



EDGEWOOD
UNIVERSITY

STUDENT AGREEMENT

I understand the Henry Predolin College of Health Sciences, School of Nursing at Edgewood University Code of Professional Conduct is consistent with the ethical obligations of nursing, and pledge to uphold the Code of Professional Conduct by abstaining from dishonesty, deceit, fraud, or other unprofessional behaviors as described in the Code.

I understand that my adherence to the Code of Professional Conduct is a required and appropriate requisite for enrollment and participation in this nursing program.

I accept responsibility and accountability for my professional behavior and conduct within all aspects of clinical and classroom instructional opportunities.

I understand that if I witness unprofessional conduct or behavior that I am ethically and morally obligated to report this information to appropriate faculty.

I understand that failure to comply with the Code of Professional Conduct as noted in the document may result in sanctions and possible expulsion from the School of Nursing.

I have read and understand all aspects of the student handbook including but not limited to academic integrity, professional expectations, assumptions of risk, photo/video release forms, and eligibility for licensure.

Student Printed Name: _____

Student Signature

Date

Witness Signature (anyone 18 or older)

Date