



Appendix B

# STUDENT ACKNOWLEDGEMENT OF MSN/BSN CLINICAL PRACTICUM HANDBOOK GUIDELINES

**Student:**

I have read and agree to abide by the guidelines for clinical practicum experiences as stated in the United States University College of Nursing and Health Sciences MSN/RN-BSN Clinical Practicum Handbook including the General Overview, Sections, Appendices, and information specific to myself as a student.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_