

## **The University of Texas at Tyler – School of Nursing**

### **BSN Nursing Student Acceptance Affirmation Form**

- 1.) I have/will read the current UT Tyler School of Nursing Student Guide and will abide by the policies and procedures outlined within it. I understand that I am responsible for all information contained in the Nursing Guide for BSN students.
- 2.) I have/will read The University of Texas at Tyler [Social Media Guidelines](#). I agree to protect the privacy of faculty, peers, patients, and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a University of Texas at Tyler undergraduate nursing student. In addition, I agree not to inappropriately disclose confidential information about any agency or institution that is disclosed to me in my capacity as a University of Texas at Tyler undergraduate nursing student. I will adhere to HIPAA guidelines.
- 3.) I agree that I will conduct myself in a manner that exhibits professional values and in accordance with the American Nurses Association (ANA) Code of Ethics for Nurses, Social Policy Statement, the State Nurse Practice Act and University of Texas at Tyler's [Student Academic Dishonesty Policy](#).
- 4.) I will maintain and uphold the University of Texas at Tyler [academic integrity policy](#) and will not condone or participate in any activities of academic dishonesty.
- 5.) I will not obtain/recreate or copy any items or portions of any exam for my own use or for use by others during my enrollment in the School of Nursing.
- 6.) I will sign and/or submit only my own papers/documents for required course work, and I will not sign any other student's name to anything, including class rolls.
- 7.) I recognize that I am responsible to maintain health insurance coverage for myself. Further, I recognize that the University of Texas at Tyler School of Nursing or other agencies in which I may have clinical practicum are not responsible for my health care needs that result from clinical participation.
- 8.) I understand that if I do not complete CastleBranch requirements by enrollment, my offer of acceptance will be rescinded and I will need to reapply for the next semester.

Student Name (print) \_\_\_\_\_

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