



Date: \_\_\_\_\_

## Registration Check-List

Name (print): (Last Name) \_\_\_\_\_ First Name: \_\_\_\_\_

Course: \_\_\_\_\_ Semester: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Student: Check off A and B:

- 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 (  )

Instructions:

- All requirements must be completed and current till the end of the semester (bold items below to be signed off by Trinitas School of Nursing authorized personnel) before you are allowed to register.
- The Dean or her designee will sign only after this form is signed off satisfactorily.

	<i>TSON Authorized Personnel to Sign off:</i>	Date	Initials
1.	<b>CPR (Basic Life Support by AHA) exp. date</b>		
2.	<b>TRMC Mandatory Education (annually)</b>		
3.	<b>Malpractice Insurance (2 million dollars per incident and 4 million dollars aggregate coverage; with RN Student noted)</b>		
4.	<b>Health Clearance (cleared)</b>		
5.	<b>Tuberculosis (TB) Test</b>		
6.	<b>Drug Screening (negative)</b>		
7.	<b>TABB Criminal Background Check (cleared)</b>		
8.	<b>Flu Vaccine ( Spring Registration only)</b>		
9.	<b>UCC Transcript reviewed by Dean or Designee</b>		

Comments:

\_\_\_\_\_  
Student Signature / Date  
2.10.14/ rev. 2.4.16/reviewed 2.1.17/rev. 10.11.17

\_\_\_\_\_  
TSON Dean or Designee /Date

## Trinitas School of Nursing

Name (print): \_\_\_\_\_ Course: \_\_\_\_\_

1. 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.
2. 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.
3. I certify that I have not been arrested or convicted of a crime since my last criminal background check report.
4. 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.
5. I understand that there will be no change of course section after the first day of class.

\_\_\_\_\_  
Student Signature/ Date

\_\_\_\_\_  
School Representative/ Date