MSN-DNP Student File
Clinical Forms Checklist

Student Name: _____

CSUB ID: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **CSUB Email:** _____

Personal Email: _____

Expected Graduation year: _____

Health Insurance: Yes/No/Decline to state

Provider: _____

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

A. _____ Photo Release Agreement Form
B. _____ Graduate Handbook Acknowledgment Form
C. _____ Confidentiality Statement Form
D. _____ Honor Commitment Form
E. _____ Acknowledgment of Elder/Dependent Adult Abuse Reporting Responsibilities Form
F. _____ Acknowledgment of Child Abuse Reporting Responsibilities Form
G. _____ Memorandum of Understanding Form

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

Name (Please Print): _____

Signature: _____

Date: _____