

**Applicant's Agreement and Functional Statement: Nursing Student**

**Part A**

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**Requesting Service:** Education    **Service POC:** Thackeray Spelle, RN, MSN  
**Extension:** 615-873-8458

**Print Full Name of Applicant:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_    **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_    **Phone Number:** \_\_\_\_\_

**Nursing School Affiliation:** \_\_\_\_\_

**Part B**

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**Will keys be required for access to work area?** No

**Computer Access:** Yes

**License Required:** No

**U.S. Citizen:**  Yes     No    (If no, attach the *VA Non-Citizen or Naturalized Citizen Form*)

**Immediate Supervisor:** Nursing Supervisor/Instructor in assigned area

**Brief Description of Duties:** Nursing student in good standing rotating at the VA TVHS. Will assess patients and document in CPRS under direct supervision.

**Part C**

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**Date of last Physical:** \_\_\_\_\_    **Statement of Health:** Circle one of the following: *Excellent*    *Good*    *Under the care of a physician*

**Date and result of last Tuberculosis (TB) Skin Test:** \_\_\_\_\_  
(Physical & TB Skin Test must have been within the last 12 months)

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In accepting this assignment, you acknowledge that you will receive no monetary compensation and are not entitled to any benefits. Agreement may be terminated at any time with notice. A pre-employment physical/drug testing, license verification, and credentialing, if required, will be completed prior to appointment beginning date. Fingerprinting, Electronic Security Clearance Form (SF-85), and Declaration of Federal Employment (SF-306) if required, will be completed for submission with this application request. Under authority of 38 U.S.C. 7405(a)(1), during your period of affiliation with our facility, you will be authorized to perform services as directed by the appropriate Service Chief.

**If the above applicant agrees to these conditions, please sign below.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date