

**REQUEST FOR EXEMPTION TO CLINICAL REQUIREMENTS**

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

Student Number: \_\_\_\_\_

(Circle program)

Program:      BS<sup>\*\*\*\*</sup>      RN-BS      MS      Post-MS      MS/DNP      DNP  
                 MS/PhD      PhD

Year in Program: \_\_\_\_\_

If MS or Post-MS, specify option: \_\_\_\_\_

**Exemption to Clinical Requirements:**

Students who are not involved in clinical or research experiences in healthcare organizations are exempt from immunization, CPR, and OSHA requirements. Students may petition for exemption to their option coordinator or program director and the Office of Clinical Affairs. Approval will be noted in the student's record.

**Student's Responsibilities:**

I understand that I am NOT involved in clinical or research experiences in healthcare organization. Therefore, I request exemption from immunization, CPR, and OSHA requirements. By signing I may be subject to academic restriction regarding clinical placement and may be unable to complete my program/degree requirements.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Approved:** \_\_\_\_\_

**Not Approved:** \_\_\_\_\_

\_\_\_\_\_  
Option Coordinator      Date

\_\_\_\_\_

\_\_\_\_\_  
Program Director Signature      Date

\_\_\_\_\_

\_\_\_\_\_  
Associate Dean for Clinical Affairs

\_\_\_\_\_  
Date

Distribution to be as follows:

Student File (Program Office)  
Student  
Office of Clinical Affairs