

**Bachelor of Science in Nursing: Accelerated – Flagstaff Campus
Admissions Contract**

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

| Initial Below | Statement |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 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. |
| | I acknowledge that I have read What to Expect on the admissions page. I understand the expectation meals, housing, lodging, lab studies, immunization, adequate transportation, etc. are my responsibility. |
| | 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, COVID, Academic Integrity and Handbook Acknowledgment form) are not in Exxat by Monday, August 5, 2024 then I forfeit my seat in the program. |
| | I understand that drug testing is 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. |
| | I give my permission to the Northern Arizona University College of Nursing to release the above-mentioned information to the clinical agencies where I am assigned for clinical rotations in accordance with agency requirements. |
| | 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. |
| | 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 and Sign

Date

- I will start the Flagstaff Accelerated BSN program in Fall 2024
- I decline admissions for the Flagstaff Accelerated BSN program in Fall 2024

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

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