

University Of Southern Indiana
Kinney College of Nursing and Health Professions
Nursing Professional Behavior Agreement Form

By signing this form, I acknowledge and agree to adhere to the professional standards outlined by the University of Southern Indiana (USI) Community Standards and the Nursing Program along with the American Nurses Association (ANA) Code of Ethics for Nurses. Violations may result in disciplinary action, including course/clinical failure and/or dismissal from the program.

_____ I understand that I am responsible for updating, maintaining, and uploading my required health forms and CPR Health Care Provider certificate meeting all submission deadlines.

_____ I agree to maintain professional behavior at all times, including demonstrating respect, accountability, compassion, and integrity in accordance with ANA Code of Ethics and USI Community Standards.

_____ I agree to present myself in a manner that reflects professionalism, including punctuality, preparedness, and adherence to USI Nursing's dress code and conduct expectations.

_____ I agree to engage in respectful, timely, and professional communication with faculty, staff, peers, and members of the healthcare team during all educational activities.

_____ I will review and comply with OSHA policies applicable to my clinical settings and the simulation center.

_____ I will maintain confidentiality and safeguard patient information in all forms, as required by HIPAA and ANA ethical principles.

_____ I agree to comply with academic integrity standards outlined in University policy, including completing assignments independently unless collaboration is explicitly permitted, avoiding plagiarism, and not sharing assignments or exam content with others.

_____ I understand that I am prohibited from discussing in any electronic format including, but not limited to, Facebook, instant messaging, Twitter, chat rooms, blogs, or any other type of social networking site, patients and their families and visitors, hospital employees and members of the medical staff, or experiences in any USI sponsored clinical setting.

_____ I will use facility resources (computers, supplies) only for patient care activities and never for personal use.

_____ I will not access personal web pages or social networking sites during clinical hours.

_____ I will communicate clinical information only to appropriate persons as part of course assignments and professional duties.

_____ I will limit use of cell phones, smartphones, and tablets during clinical experiences to scheduled breaks and away from patient care areas.

_____ If using a device for clinical resources, I will ensure it cannot transmit or store patient data and will comply with security protocols.

_____ I will not take photographs or videos in any clinical setting, including non-patient care areas.

_____ I will read the USI BSN and/or Graduate Nursing Program Handbook(s) and comply with all policies contained therein.

Student Printed Name: _____

Student Signature: _____

Date: _____