AGREEMENT FOR DEFERMENT
FROM THE BACCALAUREATE NURSING PROGRAM
BRIGHAM YOUNG UNIVERSITY

The information contained in this packet must be completed fully before a student’s request for deferred enrollment will be granted. Please carefully read the information in this document in order to understand and agree to all requirements.

You are required to meet the following requirements:

1. If you are requesting deferment of enrollment you must be currently enrolled at Brigham Young University- College of Nursing.

2. You must have current certification in professional level CPR (Cardio-Pulmonary Resuscitation) and the required immunizations turned into the Advisement Center by the first Friday of the semester designated for you to return or before the first clinical day (whichever comes first). You may contact the Advisement Center to inquire after locations where CPR Certification may be obtained.

3. You are required to be covered by either the BYU Student Health Plan (for information contact the BYU Student Health Center) or another Affordable Care Act-compliant insurance plan.

I have read, understand and agree to the terms and conditions stated above.

____________________________________________________
Signature Date

BRING COMPLETED DEFERMENT PACKET TO:
Nursing Advisement Center
551 SWKT
Brigham Young University
Provo, UT 84602
(801) 422-4173
FAX: (801) 422-0536
Email: nursing_advisement@byu.edu

11/2012
BRIGHAM YOUNG UNIVERSITY
COLLEGE OF NURSING
DEFERMENT AGREEMENT

This form (and the accompanying questionnaire) must be completed and returned to the Nursing Advisement Center before you will be granted deferment of enrollment. You will be notified by correspondence that your enrollment deferral request has been allowed. By providing the parent contact information below, you consent to the College of Nursing contacting your parents for the purpose of coordinating your enrollment in the College during your deferment period.

Name: _________________________________ BYU ID#: ____________________
Semester last attended ________________ Semester/Year (i.e. Fall/2012) you intend to return to the Nursing Program__________
Last nursing class attended N____________________ Nursing semester entering __________
Reason for deferment__________________________________________________________

I have deferred a College of Nursing Scholarship Award (Yes) (No)

*Note that completion of this packet does not guarantee your placement in the semester you will be returning.

Parent Contact Information: Personal Information:

Name(s) of Contact Name
Address

Address

Phone

Phone

Email

Email

ATI Username: _______________________
Password: _________________________

11/2012
ANSWER THE FOLLOWING QUESTIONS ACCURATELY:

<table>
<thead>
<tr>
<th>Qualifying Questions</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?</td>
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<td>2. Have you ever been denied the right to sit for a licensure examination?</td>
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<td>3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?</td>
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<td>4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?</td>
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<td>5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?</td>
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<td>6. Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?</td>
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<tr>
<td>7. Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?</td>
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<td>8. Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?</td>
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<td>9. Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?</td>
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<td>10. Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?</td>
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<tr>
<td>11. Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?</td>
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<td>12. Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?</td>
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<tr>
<td>13. Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?</td>
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<tr>
<td>14. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?</td>
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<td>15. Have you been named as a defendant in a malpractice suit?</td>
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<td>16. Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?</td>
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<td>17. Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?</td>
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<td>18. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?</td>
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19. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

20. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

21. Have you been terminated from a position because of drug use or abuse within the past five (5) years?

22. Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

23. Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

24. Do you currently have any criminal action pending?

25. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

26. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

27. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?

28. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

*If you answered any of the above questions in the affirmative, please attach to this application a full disclosure of all of the circumstances and any resolution reached. In addition, also specifically provide the following information:

- The nature and extent of any past or present use or dependency on a drug, controlled substance, alcohol, or chemicals
- The disposition of any related criminal action
- The disposition of the matter with appropriate ecclesiastical authorities
- The disposition of the matter in relationship to your enrollment or employment—if you were formally enrolled or employed at BYU at the time of the event
- The details of your involvement in any supervised drug rehabilitation program
- Any evidence of your complete rehabilitation from past use or dependency on drugs, controlled substances, alcohol, or chemicals

I have read the above questions and have answered them truthfully.

__________________________________
Signature

__________________________________
Date

11/2012