

CCN BSN Student Affirmation Form

_____ I understand that as a nursing student I am a member of a profession which places me in a position of confidence requiring the utmost discretion and professionalism to protect those with and for whom I work. I acknowledge that as a member of the nursing profession I have a responsibility to act in a manner consistent with the essential attributes of the profession. In this regard:

_____ I will adhere to HIPAA 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 CCN nursing student during actual and simulated clinical experiences. In addition, I agree not to inappropriately disclose confidential information about my agency or institution that is disclosed to me in my capacity as a CCN nursing student.

_____ I will abide by the Occupational Safety and Health Administration (OSHA) Standards as they relate to bloodborne pathogens and transmission of tuberculosis.

_____ 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.

_____ I will maintain and uphold the UA Code of Academic Conduct (honor code) and will not condone, or participate in any activities of academic dishonesty including, but not limited to, plagiarism, cheating, stealing or copying another's assigned work, or lying about any situation.

_____ I will not recreate any items or portions of any exam for my own use, or for use by others during my enrollment in the college of nursing.

_____ I will not accept or access any unauthorized information related to any exam administered during my enrollment in the college of nursing.

_____ I will sign my own papers and other documents and will not sign any other student's name to anything, including class rolls.

_____ I will not allow any student access to any of my paperwork for the purpose of copying.

_____ I understand that a) the grading scale for CCN is different, b) if a grade of less than a C- is earned, the course must be repeated dependent on a slot, c) must have a 75% average on **exams** to pass the class and that a 74.49 does not round up but a 74.5 rounds up, d) suspension from CCN occurs after either two failures, two withdrawals or a combination of a failure and a withdrawal.

_____ I will not discuss or post any information about faculty, peers, patients, their family members, or any clinical facility on any electronic venue (including, but not limited to Facebook, Twitter, Reddit, GroupMe, cell phones, etc.). Nor will I leave/save any patient, faculty, clinical facility or student information on any open access desktop, hard-drive or mobile device.

Student's Signature

Date

Students Printed Name

Semester (1, 2, 3, 4, or 5)

CWID