graduated from another Health Sciences program either in George Brown College or from another college, university or institution **and/or** have experience working in any health-related profession, you are still required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical field practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- All costs, service fees and fine associated with the overall medical and additional requirements are responsibility of the student.

Below is a summary of all requirements that must be provided in your submission. Please read and follow all the instructions carefully:

### Medical Requirements

- All students must provide proof of current immunization records, blood test reports and health status. Book an appointment with your doctor/walk-in clinic and bring the Requisite Health form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test and Flu Shot requirements. For more information, visit <https://www.georgebrown.ca/current-students/preplacement/forms/sally-horsfall-eaton-school-of-nursing-forms>
- COVID-19 vaccination:** Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements.
  - If you are **unvaccinated to COVID-19**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
- Seasonal Flu Shot**-please do not worry about the flu shot at this time, if you have everything completed except your new flu shot record, you may submit your health form documents to the Paramed portal by the given deadline.

### Vulnerable Sector Check (renew every year and must be valid from September 2024-April 2024)

- For students who currently reside in Toronto region with a postal code that starts with the letter "M":** Please see the Toronto Police instruction sheet and apply online and it could take 4 to 6 weeks to process and receive your VSC record to your email account.
- For student who currently reside in another region such as (Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York) or Out of Province.** Please apply to your specific regional police service website
- If you have **any history of criminal record or not clear VSC record**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.

### Basic Life Support Certificate (renew every two year)

- All students must have a current BLS and NRP certificate in order to participate in practicum. If you live in Toronto region, you may register for this course at Peak Excellence Shop at <https://www.peakexcellenceshop.com/> or at any WSIB Approved First Aid Trainers, for more information visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates>
- Please **do not** register for an Emergency First Aid course or to any company that offers these courses 100% fully online, we will **not** accept these types of certificates. We would advise you to retake this course with another company that offers it either hybrid or in person and you will have to pay again. All costs and service fees are the responsibility of the student.
- No temporary certificate will be accepted.**

### Mask Fit Test 3M N95 Certificate (renew every two years and must be valid for Sem 2 in January to April 2024)

- All students must have a valid mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency as long as it is valid within 2 years. If you need to complete this step, please book your mask fit testing at Peak Excellence Shop company online at <https://www.peakexcellenceshop.com/> or go to other third-party agency.

**Final Step:** Once you have everything completed and done and officially registered to your Stu-View account, your final step is to create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline.

(Paramed Service fees from June 1, 2013 to May 31, 2025)

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee and medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

### SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

- Suzette Martinuzzi**, Pre-placement Coordinator  
**Telephone:** (416) 415-5000 ext. 3415  
**Email:** [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)  
**Business Hours and Locations**  
**Monday to Wednesday (9:00 am-4:00 pm)** at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6  
**Thursday to Friday (9:00 am-4:00 pm)** at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James Campus, Toronto, ON M5A 3W8, by appointment only.

**(S425) RPN Perioperative Program (Fall Term 2024)**  
**New First Year Independent/Non-Sponsored students**  
**Prerequisites Form deadline: September 13, 2024**

**MEDICAL REQUIREMENTS CHECKLIST**

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- Tetanus, Diphtheria & Pertussis (*Tdap/Adacel/Boostrix vaccine valid every 10 years & attach yellow card record*)
- COVID-19 two doses vaccination (*mandatory and attach proof of record*)
- Seasonal Flu Shot (*recommended every year in November or December*)
- Measles, Mumps & Rubella (*documentation of two doses of MMR vaccine **OR** laboratory evidence of immunity*)
- Varicella (*documentation of two doses of Varivax vaccine **OR** laboratory evidence of immunity*)
- Hepatitis B (*ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records*)
- Two Consecutive Step Tuberculosis Skin Test
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

**ADDITIONAL REQUIREMENTS CHECKLIST**

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Please read and follow all detailed instructions on this form.

- [Vulnerable Sector Check](#)-(renew every year and must be valid from Sept 2024 to December 2024)
- [Basic Life Support Certificate](#) (renew every two years and must be valid from Sept 2024 to December 2024)
- [Mask Fit Test 3M N95 Certificate](#) (renew every two years and must be valid from Sept 2024 to December 2024)
- ParMed Placement Pass Service Fees, **see below**
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

**PARAMED PLACEMENT PASS SERVICE FEES**  
*(rates are subject to change without further notice)*

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Once you have everything done and completed, your final step is to create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline. If you **fail** to do so, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.

**(Service fees from June 1, 2022 to May 31, 2025)**

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee, archives & medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

**SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT**

- **Suzette Martinuzzi**, Pre-placement Coordinator  
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**(S425) RPN PERIOPERATIVE PROGRAM-FIRST YEAR PREREQUISITES HEALTH FORM (FALL 2024)**

Name x \_\_\_\_\_

GBC ID# x \_\_\_\_\_

Tel x \_\_\_\_\_

Email x \_\_\_\_\_

Submission deadline: **September 13, 2024**

**MEDICAL REQUIREMENTS  
(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)**

*Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed in accordance with the communicable disease surveillance protocols, specified under the OHA, OMA and Public Hospitals Act, to meet the requirements of our students' placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, visitors, employees and other students. Other than the influenza vaccine, the completion of this information is not optional, and all sections must be completed as outlined. Our placement partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your client is unable to receive a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form. Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUqeBVhJB3QKPQ91w>*

1. **TETANUS, DIPHTHERIA & PERTUSSIS (*Tdap/Adacel vaccine must be valid every 10 years*)** attach a yellow card or any immunization record.
  - Date of last Tetanus, Diphtheria & Pertussis (*Tdap/Adacel/Boostrix*) booster \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm/dd/yyyy)
  
2. **COVID-19 VACCINATION (*mandatory*)** Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. If you are **unvaccinated to COVID-19**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
  - 1<sup>st</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm/dd/yyyy) (attach proof of record)
  - 2<sup>nd</sup> dose Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Proof of approved **exemption** status
  
3. **SEASONAL FLU SHOT (*recommended in November or December*)** (Note: Please do not worry about the flu shot at this time. If you have everything completed except the flu shot, you may submit this health form to the ParaMed portal by the given deadline.
  - Seasonal Flu Shot Given Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm / dd / yyyy) Health care professional signature \_\_\_\_\_
  
4. **MEASLES, MUMPS, RUBELLA (MMR) (*Two doses vaccine*  **Laboratory evidence of immunity**)**
  - Documentation of receipt of two doses of MMR vaccine on or after the 1<sup>st</sup> birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
    - 1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(mm/ dd / yyyy)
    - 2<sup>nd</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(mm/ dd / yyyy)
  - OR
  - Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, **no** booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.
  
5. **VARICELLA (CHICKEN POX) (*Two doses vaccine*  **Laboratory evidence of immunity**)**
  - Documentation of receipt of two doses of Varivax vaccine on or after the 1<sup>st</sup> birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
    - 1<sup>st</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(mm/ dd / yyyy)
    - 2<sup>nd</sup> Dose date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(mm/ dd / yyyy)
  - OR
  - Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, **no** booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

**Final Signature of doctor/physician/health care professional** \_\_\_\_\_ **(pg. 3)**

**Date (mm/dd/yyyy):** \_\_\_\_\_ **Medical Office Stamp:** \_\_\_\_\_ **(pg.**

**(S425 RPN PERIOPERATIVE) MEDICAL REQUIREMENTS (submission deadline on September 13, 2024)**

NAME x \_\_\_\_\_ GBC ID# x \_\_\_\_\_

6. **HEPATITIS B INSTRUCTIONS:** All students must complete an **initial “antibody immunity” laboratory blood test** if previous Hep B vaccine was received. Ask your doctor to check the appropriate box, document the dates of any junior or adulthood vaccination record. Ask your doctor for a copy of laboratory blood test report and attach it to the form as outlined below. Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKQP91w>

**Initial Immune/Reactive/Positive (> 10 U/L) “Anti-HBs or HBsAb” lab test result: NO** injections or doses required, attach a copy of lab blood test report and this is done.

**Initial Non-Immune/Non-Reactive/Negative/Low (>0 or <10 U/L) “Anti-HBs or HBsAb” lab test result:** Student must proceed to Section A & B as outlined below: After the student has completed a new 2<sup>nd</sup> dose, they will be given a temporary clearance to proceed to dental/field/clinical practice. Student is expected to complete the series and provide update on vaccination record per academic year.

**Section A-Primary Series (doctor must document any proof of junior or adulthood vaccination record)**

- 1<sup>st</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)
- 2<sup>nd</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)
- 3<sup>rd</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (five months after 1<sup>st</sup> dose, repeat HBsAb lab test after four weeks)
- If the repeat HBsAb lab test result was **“immune/reactive”**, it is done and attach a copy of lab test report.

→ If the repeat lab test result was **“non-immune”**, proceed to **Section B series below.**

**Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record)**

- 4<sup>th</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)
- 5<sup>th</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / yyyy)
- 6<sup>th</sup> dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (five months after 4<sup>th</sup> dose, repeat HBsAb lab test after four weeks)
- If the lab test result is still **“non-immune/non-reactive”**, student status will be considered a **“non-responder/exemption”**.

**Carrier lab test result: NO** injections or doses required and attach copy of most recent **“HBsAg-Antigen Positive”** blood test report.

7. **TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (read and follow instructions below)**

- All students must complete and provide proof of Two Consecutive Step-TB Skin Test and we will **NOT** accept a Chest X-ray report only.
- Failure to do Step 2 TB within 7-21 days after Step 1, you will need to redo both TB Skin Test again and extra fees will apply.
- If you have proof of previous Two Consecutive Step-TB Skin Test done in the past and the result was both **“Negative”**, do annual Step 1-TB Skin Test.
- If you have proof of previous Two Consecutive Step-TB Skin Test and the result was **“Positive”**, **NO** more annual TB Skin Test and your doctor needs to do annual physical exam and answer letters (A-F) below.
- If you had BCG vaccination it is **NOT** a contraindication for skin test, you are still required to provide proof and complete a Two Step-TB skin test.
- It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below. **NO** exceptions!
- Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKQP91w>

**PREVIOUS YEAR: STEP 1 TB SKIN TEST**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

**PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

**CURRENT YEAR: STEP 1 TB SKIN TEST**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

**CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

**TB SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM INDURATION SIZE**

**DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:**

- a) Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 4 years) Result \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)
- b) History of disease? Yes or No Date (mm/dd/yyyy) \_\_\_\_\_
- c) Prior history of BCG vaccination (need documentation? Yes or No Date (mm/dd/yyyy) \_\_\_\_\_
- d) Does this student have signs/symptoms of active TB on physical examination? Yes or No
- e) INH Prophylaxis (Treatment)? Yes or No Date (mm/dd/yyyy) \_\_\_\_\_ Dosage \_\_\_\_\_
- f) Specialist (Public Health) Referred? Yes or No Date (mm/dd/yyyy) \_\_\_\_\_

**Final Signature of doctor/physician/health care professional:** \_\_\_\_\_ **(pg. 4)**

**Date (mm/dd/yyyy):** \_\_\_\_\_ **Medical Office Stamp:** \_\_\_\_\_ **(pg. 4)**





## George Brown College & ParaMed Agreement Form

Name  \_\_\_\_\_

### Program (S425) RPN Perioperative in Fall 2024

I  \_\_\_\_\_ (Print Name) understand that any false statement is grounds for cancellation of admission.

I understand that the college has the right to cancel my admission privilege on the basis of medical information submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown College personnel of any communicable disease, special need, exception or medical condition which may place me at risk or pose a risk to others at George Brown College or on placement.

I will pay all the services fees and authorize ParaMed to review the above information.

\_\_\_\_\_  
(Signature) (Date)

### Element of Risk

All experiential learning programs, such as field trips, clinical and field placements or job shadowing involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the placement or the college. By taking part in this activity, you are accepting the risk that you may be injured. Following the Health and Safety rules of your placement is required. By signing below you agree that you have reviewed the element of risk and are willing to comply with the Health and Safety Rules of your placement.

If an injury should occur, it must be reported immediately to your supervisor and to your faculty. Completing Workers Safety Insurance Board forms and reporting any injury while participating in placement must take place within **72 hours** of occurrence.

\_\_\_\_\_  
(Signature) (Date)

### Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email [smartinu@georgebrown.ca](mailto:smartinu@georgebrown.ca)  
Virtual Business Hours: 8:00 am to 3:00 pm, by appointment only

### FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and wellbeing of students and clients in their care.

## Consent Form for Use and Disclosure of Student Information

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Student Number: \_\_\_\_\_ Educational Program: (S425 RPN-Perioperative) in Fall 2024

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### 1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program \_\_\_\_\_ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practical, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

### 2. Consent Period

This consent is effective immediately and shall remain valid for up to six years or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

### 3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting [privacy@hspcanada.net](mailto:privacy@hspcanada.net).
- 3.3 Right to Request Restrictions on Use/Disclosure** – You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit <https://hspcanada.net/privacy-and-security/>

*I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date (MM/DD/YYYY)