



Pre-Placement Preparation for Fitness and Health Promotion

After completing the first year of the Fitness and Health Promotion program, students will need to complete the following as preparation for second year community experiential placements.

Once all of the requirements are completed and you have all of your supporting documents, you will need to upload these to Synergy and book an Electronic Requirement Verification. Synergy is our third-party clearance provider and will verify that you have met the program requirements.

Please use the checklist below to ensure you have all of the required documents for your appointment with Synergy. A completion of the list below may help eliminate subsequent appointments/fees.

Non-Medical Requirements	Did I Complete?	Do I have the required documents (certificates) uploaded to Synergy?
CPR Level C	<input type="checkbox"/>	<input type="checkbox"/>
Standard First Aid	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable Sector Police Check	<input type="checkbox"/>	<input type="checkbox"/>
WSIB Declaration	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Health and Safety in Four Steps	<input type="checkbox"/>	<input type="checkbox"/>
WHMIS Certificate	<input type="checkbox"/>	<input type="checkbox"/>
International Student Declaration <i>(only applicable for International Students)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Placement Agreement	<input type="checkbox"/>	<input type="checkbox"/>

Some placement sites have additional requirements. These will be agency specific and you will be notified in advance.

Please keep all of your documents in a safe place as you may be required to present them when you attend placement.



Student Agreement:

I confirm that I have read this form and understand its purpose and the nature of its content. In particular, I understand that in order to comply with the Public Hospitals' Act and Ontario Hospital Association protocol, I need to demonstrate that certain health standards have been met in order for me to be granted student placement. I understand that the faculty in my educational program will be able to view the results from this form. I understand that I must have all sections of this form fully completed and reviewed by the identified due date. Failing to do so, may jeopardize my consideration for any student placement. All costs incurred for completion of this form are my sole responsibility. Should it be requested, it is my responsibility to share relevant information from this form with a hospital, nursing home, or other clinical placement agency relating to my program.

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and well-being of students and clients in their care. The information in this form will be protected in accordance to the Freedom of Information and Protection of Individual Privacy Act.

Student Signature: _____ **Date (dd/mm/yy):** _____