**Purpose**

The purpose of this policy is to establish guidelines for reimbursement to Ochsner Health System (OHS) and Ochsner Clinical School by students who lose or damage OHS or OCS issued property.

**SCOPE**

This policy applies to all Ochsner Clinical School medical students.

**POLICY STATEMENTS**

A. OCS and OHS issue its property to students in order for them to perform their duties. It is the expectation that students will value and act responsibly with any of the issued property.

B. Students are responsible for taking appropriate care and precautions with OCS and OHS property. Property includes any equipment (computers, beepers, mobile phones, keys, medical equipment, uniforms, lab coats, etc.). This is not meant as an all-inclusive list, simply as an example.

I. Procedures/Standards and Roles & Responsibilities

A. Discipline rotation supervisors are required to utilize an Acknowledgment of Receipt of OHS Issued Property (Appendix 1) when issuing OHS property for extended periods of time or when it is deemed appropriate.

B. Students who negligently lose or damage issued property will be required to reimburse OHS or OCS at the replacement cost of such items accordingly.

C. Student rotation assessments and grades may be withheld until all reimbursements are received.

**APPROVALS**

**SIGNATURES:**

Professor William W. Pinsky  
Head, Ochsner Clinical School  
Executive Vice President /Chief Academic Officer
ACKNOWLEDGMENT OF RECEIPT OF OHS ISSUED PROPERTY

I, _________________________________________________, acknowledge that I have been issued the following item(s) which belongs to the Ochsner Clinical School (OCS). I also acknowledge that I understand if I should lose or damage the item(s) as a result of negligence, I will be immediately required to reimburse OCS for the replacement of the item(s).

I further understand that if I should later find a lost item and that item is in acceptable condition, OCS will reimburse me for any money I paid for the item(s).

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Student’s Signature     Date

__________________________________  ________________________________

Department Name

__________________________________ ________________________________

Issuer’s Signature         Date

__________________________________ ________________________________

Appendix 1