

Human Resources Policy Acknowledgment Student/Faculty Form

As a student/faculty at WakeMed, it is my responsibility to review and comply with all applicable WakeMed policies and procedures. I am aware that WakeMed policies can be accessed within PolicyTech on the WakeMed website. I am encouraged to contact WakeMed Human Resources and/or department leadership with any questions or concerns.

By my signature below, I agree to access, review, and abide by:

- Information provided in the **Consortium for Clinical Education and Practice Core Orientation** and the **WakeMed-Specific Orientation**.
- Information and requirements referenced in the **WakeMed Employment-Related Policies for Non-Employees** available at www.wakemed.org/HRPolicies.

If I fail to abide by these agreements, I understand that action will be taken; to include possible civil or criminal action.

Student/Faculty Signature: _____

Student/Faculty Name (print): _____

Date: _____

School/College/University Name: _____

Program of Study _____