

Continuation Agreement

Student Name:
Date of Agreement:

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

Student Progress Chair Signature

Date signed

Program Director Signature

Date reviewed and signed