

CSUF School of Nursing Annual Notice Concerning Driver's License and Automobile Liability Insurance

Maintaining both a valid California driver's license and automobile liability insurance is a mandatory requirement for most clinical agencies affiliated with the CSUF School of Nursing Program ("Program"). In addition, having access to consistent and reliable transportation to and from the university as well as to and from any assigned clinical site is required.

Please check the appropriate boxes (as of the date you signed this notice).

- ☐ I do not have a valid California's driver's license.
- ☐ I do not possess and I am not covered by an automobile liability insurance policy.

As a student in the Program, I understand, acknowledge and agree to the following:

1. If I seek placement at a clinical site that does not require either a valid California driver's license or automobile liability insurance coverage, I must submit a request and any required documentation to the Clinical Placement Team when I enter the Program. My request will be processed in the order of when completed requests are received.
2. **Although the Program will attempt to place me at a clinical site that does not require either a valid California driver's license or automobile liability insurance coverage, it cannot guarantee me an alternative placement.**
3. Not having either a valid California driver's license or automobile liability insurance coverage may impact my ability to complete a clinical assignment and/or delay my progression in the Program.
4. **If the Program is not able to find a placement at a clinical site that does not require either a valid California driver's license or automobile liability insurance coverage, then I may not be able to fulfill the clinical requirements of the Program, which may delay my graduation and/or lead to my removal from the Program due to my failure to complete the requirements for graduation.**
5. If I obtain a valid California driver's license and/or secure automobile liability insurance coverage, I will inform the Program as this may increase the likelihood of a successful placement at a clinical site.

Print Name: _____ Signature: _____

Student CWID: _____ Date: _____