

**Palm Beach Atlantic University  
School of Nursing  
Clinical Requirements Waiver Request Form**

I will be completing my RN to BSN degree with the Capstone Practicum (ENUR 4883) from \_\_\_\_\_ to \_\_\_\_\_. As a current employee of \_\_\_\_\_, I am requesting a clinical requirements waiver for immunizations, background checks, and drug screening.

**STUDENT INFORMATION:**

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATOR or PRECEPTOR INFORMATION:**

Name and Credentials: \_\_\_\_\_

Current Position: \_\_\_\_\_

Administrator or Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:

**Bruce King**

Coordinator, Graduate and Online Programs, School of Nursing

**Palm Beach Atlantic University**

561-803-2833 phone

561-803-2828 fax

[Bruce\\_King@pba.edu](mailto:Bruce_King@pba.edu)