Nursing Program
Dosage Calculation Remediation Contract

Today's Date ________________ Course_________________ Instructor __________________________

Identified Need for Remediation:
____________________________________ has scored _______ on dosage calculation exam attempt # ____________

As per policy, students must score 100% on the dosage calculation test at the beginning of clinical practicums each semester. A score of less than 100% indicates test failure. A student will receive a clinical unsatisfactory after each failed attempt on the dosage calculation test. Receipt of two clinical unsatisfactions will require the student meet with course faculty team and program director. A third clinical unsatisfactory will result in student’s inability to meet clinical objectives, and course failure.

Plan of Action:

1. Student may attend clinical rotation while completing remediation during weeks 1-4, even though they have not passed the dosage calculation test with 100%. (While at clinical, student may NOT administer medications if they have not passed the dosage calculation test with 100%).

2. Student receives one clinical unsatisfactory for each failed attempt.

3. Student will meet with designated faculty (according to policy) for dosage calculation remediation, at least once, or as many times as is needed before making next attempt on dosage calculation test.

4. Student must complete _________ attempt on dosage calculation test by _____________. (Retesting must be scheduled within one week of failed attempt).

5. Faculty who completes remediation with the student will sign this form in the space indicated below.

6. Student will take signed form to PASS Coordinator between 9:30 a.m. and 4:00 p.m. weekdays to retake the dosage calculation test.

Signatures:

I understand that not passing the dosage calculation test puts me at risk for failing the clinical course. I agree to complete remediation as outlined above. __________________________

Student Signature

__________________________________________ Clinical Faculty Signature __________ Date

Student has completed dosage calculation remediation and is now eligible to retake the dosage calculation assessment.

__________________________________________ Remediation Faculty Signature __________________ Date Remediation Given __________________ Assessment Retake Score __________ Signature of faculty administering retake

Clinical faculty will put the original signed copy in the student’s file in the Nursing office. Administrator of 2nd attempt will attach signed copy after retesting and will staple this to the top of the original, give a finalized copy to student & clinical faculty who initiated the form.

Revised 9/2012