

MSN-Nurse Administration Clinical Acknowledgement Form

I	acknowledge I am responsible for
finding my own clinical site and precep	tor.
The clinical practicum for the MSN-NA and offered in the Spring semester. It co	
By signing this form, I am acknowledging, that if I am unable to find clinical sites or preceptors after at least three attempts, I understand, I will be required to complete clinical in Hays, Kansas incurring all associated costs including a Kansas RN license.	
Student Signature	Date