

**MEMORANDUM OF UNDERSTANDING:  
CLINICAL PARTICIPATION**

THE UNDERSIGNED STUDENT ACKNOWLEDGES THAT:

- As part of the requirements for completion of my nursing curriculum, I will be required to care for and/or come in contact with patients of all ages and with a variety of diagnoses and symptoms, some of which may be communicable in nature;
- That participating in the required clinical experience above described may involve inherent health risks;
- That I am aware no special considerations will be given to me in the completion of the course objectives, including clinical placement;
- Graduation from the Albany State University and its Department of Nursing's nursing program(s) does not automatically qualify me to write the National Council Licensure Examination-Registered Nurse (NCLEX-RN);
- Seeking employment in the field of nursing is my responsibility; and
- If there is a diminishing job market in nursing, I may need to leave the service area to seek employment.

THE UNDERSIGNED STUDENT voluntarily elects to complete the nursing curriculum and to participate in the required clinical experience.

THE UNDERSIGNED CERTIFIES that on the date of the signing of this instrument, the undersigned is more than 18 years of age, is suffering under no legal disabilities (i.e., a condition in which a person lacks legal capacity or qualification to enter into a binding agreement), and has read the entirety of this document before signing.

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date