

## Simulation Policy Agreement

I have read the simulation policies and agree to the terms under confidentiality of information and audiovisual recording. I understand that if I fail to comply, I may be sent home, and/or dismissed and may be subject to disciplinary actions.

Simulation Lab Policy

Confidentiality/Audiovisual Recording Agreement

Attendance Policy

Online Simulation Netiquette Policy

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email this signed document to Dr. Teal at [twilhelm@uark.edu](mailto:twilhelm@uark.edu) prior to your first simulation. Thank you