

*Texas Christian University*  
*Harris College Of Nursing and Health Sciences*

---

Name, please print \_\_\_\_\_

Student ID Number \_\_\_\_\_

Course Number \_\_\_\_\_

Section Number \_\_\_\_\_

I have completed the required reading of the selected TCU nursing policies and procedures, which are found in the NURS-BSN Student Handbook. I understand that if I have questions, I should ask my course faculty for clarification of information. My initials and signature indicate I am aware of and agree to adhere to and consistently implement the nursing policies and procedures.

Please initial each individual item and then sign and date the Signature form.

\_\_\_\_\_ 1. Professional Conduct Statement

\_\_\_\_\_ 2. Unsafe Nursing Practice

\_\_\_\_\_ 3. Policies and Procedures Related to HIPPA

\_\_\_\_\_ 4. Use of Standard Precautions

\_\_\_\_\_ 5. Student Confidentiality Agreement

\_\_\_\_\_ 6. Social Media Policy

---

Student Signature

---

Student Initials

---

Date