

## School of Nursing

### Bachelor of Science in Nursing: Accelerated– North Valley Campus

#### Admission Contract

My signature on this page indicates my commitment to participate in the nursing program and I acknowledge and accept the following:

\_\_\_\_\_ (Initial) I understand that by accepting a position in this location that I plan to complete the program here. Transfer to another NAU BSN program location will be considered only for extreme hardship.

\_\_\_\_\_ (Initial) I acknowledge that I have read **What to Expect** on the admissions page. I understand the expectations and that meals, housing and adequate transportation are my responsibility.

\_\_\_\_\_ (Initial) I understand that if all supporting documents (Physical Exam, AHA CPR certification, Fingerprint Clearance Card, Liability Insurance, Proof of MMR, Hepatitis B, Influenza, Tdap, Varicella, HIPAA, Bloodborne Pathogen, Academic Integrity, and Handbook Acknowledgement form) are not in Exxat by **Monday, April 22, 2024 @ 5:00 PM** I forfeit my seat in the program. **(TB to be completed by Monday, April 22, 2024)**

\_\_\_\_\_ (Initial) I understand that drug testing and background checks are mandatory, and a negative test result is required to begin the nursing program. I understand clinical rotation partners may require the COVID vaccination and if I am not vaccinated for COVID then NAU cannot guarantee a clinical rotation site may be located for me.

\_\_\_\_\_ (Initial) I give my permission to the Northern Arizona University School of Nursing to release the above-mentioned information to the clinical agencies where I am assigned for clinical rotations in accordance with agency requirements.

\_\_\_\_\_ (Initial) Continued maintenance of required clinical documents is my responsibility for the duration of the program, and failure to do so may result in my removal from clinical experiences, with any related consequences.

\_\_\_\_\_ (Initial) I understand that because of the rural emphasis within the nursing program, I will be responsible for providing my own transportation to clinical settings.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
**Handwritten Signature**

\_\_\_\_\_  
Date

I will start the Accelerated program in Summer 2024.

I decline admission for this cycle.

Please return this contract **within 5 business days** to indicate your commitment to the Baccalaureate Nursing Program. Email your contact to [accelerated.nursing@nau.edu](mailto:accelerated.nursing@nau.edu) with subject **Admission Contract**.

**I will notify the School of Nursing promptly should my plans change.**