

## **Nursing Program Student Activity Verification Form**

Carthage College-Department of Nursing is dedicated to nursing academic success and success officially sanctioned activities such as athletics and performing arts. Clinical experiences are required for successful completion of the nursing program. At times there may be conflicts with activities and clinical hours. This form is a tool to verify a nursing student's activity to facilitate collaboration between programs for the successful completion of nursing clinical hours. The form is to be completed by the student and submitted to the Office of the Department of Nursing.

Note that clinical space is limited and dictated by clinical partner requirements. Carthage Nursing is unable to change the student clinical schedule.

Class Year:	STUDENT NAME:			ID #:				
Coach or Faculty information:  Name: Discipline: Email:  Activity will be conducted during (select appropriate term(s) and year):    Fall   20	Class Year:	] Freshman	☐ Sopho	more $\square$	Junior		Senior	
Name: Discipline: Email:  Activity will be conducted during (select appropriate term(s) and year):  Fall 20	List Activity:							
Name: Discipline: Email:  Activity will be conducted during (select appropriate term(s) and year):  Fall 20								
Activity will be conducted during (select appropriate term(s) and year):    Fall   20	Coach or Faculty information:							
Fall 20 Spring 20 Summer 20  1st 7 2nd 7 2	Name:		Discipline:		Email:			
□ 1 <sup>st</sup> 7 □ 2 <sup>nd</sup> 7 □ 1 <sup>st</sup> 7 □ 2 <sup>nd</sup> 7 □ 1 <sup>st</sup> 7 □ 2 <sup>nd</sup> 7 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Activity will be conducted during (select appropriate term(s) and year):							
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I understand that nursing courses and clinical hours are requirements for the successful completion of the BSN at Carthage College. Collaboration between the nursing program and student activities has the goal to foster student academic success. This								
College. Collaboration between the nursing program and student activities has the goal to foster student academic success. This		2 /	1/					
collaboration will produce an <u>individualized plan for the student to complete the required hours.</u> The copy of the plan will be within the requirements of the Wisconsin State Board of Nursing and nursing accreditation guidelines for the successful completion of each course. This plan will be created by the Department of Nursing and a copy will be provided to the student.	College. Collaboration will putting the required	tion between the produce an <u>indiv</u> ments of the Wis	e nursing program an idualized plan for the sconsin State Board o	d student activities student to comp of Nursing and nur	es has the goal lete the require sing accreditat	to foste ed hour ion gui	er student academic success. This rs. The copy of the plan will be delines for the successful	
Student Signature:	Student Signatur	e:						
Coach/Faculty Activity Signature:	· ·	::						
Approval Signatures: If you have courses from multiple departments that need approval, you will need more than one signature.	Approval Signature	es: If you have co	ourses from multiple	departments that	need approval	l, you w	vill need more than one signature.	
Nursing Didactic Course Faculty:	•							
Director of Nursing:	Director of Nursi	ng: 						

Cc: Clinical Faculty member, Nursing Student, Coach/Faculty of activity