



**SCHOOL OF KINESIOLOGY INTRAOPERATIVE NEUROMONITORING (IONM) PROGRAM
HANDBOOK CERTIFICATION**

I understand that:

- The University of Michigan School of Kinesiology IONM Program Handbook is updated each academic year and that the final version will be available for me to review each April.
- I am responsible for reading the Handbook in its entirety each year that I am in the program.
- I am responsible for reviewing and understanding any changes made to the Handbook during the entire time that I am enrolled as a student in the School of Kinesiology IONM Program and that changes made to policies and procedures may impact me as a student.
- My signature below indicates that I have read and that I understand my responsibility to ensure that I stay current with the School of Kinesiology IONM Program academic policies and procedures in the handbook each academic year. My signature further indicates that I have read and agree to abide by the IONM Professional Conduct Policy.

Signature _____

Date: _____

Printed Name _____

UM ID: _____