

**APPENDIX E**  
**Misericordia University**  
**Graduate Nursing Department**

**Essential Function Document**

Program Applicant Agreement Statement

As a student in the Graduate Nursing Program, my signature below indicates that I have read:

The essential functions document in the Graduate Nursing Handbook;

- I agree with the contents; and I am committed to the policies;
- I understand my rights with respect to accommodations and that if I seek such accommodations, it is my responsibility to disclose the disability for which I am seeking accommodations through Misericordia Office of Disability Resources.
- I understand that once the Office of Disability Resources notifies the program and/or faculty of my need for accommodations, the program in which I am enrolled will provide reasonable accommodations in the classroom, laboratory, and clinical setting.
- I may be advised to discontinue the program should I fail to demonstrate all of the essential functions despite reasonable accommodations and reasonable levels of support from the faculty.
- The program may be unable to make accommodations due to cognitive or physical disabilities that preclude participation in skill required coursework, testing, laboratory, or clinical activities.
- In the event reasonable accommodations cannot be made due to cognitive or physical disabilities that preclude participation in skill required coursework, testing or clinical I may be advised to discontinue the program.
- I am responsible to communicate necessary accommodations to my assigned clinical site; however, such accommodations in the clinical environment may not be feasible. Clinical accommodations are beyond the University's control and when not feasible may preclude clinical placement and prohibit me from completing the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name