

**Statement of Understanding: Out of State Practicum Agreement Form**

Student Name: \_\_\_\_\_

Student ID (CWID): \_\_\_\_\_

Program Track: \_\_\_\_\_

**Please Read and Initial the Following Statements:**

	I reviewed the Nursing State Authorization Disclosure posted on: <a href="http://cnh.loyno.edu/nursing/school-nursing-resources">http://cnh.loyno.edu/nursing/school-nursing-resources</a>
	I understand that I will need to complete practicum in Louisiana OR in a state that approves out of state nursing students from Louisiana.
	I understand that if I reside in a state that restricts out of state practicum students I may need to travel to complete my practicum.
	I understand that if I have any questions about practicum, I should contact the Practicum Coordinator or my Program Director.
	I understand that the University regulations for withdrawal and course refunds apply without exception.

**My signature below indicates that I reviewed and understand the statements above.**

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