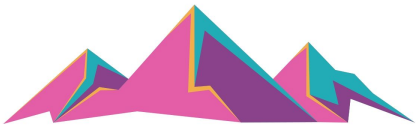

Statement of Student Responsibility

I verify that I have read all the information regarding admissions to the program/course and understand the steps I must take to qualify for admissions. I understand that it is my responsibility to notify the school regarding changes in name, address, email, or phone number.

I understand that all official communications from the school is delivered via email. I understand that my application will not be accepted if it is incomplete.

I understand that upon my acceptance to the program/course, clinical sites require a criminal background check and drug screening. I understand I will pay a fee directly to Castle Branch for both screenings. I understand that if I am admitted to the program/course but am denied clinical placement by any hospital/healthcare facilities **for any reason**, I will be unable to successfully complete the program/course as the programs clinical objectives cannot be me.

I understand upon my acceptance to the program/course I will be required to attend a mandatory orientation session. Dates will be included when I am offered a seat in the program/course.

I understand that upon acceptance I must pay my seat deposit within 7 business days, or less if the start date is within 7 days.

Student Signature:_____

Date:_____