As a student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School with a signed and approved agreement for clinical practicum with the Wisconsin Department of Corrections, I acknowledge receipt and review of the EDs provided with respect to DOC Rules:

1. ED 16, Fraternization Policy

2. ED 16A, Staff Sexual Assault of Offenders

3. ED 72, PREA

4. ED 80, Carrying a concealed weapon

I understand that I and the School of Nursing are responsible for reading and the content contained in each of the EDs. I understand that by signing this document I have read, and will be held accountable and responsible for the content in each of the designated EDs.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (or Designee) of the School/College of Nursing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_