

TRINITAS SCHOOL OF NURSING

REGISTRATION CHECK-LIST

Name: _____ Course _____

Student CWID: _____ Contact Number: _____

Instruction:

- All requirements must be completed (items signed off by Trinitas School of Nursing authorized personnel) before you are allowed to register.
- Present this completed sheet at registration.
- If you provide false information, you will not be allowed to remain in this course or to register for future NURE courses.

1. Health Clearance _____
2. Criminal Background Check _____
3. CPR (AHA) & Expiration Date _____
4. Mandatory Education (Trinitas) & Date _____
5. Malpractice Insurance (Student RN) & expiration date _____
6. Drug Screening _____
7. Consent for Video Recording for Clinical Simulations _____
8. Document from UCC Office of Disability, Request for Accommodation _____
9. Request for Absence of more than one clinical day/evening/weekend _____

Note: Students who register for this NURE course without the pre-requisite and co-requisite courses will not be allowed to remain in the course and cannot register for future NURE courses. There will be no change of course section after the first day of class.

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.

I agree to allow the Trinitas School of Nursing to save a copy of the video/audio recording of my clinical simulations. This video/audio will be used as a learning tool for other students and/or instructors. It will be permanently deleted when it is no longer used as a learning/learning tool.

Student Signature/ Date

School Representative/ Date

1/1/2010