



BSN Program Requirement | Procedure

Vehicle Ride Along & Authorization

UBC Okanagan School of Nursing offers practice experiences in a community setting. Community settings may include but are not limited to: Home Care, Prevention & Promotion, Mental Health, and Maternal Care. A common component of a community practice setting is students needing to transport themselves to and from a variety of agencies and facilities within the practice experience. There are considerations to be made when students will be transporting themselves:

1. Students may have the ability to share transportation with an agency employee who operates a facility/agency vehicle,
2. Students may have the ability to share the transportation with an agency employee who is operating their personal vehicle

All UBC Okanagan School of Nursing Students are required to observe and comply with the following:

- Students have the responsibility to operate or ride in any motor vehicle as it pertains to a practice experience in a safe and courteous manner at all times
- All traffic violations incurred during the practice experience, including but not limited to: towing, speeding, and fines are the responsibility of the operator of the vehicle
- As the operator or passenger of any motor vehicle pertaining to a practice experience, he/she is responsible to ensure that:
 - The driver's insurance is business class & has [adequate 3rd party liability insurance](#) in the event that the vehicle is in an accident and you are injured. ICBC states the average third party liability coverage in BC is now 2 million
 - Persons holding a 'Novice Stage' on their Driving Record are restricted by law to 1 passenger in the vehicle during its operation.
- If the practice experience is occurring within IHA, this form or IHA's Ride Along Policy & Authorization form may be completed and will be considered acceptable.
- If the practice experience is occurring outside IHA, (for example, with a private agency), this form is required to be completed.

Students are required to complete the following documentation for the purposes of tracking and record keeping **in addition** to any paperwork specific to the facility or agency where the student is completing his/her practice experience.

Authorization Form

Drivers' Name(s):

Drivers' License

Number:

Passenger Name(s):

Practice Teacher

Name:

Agency/Facility Name:

Preceptor/Agency

Manager Name:

In case of an emergency,
please contact:

I fully understand the above statements and I am aware of the responsibility to me, my passengers and/or the driver of the vehicle for the duration of the vehicle ride along

Signature of Driver

Signature of Passenger

In effect from:

Date

to

Date: