

# REQUIRED JOINT PLANNING AGREEMENT – STD NURSE CLINICIAN’S TRAINING

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

**Purpose of this Planning Agreement:**

The purpose is to ensure course planning between the local agency, HIV/STD nurse consultant, and the Office of CE UNC-School of Public Health. The intent is to provide a quality educational offering for course participants that will serve the student, client, and agency needs. This document is to be used for class or challenge course participants.

The following areas are to be reviewed by the nurse consultant, local nurse supervisor/director, and the course participant **prior to the start of the course:**

- Requirements for acceptance
  - Completion of agency orientation
  - BSN or completion of Principles and Practices of Public Health Nursing
  - Accepts responsibilities required for providing evaluation of STD clients under standing orders.
- Agency Expectations
  - Facilitate application of skill during clinical practicum
  - Agrees to facilitate learning experience during training period
- Course content, required equipment, required preparation time and clinical precept time,
- Clinical practicum requirements (includes required number and quality of clinical experiences for both males and females, Clinical Advisor role and responsibilities, final arrangements with UNC-CH SPH OCE faculty for final clinical history and physical exam evaluation),
- Follow-up as needed by the HIV/STD Nurse Consultant to complete the course,
- Process for rostering as provider of reimbursable services,
- Required and suggested record-keeping,
- STD Orientation packet document,
- Expectation of Work Requirements after completion of training,
- Requirement for final clinical check-off at end of clinical precepting experience by UNC-CH SPH OCE faculty

***Acknowledgment of Responsibilities:*** *I hereby acknowledge and accept my responsibilities during the Clinical Practicum as described above.*

Nurse Supervisor/  
Director of Nursing: \_\_\_\_\_  
*(print name)* *(signature)*

Nurse Consultant: \_\_\_\_\_  
*(print name)* *(signature)*

Participant: \_\_\_\_\_  
*(print name)* *(signature)*

Clinical Advisor: \_\_\_\_\_  
*(print name)* *(signature)*

Participant: \_\_\_\_\_  
*(print name)* *(signature)*

Clinical Advisor: \_\_\_\_\_  
*(print name)* *(signature)*

Participant: \_\_\_\_\_  
*(print name)* *(signature)*

Clinical Advisor: \_\_\_\_\_  
*(print name)* *(signature)*

*The Nurse Consultant from HIV/STD Prevention and Care is responsible for processing this Agreement. Completed Agreement needs to be retained in local agency with copies for HIV/STD nurse consultant and course faculty. Please forward a copy to:*  
**Tavie Flanagan, NCIPH, CB#8165, Chapel Hill, NC 27599-8165**