

MSN to DNP Clinical Acknowledgement Form

I, ________, acknowledge I am responsible Please print first and last name clearly for completing clinical clearance in order to attend complete and/or log project hours. Obtaining clinical clearance requires—but is not limited to—a drug test, CPR certification, health insurance, TB skin test, and immunizations.

The project courses for the MSN to DNP program are NURS 957, NURS 958, and NURS 959. These courses begin in the Spring of year 1.

By signing this form, I am acknowledging I am responsible for completing all clinical clearance requirements. I understand additional costs may be incurred. Other requirements may be added at any time based on the site requirements. I further understand I will not be able to participate in project courses if clearance is not obtained, which may result in delayed progression in, or dismissal from, the program.

Student Signature

Date