

## TEMRAP Expectations Attestation

**By initialing after each item, I am attesting that I have read each expectation and have had all my questions answered and concerns addressed. By signing this document, I am attesting that I agree to comply with these expectations as a member of the TEMRAP Program.**

I acknowledge that that I am expected to complete one four hour shift per calendar week (Sunday – Saturday) and that I have been encouraged to plan ahead in order to meet this requirement without class and/or exam interference. \_\_\_\_\_

I acknowledge that I cannot schedule double shifts without the approval of the Chief RA. \_\_\_\_\_

I acknowledge that I am expected to check the calendar after scheduling shifts and before reported to shifts to ensure it is accurate. \_\_\_\_\_

I acknowledge that I need to plan ahead for traffic and accidents to ensure I arrive to shifts on time and that I must inform my Chief should I be late to my shift for any reason. \_\_\_\_\_

I acknowledge that I need to give a minimum of 24hr notice to both The TEMRAP Program Coordinator (Khushbakht Bakhshi) and my Chief RA (Kelly “Michelle” Noble) should I need to cancel or reschedule a shift, so that others on a waiting list for that shift can be scheduled. \_\_\_\_\_

I acknowledge that in the event of an emergency, I will give immediate notice to my Head Trainer and Chief should I have to cancel a shift last minute. \_\_\_\_\_

I acknowledge that I must have ALL of my mandated vaccines before beginning any shifts. \_\_\_\_\_

I acknowledge that the research credentialing process is mandatory and failure to complete this could result in failing the class or being asked to leave the program. \_\_\_\_\_

I acknowledge that only 2 students are allowed in the ED for POD shifts at a time. \_\_\_\_\_

I acknowledge that the first student that shows up should go to Pod L when he/she is not going to the other PODS to enroll patients. If a second student shows up for a POD shift, he/she will go to POD E. If POD E is busy, the ED attending can assign him/her to another POD. \_\_\_\_\_

I acknowledge that only 4 students are allowed in the ED for lobby shifts at a time. \_\_\_\_\_

I acknowledge that I am to work the lobby shift independently. \_\_\_\_\_

I acknowledge that I am not to play on my phone while working a lobby or pod shift. \_\_\_\_\_

I acknowledge that I am expected to check my email and read all TEMRAP messages in full. \_\_\_\_\_

I acknowledge that I am to review the material in the dropbox thoroughly before beginning shifts so that I am prepared and have time to ask questions about what I am unsure of. \_\_\_\_\_

I acknowledge that I am to follow the chain of command should I have any questions. \_\_\_\_\_

I acknowledge that I am expected to bring up any issues or problems immediately with my Head Trainer or Chief. \_\_\_\_\_

I acknowledge that I am expected to wear light blue scrubs while completing pod shifts and to wear business casual for lobby shifts. \_\_\_\_\_

I acknowledge that if I forget my badge I will be denied entry to complete shifts. \_\_\_\_\_

I acknowledge that I am to comply with instructions given by student leadership. \_\_\_\_\_

I acknowledge that if I am asked to leave the pod by student leadership, I must leave. \_\_\_\_\_

I acknowledge that not following requests by leadership will lead to immediate removal from the program. \_\_\_\_\_

I acknowledge that lying will result in immediate removal from the program. \_\_\_\_\_

I acknowledge that if there is an emergency during a shift, I am to call Dr. Pierce at 214-280-7522. \_\_\_\_\_

I acknowledge that I am expected to follow and fully comply with all rules above. \_\_\_\_\_

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**Name in Print**

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**Signature**

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**Date**