

UPSTATE

MEDICAL UNIVERSITY

AFFILIATING SCHOOL/COLLEGE OF NURSING

Attestation of Orientation for Nursing Clinical Rotations Completion Certificate

School:

Instructor:

Term:

My signature here confirms the following:

- I have read and completed the Affiliating School/College of Nursing Clinical Experience Manual-Faculty and Students
- I have read and completed the required Brightspace education

Name	Badge #	Assigned Unit	Signature	Date

Send via email/attachment to NRecruit@upstate.edu or Fax to 315.464.6145

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