



## Scope of Practice/Job Description Acknowledgement form

I have read the *Student Nurse Position Description* and the *Scope of Practice for Student Nurse Policy*.

I have also reviewed the Student Nurse Shift Guideline, and the Assessment and Documentation Policy with the attachment for the appropriate unit ("F" for Postpartum, "C" for MSCC/ICC, "A" for ECC). I understand that this standard list is generalized for my role and that there may be variations based on patient, staff and unit needs.

My signature indicates that I can meet the functional demands of the job and that I understand and will practice within the Student Scope of Practice for Student Nurses.

Student Name: \_\_\_\_\_ S#: \_\_\_\_\_

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

I am not in a faculty led clinical group. By checking this box and signing on the above lines, I indicate that I have read the documents listed, but understand that the scope may vary due to the nature of being directly supervised by an RN preceptor at all times.

Please sign and submit this form in the Student Passport prior to 1<sup>st</sup> shift.