



Northwestern Health Sciences University

LICENSING ACKNOWLEDGEMENT AND RELEASE

I, _____, acknowledge and understand that
Student Full Name

I am subject to the policies articulated in the Northwestern Health Sciences University (the "University") Catalog, which can be found online at: <http://www.nwhealth.edu/registrar/university-catalog/>.

Because healthcare is an ever-changing field and licensing requirements may vary by state and local jurisdictions, I certify my understanding and acceptance of the following (contained in the University Catalog):

Receipt of a degree from Northwestern Health Sciences University does not guarantee a license or certification to practice. States vary in the specific courses of study required and/or state-based testing for certification or licensing. Students are responsible for confirming with the appropriate state board(s) to determine the specific requirements for the state(s) in which they intend to practice and/or seek employment.

I, on behalf of myself and my heirs, executors, administrators, successors, agents, assigns and legal representatives, do hereby forever and unconditionally release, discharge and hold harmless the University and its agents, employees, trustees, faculty, insurers, representatives, lawyers, affiliates, predecessors, successors and assigns ("Releasees"), of and from any and all claims, causes of action, suits at law or equity, demands, damages, expenses (including attorneys' fees), costs and obligations of any kind whatsoever, whether known or unknown, liquidated or unliquidated, affixed, contingent, direct or indirect, or by reason of any matter, fact or thing, in connection with or relating to my eligibility for licensing or certification in the discipline which I am studying at the University.

In witness whereof, I have executed this Acknowledgement and Release as dated below.

Signature: _____

Name: _____

Date: _____