University of Cincinnati
Clermont College
Health Information Systems Technology
Professional Practice Experience
Student Guide
2013
PROFESSIONAL PRACTICE EXPERIENCE (PPE)

Overview

The Professional Practice Experience (PPE) is designed to provide students with practical work experience in Health Information Management. The PPE will assist students in the development of HIM entry-level competency skills as identified by the American Health Information Management Association (AHIMA).

At the University of Cincinnati, Clermont, the PPE for the Health Information Systems Technology Program (HIST) is experienced in two core courses, HCMT2020 and HCMT2030. It is expected that the student will take HCMT2020 during their first or second semester and HCMT2030 during their final semester of coursework.

**PPE I (HCMT2020: Health Information Administration Practices)**

PPE I encompasses the foundation of services provided by HIT professionals. Students completing simulations in Health Information Administration Practices will have the opportunity of attending HIT site visitations that cover acute, ambulatory, non-traditional, and other related healthcare facilities. The AHIMA Virtual Lab will be used for onsite simulations.

**PPE II (HCMT2030: HIS Professional Practicum)**

PPE II will be experienced in the student’s final semester of coursework. Students will complete projects related to HIT. Projects must be approved in advance. Prior to project approval, the following must be completed and submitted:

- A proposal
- Goal Statement
- Scope of Work
- Deliverables
- Risk
- Resources
- Budget
- Task Outline
- Timeline
- Other forms as warranted by project type

The instructor will not revise/edit final work. Students must complete project forms to the best of their ability. The instructor will work with students prior to submission if they request assistance more than three (3) days in advance of the assignment due date.

The instructor will use WORD “track changes” and “comments” functions to illustrate grading of the forms. If you are unfamiliar with how to use track changes or view comments, please inform your instructor.

Grading will focus on the following:
Consistency of headings
Appropriateness of name, address, project title, and project form name.
Symmetry and formatting of text on the page
Double spacing between paragraphs (text may be single spaced in paragraphs)
Paragraphs should be in full justification
Text should be in black and fonts should be legible and of the same size
Completeness of form reports is necessary
Inclusion of additional forms where warranted

PPE Requirements
It is the student’s primary responsibility to gain as much experience as possible during PPE I and PPE II. To accomplish this, the student must remain alert and inquisitive. Students must possess the desire to participate in all duties assigned to them. Students should ask questions and seek answers through reading or discussion with the professional staff. It is only through continued performance of tasks and the willingness and desire to seek and apply knowledge that the student will experience successful learning outcomes for the PPEs. HCMT 2020 and 2030 emphasize the educational and experiential aspects of professional practice in HIT.

During both PPEs, students will be evaluated on their ability to integrate theory with practice, performance of skills, professional attitudes and appearance. Students are responsible for documenting their PPE time and activities. Students are governed by all policies and procedures of the PPE site. At the conclusion of each PPE, evaluations are completed. The site director will assess the students and the student will assess the professional practice experienced at the site.

The following is a copy of the online evaluation form that your Site Supervisor will complete at the conclusion of your PPE.
The University of Cincinnati  
Clermont College  
Health Information Systems Technology Program  
PPE Student Evaluation Form

Student Name _________________________  Date ______________________  Site ______________________

*Please rate this student’s ability to display the following work ethics by marking the appropriate box.*

<table>
<thead>
<tr>
<th></th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATTENDANCE</strong></td>
<td>Always in assigned area(s)</td>
<td>Usually in assigned area(s)</td>
<td>Occasionally in assigned area(s)</td>
<td>Can never be found.</td>
</tr>
<tr>
<td><strong>APPEARANCE</strong></td>
<td>Looks professional and neat</td>
<td>Meets dress code</td>
<td>Somewhat meets dress code</td>
<td>Appears unclean and unprofessional</td>
</tr>
<tr>
<td><strong>ABILITY to follow instructions</strong></td>
<td>Always able to follow detailed instructions</td>
<td>Can usually follow basic instructions with guidance</td>
<td>Rarely able to follow instructions, not much help in department</td>
<td>Cannot follow the simplest of instructions</td>
</tr>
<tr>
<td><strong>ATTITUDE and INITIATIVE</strong></td>
<td>Positive attitude, appears excited to learn</td>
<td>Usually positive attitude, sometimes needs encouragement</td>
<td>Fair attitude, needs constant encouragement</td>
<td>Poor attitude, seems disinterested in clinical education</td>
</tr>
<tr>
<td><strong>DEPENDABILITY</strong></td>
<td>Always consistent</td>
<td>Usually consistent</td>
<td>Occasionally consistent</td>
<td>Totally unpredictable</td>
</tr>
<tr>
<td><strong>MOTIVATION</strong></td>
<td>Highly motivated, wants to perform every task possible</td>
<td>Well motivated, performs tasks with little encouragement</td>
<td>Fair motivation, sometimes requires assigned tasks</td>
<td>Poor motivation, will not perform tasks without direct order</td>
</tr>
<tr>
<td><strong>REACTION to criticism</strong></td>
<td>Consistently accepts criticism well and tries to correct mistakes</td>
<td>Usually accepts criticism well and tries to correct mistakes</td>
<td>Sometimes defensive with criticism, corrects mistakes occ.</td>
<td>Very defensive with criticism, makes no effort to correct mistake</td>
</tr>
<tr>
<td><strong>WILLINGNESS to help/work with others</strong></td>
<td>Always willing to help anyone in need, easy to work with</td>
<td>Usually helps, works well with most people</td>
<td>Some difficulty adjusting personality to work with others</td>
<td>Completely unwilling or unable to work with other people</td>
</tr>
</tbody>
</table>

_________________________________  ____________________  ____________________
Signature  Position  Date
Items of Importance

A student currently or previously employed in a health care setting should consider PPE sites outside their work experiences to broaden their scope of practice. If the student is in the degree completion program and already holds a managerial position within a healthcare facility, he/she will be required to document the responsibilities that align with the PPE I or PPE II assignments. A student that is currently employed in a healthcare facility may utilize their employment site when the PPE Site Director provides assurances that the employed individual will work on appropriate HIT activities outside their current job description. The Program Director and PPE Coordinator work closely with all Site Directors and PPE students to monitor and assist with the professional practice experience. All health related forms relevant to the PPE must be completed and on file with the HIT program director before the student begins the PPE experience.

The student is required to provide his/her own transportation and all costs involved in the performance of PPE duties.

The PPE is a learning experience utilizing a hands-on approach and it should not be viewed or interpreted as a method for increasing the work force of a professional practice site. AHIMA’s Fair Practices are followed on PPE assignments. Students may not be substituted for regular staff nor take the responsibility or place of qualified staff however, after demonstrating proficiency; students may be permitted to perform procedures with appropriate supervision.

Personal Appearance

The student must abide by the dress code of the PPE site. Where none is available, the student must be attired in business casual or business professional. Student attire at the PPE site must be clean, neat and present a professional appearance.

The public gains impressions of the college and medical facility from contact with their students and employees. Displaying neatness and good taste in your dress and manner demonstrates a professional appearance, which generates poise and self-confidence.

Since personal appearance is regarded as an important aspect of the student’s over-all clinical education process, the following specific regulations are to be observed:

- Hair: Reasonable conservative style; no unusual colors or styles.
- Nails: Nails of conservative length. Artificial nails must be functional and inconspicuous.
- A watch is required.
- Jewelry: Small styles of earrings will be permitted. Jewelry worn on PPEs must be tasteful and conservative.
- Shoes: It is suggested that you wear clean, comfortable shoes. No tennis shoes, sandals or flip-flops.
• Colognes and perfumes: Must be worn in moderation.
• Piercings: The only jewelry permitted in piercings is one pair of conservative earrings.
• Tattoos: Tattoos are not permitted. Tattoos that are not covered by clothing must be covered by adhesive bandages.

The judgment of the clinical instructor will prevail.

Deviation from the above guidelines may result in a warning or dismissal from PPE Site for the day. This lost PPE time will be considered unexcused and will affect the student’s grade.

Students are required to wear their University of Cincinnati Clermont ID, which identifies them as a student. If the PPE site requires students to wear lab coats, the student is responsible for purchasing and complying with the requirements of the institution.

Cell Phone Usage
Students must follow the cell phone policy of the practicum site which typically allows cell phone use during breaks and lunch but not during work hours.

Parking
Students may only park the areas designated for student use by the PPE site. All costs incurred as a result of parking are the responsibility of the student.

Physical Exam
A student examination and immunization record must be submitted to the Program Director on forms provided by the College prior to the placement at the PPE site. Students not meeting the physical requirements of the PPE will be excluded from the PPE activities.

PPE Site Rights and Privileges
The PPE Site will have the right to:
• Refuse educational access to University faculty and/or students who do not meet the hospital standards and policies for health, safety, performance or ethical behavior.
• Resolve any problem situation in favor of the healthcare institution's welfare and restrict the student involved to an observer role until the problem is resolved.

Formal Hearings
Any student dismissed from the PPE site for any reason will be required to appear at a formal hearing. The Business, Law and Technology Chair, along with the Program Director and other interested University personnel will determine if the student will be allowed to continue in the PPE.

PPE Site Placement Information
To be placed in a PPE site, you will need to complete the following before the actual site work:
1. Completed Health Form Packet
2. Appointments for the physical and laboratory tests if required
All UC students must be covered under some form of health care plan/medical insurance. Malpractice insurance is provided when your tuition fees are paid in full.

**PPE Site Tardiness/Absence Policy**

Tardiness will not be tolerated. When an emergency occurs, the student must immediately contact the PPE Site Director and the Program Director informing them of their situation. In the event the student has three (3) or more unexcused tardiness incidents, the PPE will be terminated and the student will receive an unsatisfactory grade (D) for the class. The Program Director in concert with the PPE Director will determine whether or not tardiness is excused.

Absences will not be tolerated. Should an emergency occur, the student must immediately contact the PPE Site Director and the Program Director. Students will receive a letter grade drop for each unexcused absence up to three (3). In the event that the student has three unexcused absences, the PPE will be terminated and the student will receive an unsatisfactory grade (D), for the class. Excused absences include but are not limited to the following: illness with a medical excuse, court appearance, jury duty, automobile accident, or a death in the family (spouse, parent, children, grandparents, siblings). Regarding any other absences, the Program Director in concert with the PPE Site Director will determine whether or not the absence is excused.

Absence from an assigned PPE day must be made up. Arrangements for the make-up must be submitted in writing and approved by both PPE Site Director and the Program Director.

Exceptional cases will be reviewed in a formal hearing of the HIS Program Director and the PPE Site Director.

Students leaving their PPE site prior to their assigned end of shift may do so only with permission from their supervisor.

All documentation of tardiness, unexcused and excused absences will remain as part of the student’s permanent file.

Students are required to obtain the name and title of the person whom they have given the message of absence or tardiness.

**Cancellations**

When classes at The University of Cincinnati Clermont are canceled, PPEs scheduled for that day are canceled as well. The student is responsible for calling the PPE Site Director, prior to the start time, regarding the absence.
**Student Checklist of PPE Activities**

You will be given a copy of the following checklist at the beginning of your PPE. You may or may not experience all of these activities, however, you should experience as many of these activities as possible and available.

**GENERAL:**

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Demonstrated an understanding of tasks in relation to HIM department work flow</td>
</tr>
<tr>
<td>Completed total required hours of professional practice</td>
</tr>
<tr>
<td>Reported to the department on time each day</td>
</tr>
<tr>
<td>Returned from breaks and lunch on time</td>
</tr>
<tr>
<td>Completed appropriate volume of work</td>
</tr>
</tbody>
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**RELEASE OF INFORMATION**

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review policy and procedure for release of patient information</td>
</tr>
<tr>
<td>Release patient information to third-party payers, attorneys, and others,</td>
</tr>
<tr>
<td>Analyze patient authorization</td>
</tr>
<tr>
<td>Photocopy records or transfer to electronic medium</td>
</tr>
<tr>
<td>Enter released information into the ROI correspondence log</td>
</tr>
<tr>
<td>Generate a bill for released copies</td>
</tr>
<tr>
<td>Accompany HIM personnel to a court appearance for requested records/testimony</td>
</tr>
<tr>
<td>Observe interrogatory preparation</td>
</tr>
<tr>
<td>Observe a deposition</td>
</tr>
<tr>
<td>Review RAC protocol and assist in correspondence</td>
</tr>
</tbody>
</table>

**DEPARTMENTAL RELATIONS AND COMMITTEES:**

<table>
<thead>
<tr>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>Orient to health care facility functions and operations (e.g., patient confidentiality)</td>
</tr>
<tr>
<td>Orient to functions and operation of health information department</td>
</tr>
<tr>
<td>Observe patient registration procedures in the admitting department</td>
</tr>
<tr>
<td>Observe business office functions (e.g., UB-04 processing)</td>
</tr>
<tr>
<td>Attend a committee meeting</td>
</tr>
<tr>
<td>Review policies and procedures of hospital and HIM department functions</td>
</tr>
<tr>
<td>Prepare a draft of minutes for meeting attended</td>
</tr>
<tr>
<td>Assist in arranging a meeting (e.g., retrieving records)</td>
</tr>
</tbody>
</table>

**DISCHARGE PROCEDURES:**
- Pick up charts from floor
- Assemble and analyze patient records (e.g., inpatient, outpatient, ED, etc.)
- Review the policy/procedure for suspension of physicians and tabulate delinquent records
- Assist in the notification of physicians of delinquent records
- Abstract at least 5 records using the HIM department's abstracting system

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>CODING:</td>
</tr>
<tr>
<td>Code at least one inpatient record, outpatient record, and ED record</td>
</tr>
<tr>
<td>Apply MS-DRGs using an encoder</td>
</tr>
<tr>
<td>Review chargemaster codes to ensure accuracy and currency</td>
</tr>
<tr>
<td>Complete core measure worksheets</td>
</tr>
<tr>
<td>Apply Intensity of Service and Severity of Illness (IS/SI) criteria</td>
</tr>
</tbody>
</table>

**STORAGE & RETRIEVAL:**
- Review policy/procedure for record storage and retrieval
- Charge out records according to departmental procedure
- Retrieve records from active and complete file areas
- Retrieve records from incomplete file area
- File 5 records in active and complete files
- File "loose" reports

| STATISTICS: |
| Review statistical reports generated by the HIM department |
| Complete a birth/death certificate |
| Generate tables and graphs from statistical data |
| Review disease/ operation/physician indices for use in data retrieval and research |
List of Required Forms Needed for Submission before On-site PPEs

The following forms and documentation are required prior to any PPE work that you experience on-site (at a healthcare facility). All of these forms must be turned in to the Health Information Systems Technology Program Director two weeks prior to the first day of the semester in which you are taking HCMT2030. Failure to do so may prevent you from participating in the course.

Student Examination and Immunization Record Form
Health Statement Form
Hepatitis B Declination: Form used when Hepatitis B is not required by the site facility.
Safety Measure Form
Waiver and Acknowledgement: (Must be witnessed by a friend or colleague.)

Forms that are required and that should already be on file include:

Student Acknowledgement
Confidentiality Statement/Agreement

Additional forms used for issues arising on PPEs:

The following forms will document attention to and correction of student issues while on PPE site visits.
PPE Student Early Warning Form
Absence/Tardiness Form
Progress Report
Completed to document student problems while at the PPE site.
Breech of Professional Behavior
Completed to document student behavioral problems while at the PPE site.
The University of Cincinnati

Health Information Systems Technology

Student Acknowledgement

Due during the first semester of enrollment in the Health Information Systems Technology Program

Student Name: ____________________________ M#:_________________

Initials

_____ I am aware that during HCMT2020 and HCMT2030, I will be required to complete a practicum experience.

_____ I understand that the PPE will be selected by HIS Faculty.

_____ I understand that I must maintain a 2.0 overall grade point average with a “C” or better in all core HIS courses prior to a PPE assignment.

_____ I understand that I must demonstrate professional behavior at all times.

_____ I understand that I must meet UC Clermont and the PPE facility requirements for physical examination, TB skin test, hepatitis vaccination and proof of rubella immunity at my own expense.

_____ I understand that if a background check and/or drug screening is required by the PPE facility, I will be responsible for the expense.

_____ I understand that I must follow the appearance policy outlined in the HIS Student Manual and any dress code required by the PPE site.

_____ I understand that cell phones will be turned off and put away while at the PPE site and that telephone calls may be made only during authorized breaks.

_____ I am aware of the attendance and tardiness policies outlined in the Student Handbook.

_____ I understand that I must provide my own transportation to and from the PPE site.

_____ I understand that I must follow all policies and procedures of the PPE facility.

_____ I understand that I must respect patient, physician and staff confidentiality.

_____ I understand that removal from a PPE facility due to unprofessional behavior will result in a failing grade for the PPE course.

_____ I understand that written assignments must be written in the APA format.

_____ I understand that I must adhere to assignment deadlines and that late assignments may not be accepted.
I understand that I must have up to date computer hardware and software as specified in the Student Handbook.

I understand that I will need a webcam, headset, and Microsoft Office.

I understand that ProctorU will be used for specified courses.

I understand that it is my responsibility to self-identify if I have a disability that needs accommodations.

I acknowledge that I have read the Student Handbook in its entirety.

_______________________________  ________________________________
Student Signature                  Date
THE UNIVERSITY OF CINCINNATI CLERMONT

Health Information Systems Technology Program

Required for all students participating in Professional Practice Experience (HCMT2030). A new statement must be completed annually and be on file at the school/agency. Due 2 weeks Prior to the Beginning of the Semester for HCMT2030.

Student Name __________________________ Date of Birth __________________________ M# __________________________ Academic Year __________________________

Student Examination and Immunization Record

To the Student: Complete the personal information section. The immunization and physical examination sections must be completed by your physician in the quarter before your externship/practicum/clinical and submitted to the PPE coordinator.

Personal Information
Name: ____________________________________________ Date of Birth: __________________________
Street Address: __________________________ Phone: __________________________
City, State, Zip: __________________________

Who should be contacted in case of an emergency?
Name: ____________________________________________ Relationship: __________________________
Street Address: __________________________ Phone: __________________________
City, State, Zip: __________________________

To the Physician: The above named student has enrolled in a field based practicum in a health information management department. The student may be involved in incidental patient contact typical of that in a health information management setting. With this in mind, please answer the following questions.

1. Does the student have current immunizations for the following? (Check the appropriate response.)
   - Tdap ☐ Yes ☐ No Date of Immunization __________________________ (mm/dd/yyyy)
   - RUBELLA* ☐ Yes ☐ No Date of Immunization __________________________ (mm/dd/yyyy)
   - RUBEOLA ☐ Yes ☐ No Date of Immunization __________________________ (mm/dd/yyyy)
   - HEPATITIS B* ☐ Yes ☐ No Date of Immunization __________________________ (mm/dd/yyyy)
   - HEPATITIS B* Series Dates: #1:____________ #2:____________ #3:____________ (mm/dd/yyyy)
   - TITERS Date of Titers: __________________________ (mm/dd/yyyy) Measels/Mumps/Rubella
*Laboratory results indicating immunity are acceptable. Please indicate “immune” status per titer results (attach results).

2. Does the student have evidence of a current negative PPD skin test or chest x-ray?
   ☐ Yes ☐ No Date of test:______/______/______ Size of response:_______mm

3. In your opinion, is this student physically and emotionally able to participate in typical office activities? Please explain in detail any “no” responses. ☐ Yes ☐ No

4. In your opinion, is this student free from communicable disease? Please explain in detail of “no” response. ☐ Yes ☐ No

5. Pregnant student may participate in Externship? ☐ Yes ☐ No ☐ Does Not Apply
Physician Name (please print): ____________________________________________

Address: ________________________________________________________________

Phone Number: ______________________

Email: ______________________________

Physician Signature: __________________________ Date: _______________________

Return to: Dr. Karen Lankisch, RHIA, Director, Health Information Systems Program, University of Cincinnati Clermont, 285 West Woods Academic Bldg. Batavia, OH 45103, 513-732-5250
THE UNIVERSITY OF CINCINNATI CLERMONT

Health Information System Technology Program

Health Statement Form

Due 2 weeks Prior to the Beginning of the Semester for HCMT2030

Required for all faculty, students enrolled in HCMT2030, for professional practice clinical experience.

A new signed statement must be filed annually.

______________________________________

University of Cincinnati, Clermont

Faculty or Student Name

Academic Year

I find the above named individual fit for duty and free from communicable diseases

______________________________________

Physician, Physician Assistant or Nurse Practitioner Signature

Date

Place Physician Address Stamp below:
THE UNIVERSITY OF CINCINNATI CLERMONT
Health Information System Technology Program

Safety Measures

As you are aware, employment in a health care setting allows for the possibility of exposure to disease causing organisms. The following are reminders of safety measures which have been discussed in your classes and to which you much adhere.

- The number one method of prevention of disease in both patients and health care workers is good hand washing. Always wash your hands after any patient you touch, before eating, and before leaving the site for the day.
- Based upon the recommendations of the Center for Disease Control, it is the policy of the University of Cincinnati, Clermont College that any student who comes in contact with any body fluid will wear gloves. This includes emergency situations. You should wear gloves when cleaning up an area where blood or any other body fluid may have been spilled.
- If you are accidentally stuck with a contaminated needle, or are exposed to any body fluid, you must immediately take the following steps:
  1. Immediately go to your supervisor and inform him/her of the accident.
  2. Allow the site’s lab to draw a Hepatitis Profile and RPR (Rapid Plasma Reagin). When appropriate, the site will also do this on the patient that the needle had been used. This is for your well-being.
  3. Have the site supervisor contact the Practicum Coordinator.
  4. Contact your own family physician in the event he or she has any further instructions for you.
  5. You will need to have the labs re-drawn six weeks after the incident to check on your elevations.

Any student who ignores these policies will be placed on probation after the first offense. A second offense will result in a conference with the department chair and the program coordinator and includes the possibility of withdrawal from the program with an F grade posted to the student’s transcript.

If you have any questions regarding the above please contact the practicum coordinator before your first day of the Professional Practicum. Please sign the bottom of this form and return it to the practicum coordinator.

I have read the above information and will adhere to the policies of the University of Cincinnati, Clermont College.

Signature: ________________________________ Date: _____________________
Waiver and Acknowledgement

The undersigned, in consideration of his/her participation in the professional practice experience component of the Health Information Systems Technology Program, does hereby waive, release and forever discharge The University of Cincinnati Clermont and assigned clinical agency and their respective directors/trustees, officers, agents, servants and employees from any claims, demands or causes of action for loss, cost, injury or damage arising from or out of his/her participation therein.

IN WITNESS WHEREOF, I have set my hand at Cincinnati, OH this _____ day of _______________________, 20______.

________________________  __________________________
Witness’ Signature          Student’s Signature

________________________  __________________________
Printed Witness’ Name       Printed Student’s Name
Throughout my coursework in the Health Information Systems Technology Program I have received information and training dealing with HIPAA and the importance of confidentiality.

As a Student of The University of Cincinnati, Clermont College, I, ________________________, will have access to medical information. I realize that this information is private and confidential. I also realize that any unauthorized release of information is punishable by fine and/or imprisonment.

Throughout my education at The University of Cincinnati College, I will at no time inappropriately release confidential information (such as discussion in hallways, elevators, cafeteria, shuttle, any public places, or homes).

I will abide by the Code of Ethics of AHIMA and HIPAA regulations.

I understand that intentional or unintentional release of confidential information may result in suspension/expulsion from the program at The University of Cincinnati Clermont College in which I am enrolled.

I have read the Health Information Systems Technology Program Student Handbook information regarding confidentiality.

I understand and agree that in the performance of my duties as a student of the Health Information Management Programs, I must hold all confidential information in confidence. This includes information gained through university coursework on campus and/or external experiences (i.e. field trips, supervised professional practices, projects etc.). I understand that any violation may result in immediate dismissal or punitive action.

I have read, understand, and agree to abide by all policies and requirements regarding confidentiality.

_______________________________
Student’s Name (Print)

_______________________________ ____________________
Student’s Signature Date

_______________________________
PPE Faculty Signature Date
University of Cincinnati  
Clermont College

Health Information Systems Technology Program

PPE Student Early Warning Form

NAME: _____________________________________ DATE: _______________________

The purpose of this form is to obtain early communication about a student who is at risk during participation in the Professional Practice Experience (PPE). The PPE Site Supervisor will complete this form and communicate with the student as soon as possible after the incident or concern arises. The PPE Faculty will be contacted as soon as possible to coordinate efforts for student success in the PPE. Attach additional documentation as needed.

Area(s) of Concern:

Please note specific plans for remediation below (be specific):

Please sign and date below:

_________________________________________    ____________________
Student (Print/sign name)    Date:

_________________________________________    ____________________
PPE Site Supervisor    Date
The University of Cincinnati  
Clermont College  

Health Information Systems Technology Program  

Absence/Tardiness Form

Student Name: ________________________________

Date of Absence/Tardy: _________________________

Reason for Absence/Tardy:

How and When did you contact your PPE Site Supervisor:

How and When did you contact your PPE Faculty:

Absences/Tardies must be made up within 2 weeks. Turn this form in again after making up your time.

Date Absence/Tardy Made up: _______________________  

Student Signature: _____________________________ Date:_______________

PPE Site Supervisor Signature: ______________________ Date:_______________
The University of Cincinnati
Clermont College

Health Information Systems Technology Program

Progress Report

Name ____________________________ Date _____________

Course ____________________________

Concern(s) ________________________________________________________

Description and Documentation (By Faculty/Staff)

Student Responsibilities (By Faculty/Staff)

Consequences (By Faculty/Staff)

___________________________________________  ________________
Student Signature                                Date

___________________________________________  ________________
Faculty/Staff Signature                          Date

___________________________________________  ________________
Faculty/Staff Signature                          Date

___________________________________________  ________________
Witness Signature                               Date
THE UNIVERSITY OF CINCINNATI CLERMONT
Health Information System Technology Program

Breach of Professional Behavior

Name ____________________________________________ Date __________

For __________________________________________________________________________

Involving the following days:

I, __________________________________ understand that I am being reprimanded for the following reasons listed below.

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

4. ____________________________________________

Progress evaluation may take place at any time as deemed appropriate

Consequence of evaluation is as follows:

   a. Improvement seen, off warning status
   b. Some improvement being see. May continue with the new stipulation outlined on second contract
   c. Immediate expulsion form the HIS program

______________________________  __________________
Student Signature                   Date

______________________________  __________________
Faculty/Staff Signature             Date

______________________________  __________________
Faculty/Staff Signature             Date

______________________________  __________________
Witness Signature                   Date