



Policy Notice

PLEASE READ CAREFULLY!

My signature below acknowledges that:

1. I understand how to access the electronic version of the Blessing-Rieman College of Nursing & Health Sciences *Catalog* and *Student Handbook*. I understand that hard copies of these documents are on reserve in the Blessing Health Professions Library and in the following locations at Blessing-Rieman College of Nursing: Student Lounge, Registrar's Office, and Financial Aid Office. It is also available electronically on the College's website.
2. I have read/received/have access to the ICARE Standards. I understand that I am expected to uphold these standards, in the current form or as amended in the future, at all times and to hold others accountable to these standards as well.
3. I have read/received/have access to the Student Code of Conduct. I understand that I am expected to uphold these standards, in the current form or as amended in the future, at all times and to hold others accountable to these standards as well.
4. I have read/received/have access to the Honor Code. I understand that I am expected to uphold these standards, in the current form or as amended in the future, at all times and to hold others accountable to these standards as well.
5. I am aware that I am responsible for following the policies and procedures written in the above-mentioned publications.
6. I have been access to or more options for acquiring individual health insurance, and realize that neither the College nor Blessing Hospital are responsible for my health insurance and any such claims.
7. I am aware that I am required to sign and return this form as well as all other necessary forms and health requirements to the College on or before the first day of classes. Failure to do so will result in my inability to attend classes until such time as I complete and return this form

Signature: _____ Date: _____

Student/CAMs ID # _____