



RPN to BScN Clinical Clearance Declaration and Contact Information

I _____ have reviewed the information and instructions 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 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 the incident will be reported 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, no additional time will be granted for follow up.

I understand that failure to submit a correct and complete package by the deadline will result in my inability to participate in clinical for the next semesters.

By signing below, I agree to the above information.

Signature: _____

Student ID #: _____

Home Address

Street: _____

City: _____ **Province:** _____

Postal Code: _____

Date: _____

School Email: _____

Phone Number: _____

Emerg. Contact: _____

Emerg. Contact Phone #: _____

Relationship to Emerg. Contact: _____