



**VERA Z. DWYER COLLEGE
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND
School of Nursing

**Statement of Adherence of Clinical Facility
Policy and Procedures**

As a nursing student at IUSB School of Nursing, I understand that I must adhere to all policies and procedures of the clinical facilities where I have practicum experience.

I also understand that I may be required to undergo drug and/or alcohol testing at my expense if the clinical facility or the School of Nursing requests it.

Signature

Name Printed

Date

Witnessed by (IU Faculty signature)

Date