

Re-entry Registration Check-List

Name (print): (Last Name) _____ First Name: _____

Course: _____ Semester: _____ Student ID #: _____

UCC Email _____ Phone Number: (____) _____

Student: Read Carefully and check off which applies

- A. Request for Absence of more than one clinical day/evening/weekend: Yes () or No ()
- B. Copy of current unofficial transcript downloaded from UCC web services attached: Yes () or No ()
- C. Copies of paperwork supporting all 8 requirements must be brought with you to every registration
 - You will not be able to proceed to select your section without this form signed by the Dean
 - Once you have completed the registration process at Trinitas School of Nursing, you must proceed immediately to registrar to register and pay, as registration form is only valid for the date on form.

<i>TSON Authorized Personnel to Sign off:</i>		Date	Initials
1.	CPR (CPR for Basic Life Support by American Heart) (Must be updated annually or biannually – check your dates to be sure it is valid through last date of classes)		
2.	TRMC Mandatory Education (Must be updated annually every January to be eligible for clinical assignment)		
3.	Malpractice Insurance (\$2 million/per incident and \$4 million aggregate coverage for RN student noted. (Must be updated annually and valid through the last day of classes of the semester.)		
4.	Tuberculosis (TB) Test (Must be done annually and valid through the last day of semester classes)		
5.	Drug Screening (negative) (You are required to obtain a new drug screen done through Trinitas Regional Medical Center. The drug screen needs to be negative.)		
6.	Criminal Background Check (You are required to obtain a new Background Check through the company TABB. The background check needs to be clear or negative.)		
7.	Flu Vaccine (For Spring Registration only)		
8.	UCC Transcript reviewed by Dean or Designee (Must be current unofficial UCC transcript printed through webservices)		
9.	Health Clearance (cleared)		

Comments:

Student Signature / Date

TSON Dean or Designee /Date

Trinitas School of Nursing

Name (print): _____ Course: _____

1. I certify that I have met with a Faculty Success Coach and completed required assignment.
2. I certify that I have successfully completed the pre-requisite courses for this NURE course and have completed or will complete the co-requisite courses this semester.
3. I certify that I have or will have the necessary courses for graduation and eligibility for the Diploma/AS degree and that I've met with an Academic Counselor for any questions.
4. I certify that I have not been arrested or convicted of a crime since my last criminal background check report.
5. I agree to allow the Trinitas School of Nursing to save the video/audio recording of my clinical simulations for debriefing purposes only. It will be permanently deleted at the end of the debriefing session.
6. I understand that there will be no change of course section after the first day of class.

Student Signature/ Date_____
School Representative/ Date