

APPENDIX O

**New York Institute of Technology
Department of Nursing
Student Consent and Waiver Form
Simulated/Clinical Lab Experience**

I, _____, understand and accept the following conditions for participation in a simulated clinical/lab experience.

Confidentiality:

- NYIT Department of Nursing (DON) cases and assessment materials are the confidential property of NYIT DON.
- Removal of any materials including training, case and checklist materials, and disclosure or discussion of these materials with anyone outside the DON is strictly forbidden.

Permission to Videotape:

- NYIT DON has my permission to videotape my simulated clinical/lab experiences and to use my videotapes for educational, research and promotional purposes. I understand that I will not be identified by name on such videotapes, which will become the property of NYIT DON.
- In addition, I understand that my video (anonymously) will be on the Internet, accessible for designated faculty members to review.

Name _____

Signature _____

Witness _____

Date _____