**University of Arkansas for Medical Sciences--College of Nursing**
4301 W Markham #529
Little Rock, AR 72205
(501) 686-5224-(Office) (501) 686-7591-(FAX)

## File Deficiency Contract

I understand that I must provide the College of Nursing Registrar's Office a copy of:

□ -- CPR Proof □ -- TB Proof □ --Employ Hrs □ -- LPN/RN License

□ -- Hepta 1 □-- Hepta 2 □ -- Hepta 3/Titer □ --Health Assessment Proof

□ -- Other: _____

by _____, or I will be administratively withdrawn from all classes with full loss of tuition and fees.

_____ _____ _____
Date SS# Signature

_____ _____
Daytime Phone # Print Name