



Intent to Enroll

One of the most critical areas of learning will be experienced in your clinical hours, both on-campus and in your clinical courses. Engaged clinical placements contribute to your professional competence in the field as well as your ability to be an effective provider.

To ensure that you are aware of the process and are prepared for placement, please review, and acknowledge (initial) each line below and sign and date the last page.

Registration

_____ I understand that I will be registering for courses as outlined in my degree plan each semester. I understand that I am responsible my course registration and alerting my faculty advisor of any needed scheduling changes. I understand that I am financially responsible for all registered courses.

Clinical Rotations

_____ Walsh University nursing programs have clinical placement rotations that will require your dedicated participation. Each rotation builds your competency in different population areas of practice to ensure that you are well-rounded and prepared to provide care across the lifespan upon graduation.

_____ Individuals enrolled an FNP program track will be assigned an FNP 1-3 start group for their clinical rotations by their Placement Coordinator. I understand that I will receive my FNP 1-3 start group information approximately one semester before my rotations begin and I must register for the correct FNP course within the approved registration window.

_____ I understand that once I start my FNP 1-3 clinical rotations I will be following a lockstep rotation schedule (These rotation schedules include: FNP 1, 2, 3 OR FNP 2,3,1 OR FNP 3, 1,2).

_____ I agree to complete the Student Placement Intake Form by the required deadline. I understand that late submission of the form may result in a delayed placement.

Campus Intensives

_____ Students are required to complete two on-campus intensives, one during NURS 641 and one during NURS 647.

Relocation During Placement

_____ **Prior to relocating to another state, you must inquire as to whether Walsh is authorized to offer the same program to students in your new state.** If you relocate, you may not be eligible to complete the program and/or there may be a significant delay in your placement. You are expected to notify the Placement Coordinator and student services team as soon as you are aware of an impending move.

Professionalism

_____ Participation and presentation promote professionalism. While in clinicals, you are expected to participate by communicating clearly with the patients, your preceptor, and clinical staff and faculty. Your clinical hours and grade are dependent on your active, hands-on participation at the site. Students are expected to adhere to all policies outlined in the Graduate Nursing Student Handbook.

_____ I understand that I am required to review the placement materials provided by the university and complete the Student Placement Intake Form by the deadline provided.

_____ I understand I am required to complete all clinical clearances prior to my placement and will disclose to my Placement Coordinator any special circumstances that may impact the selection of my placement. It is also my responsibility to complete any site-specific clearances prior to placement start. I acknowledge that the nature of special circumstances may impede or reduce placement options available in my community which could affect my ability to complete the program and graduate.

_____ I understand that I am required to attend a clinical webinar/orientation with my Placement Coordinator and/or faculty.

_____ Placement may require extensive travel on a regular basis. While we aim to place students 0 to 125 miles from their home, there may be circumstances where students are expected to travel further. The university is not responsible, nor do we pay for, travel expenses incurred by commuting to the rotation site.

_____ Upon notification of a placement site, I should immediately reach out to the site and confirm my schedule. Days and times are based on clinical site and preceptor availability. Evening and weekend opportunities may not be available and are not guaranteed. It is my responsibility as a student to update the Placement Coordinator and/or clinical faculty of any schedule changes that occur. Please refer to the Course Attendance policy in the Graduate Nursing Student Handbook.

_____ I understand that Walsh University requires clinical hours to be spread throughout the course of the semester instead of a concentrated timeframe.

_____ I understand that if I refuse a placement site, I will be required to complete the Declined Placement Form. If I decline a site that was found by the Placement Team, it is my responsibility to secure another site that meets the requirements and will need to be approved by the university. Declined placements may delay my placement start as well as my graduation date.

_____ I understand that successful completion of my program and graduation depend upon my understanding of these requirements.

Please acknowledge that you have read and that you agree to the responsibilities and requirements of this document.

Print Name

Signature

Date

Please return this form to when you have completed your application
to: admissionsrecords@online.walsh.edu