



1700 Helberg Lane  
Ozark, AR 72949  
Phone: 479 508-3325

### **Acknowledgement of Essential Functions**

By signing below, I acknowledge that I have read and understand the Essential Functions for the Practical Nursing Student. I believe to the best of my knowledge that I have the ability to learn and perform the Essentials Functions:

(Please check one)

Without reasonable accommodations

With reasonable accommodations (documentation must be attached)

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Email (print)

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

### **Understanding of Criminal Background Check Requirements**

#### **NOTICE AND RELEASE – READ CAREFULLY BEFORE SIGNING**

I, the undersigned applicant to the Practical Nursing Program at Arkansas Tech University-Ozark Campus, understand that participation in the Practical Nursing Program does not guarantee the right to sit for the NCLEX-PN. I also understand that participation in the Practical Nursing Program does not guarantee licensure as a Practical Nurse.

I hereby release Arkansas Tech University-Ozark Campus, its employees, and all affiliating agencies from any liability with regard to my licensure as a Practical Nurse following successful completion of the program, and understand that any of the crimes listed in the Arkansas State Board of Nursing Nurse Practice Act may bar me from practicing as a Practical Nurse after program completion.

In signing this document, I am also verifying that I have read the information from the Nurse Practice Act in its entirety regarding Criminal Background checks and understand the information contained therein.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Email (print)

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