

### **BScN Scholar Practitioner Program Clinical Clearance Declaration Letter**

I \_\_\_\_\_ have reviewed the information and instructions  
*Name (please print)*  
outlined on the Clearance Forms package in its entirety.

As a means of personal verification, I understand that all documents and correspondence must be sent to and received by my Nipissing University Community email account.

To the best of my knowledge, the package I am submitting is complete, all documents are authentic and have not been falsified or altered. I understand that if I submit false, misleading, misrepresented, altered, omitted or forged documentation that I am knowingly committing academic dishonesty and will be subject to the consequences associated with this infraction. Consequences of academic dishonesty include, but are not limited to; receiving a 0 or U in the course, suspension from the university, special conditions for readmission, expulsion from the program, and reporting the incident to the College of Nurses of Ontario (for more information, please consult the Student Handbook and academic calendar).

I agree that I was given the opportunity to submit my documentation for review in advance and I understand that any documentation received after the deadline will not be accepted. I understand that if I choose to submit my documentation after the suggested submission date and it is not complete and/or correct, that it may impact my ability to participate in clinical practicum placements.

I understand that failure to submit a correct and complete package by the deadline will result in a \$75.00 administration fee to be charged to my student account and that I may be de-registered from courses.

By signing below I agree to the above information.

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*Signature*

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*Date*