

KEAN UNIVERSITY SCHOOL OF NURSING HANDBOOK

CLINICAL REQUIREMENT ATTESTATION FORM

GRADUATE CERTIFICATE IN SCHOOL NURSING

By signing below, I attest that I have read and understand the policies and regulations of the Kean University School of Nursing and Kean University, found in the Kean University Student Handbook and University Catalog, which are available to me online on the School of Nursing website and the Kean University Website see links below).

Link to Student Handbook: <https://www.kean.edu/media/bsn-student-handbook>

Link to Kean University Catalog: <http://kean.smartcatalogiq.com/2020-2021/Graduate-Catalog/Colleges-Programs-by-College/Nathan-Weiss-Graduate-College/School-of-Nursing>

Furthermore, my signature attests that I am aware that I am admitted as a Graduate Certificate in School Nursing Candidate and that in order to progress in the program I must comply with the Kean University School of Nursing's immunization, health clearance, drug test requirements and the NJ Department of Education Criminal Background and Fingerprints.

I acknowledge that failure to maintain a valid New Jersey RN License, or having a positive criminal background and/or drug test, will prevent me from completing the Graduate Certificate in School Nursing program at Kean University; and that

I must report any changes to the status of my criminal background and/or actions to my RN license by the Board of Nursing to the Kean University School of Nursing.

I acknowledge that failure to comply with any or all of the above stipulations will prevent me from completing the Graduate Certificate in School Nursing program at Kean University.

Student Name (Print): _____

Student ID: _____

Student Signature: _____

Please sign and return (scan and send as an email attachment) to kusoncl@kean.edu kh/rev 4/21