**RN-BSN Student File  
Clinical Forms Checklist**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Graduation year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please initial below to verify that you have read and agreed (by providing your signature) to the terms outlined in each document.**

1. \_\_\_\_\_\_\_\_\_ Photo Release Agreement Form
2. \_\_\_\_\_\_\_\_\_ Essential Functions – Physical and Mental Qualifications Form
3. \_\_\_\_\_\_\_\_\_ Undergraduate Handbook Acknowledgment Form
4. \_\_\_\_\_\_\_\_\_ Confidentiality Statement Form
5. \_\_\_\_\_\_\_\_\_ Honor Commitment Form
6. \_\_\_\_\_\_\_\_\_ Acknowledgment of Elder/Dependent Adult Abuse Reporting Responsibilities Form
7. \_\_\_\_\_\_\_\_\_ Acknowledgment of Child Abuse Reporting Responsibilities Form
8. \_\_\_\_\_\_\_\_\_ Bloodborne Pathogens Form

**Please sign below to verify that you have completely read and agreed to the terms outlined in each document.**

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Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_