



Alabama Community College System
Nursing Programs Essential Functions Form
Acknowledgment Page

Note to all applicants: The essential functions form must be signed and dated by the student. This states that you have read and agreed to the terms. You will receive the essential functions form for the nursing program once accepted into the program for a healthcare provider to complete.

Destiny Gordon
Print Applicant's Name

Destiny G
Applicant's Signature

A00619249
Applicant's A#

11-18-22
Date

Robi Blackwell CRNP
Physician's Signature

1-9-22
Date

I Destiny Gordon have revealed my medical history truthfully and completely.
(Print Applicant's Name)

I authorize my medical provider to give information to the Trenholm State Community College Nursing Department regarding my ability to participate in clinical rotations.

Destiny G
Applicant's Signature and Date