

## S.T.A.B.L.E. Learner Course

### Student Attestation and Responsibilities for Teleconference Offerings

Name/Credential: \_\_\_\_\_

Hospital Name/City and Department: \_\_\_\_\_

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

**I agree that I will observe the following rules and obligations during a remote (teleconference) S.T.A.B.L.E. Learner course. Please initial next to the following items and electronically sign this document.**

\_\_\_\_\_ I have a computer with video camera (webcam) and speakers and I will log into the course prior to the start of the course.

\_\_\_\_\_ I will have a S.T.A.B.L.E. Learner course manual in my possession for use during the entire Learner course presentation. The 6<sup>th</sup> edition Learner Manuals can be obtained from your S.T.A.B.L.E. Instructor (if possible), or ordered online from S.T.A.B.L.E. ([www.stableprogram.org](http://www.stableprogram.org)), the American Academy of Pediatrics online bookstore, or Amazon.

\_\_\_\_\_ I will not use any other electronic devices or web pages during the course presentation. This includes no use of my cellular phone, texting, web browsing, checking email, responding to emails, etc.

\_\_\_\_\_ I will be attentive to the Instructors and other students throughout the S.T.A.B.L.E. Learner course presentation.

\_\_\_\_\_ I will participate in all program modules and testing.

\_\_\_\_\_ If provided any tests via email, I will destroy those tests once the course is over and I will not share the contents of those tests with any other individual.

\_\_\_\_\_ I will complete the post-assessment test answer sheet as the course progresses.

\_\_\_\_\_ I will return the completed post-assessment test answer sheet to my instructor once the course is completed.

Please enter your name below. By signing this form, I attest that I will follow all of the rules above.

\_\_\_\_\_

This completed form must be returned to your S.T.A.B.L.E. Instructor prior to the course date.