

**WALLACE COMMUNITY COLLEGE  
PRACTICAL NURSING PROGRAM  
ADHERENCE AGREEMENT FORM**

1. I understand that I am responsible for adhering to the policies and procedures contained in the Practical Nursing Student Policy Manual (Effective August 2017).
2. I understand that successful completion of the Practical Nursing curriculum will result in an award of a technical certificate. Completion of the program does not ensure the granting of a license to practice nursing. The State Board of Nursing is the issuing agency for licensure and licensure is based on meeting all State Board of Nursing requirements plus passage of the licensing exam.

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Printed Student Name

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

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Student ID Number