

Nursing Student Continuation in Program Agreement

Please read the following carefully and acknowledge your understanding and agreement to abide by these terms:

- I understand that I must provide **All** of the clinical requirements in CastleBranch and any additional required documents to the Nursing Department before I can attend my assigned clinical placement.
- I understand that CastleBranch has a turnaround time to review and process documents. I must receive full clearance in CastleBranch and submit any additional documents to the Nursing Department before I will be allowed to attend clinical.
- I understand that failing to provide **All** of the clinical requirements in CastleBranch and any additional required documents to the Nursing Department will prevent me from attending my clinical placement, and I may be required to withdraw from the course.
- I understand that throughout the semester, I am responsible for maintaining continuous compliance with my assigned clinical site requirements. I will not be permitted into the clinical site if any requirement expires (for example, Fit Test, CPR, Annual Physical).
- I understand that I must obtain the institutional designated ID as soon as permitted and wear it during clinical experiences or I will be required to withdraw.
- I understand that if I have missed more than one clinical session, I will be asked to withdraw.
- I understand that I will be eligible to repeat the course as specified in the nursing department course repeat policy.

By my signature, I acknowledge that I have read, understand, and agree to the terms defined above.

Student Signature

Date

Print Name

EMPLID