

Trinitas School of Nursing Pre - Registration Checklist

Last name (Print): _____ First Name (Print): _____

Course: NURE _____ Semester: Fall 20____ Spring 20____ Summer 20 _____

Student ID: _____ Phone: _____

Instructions:

- All requirements must be completed, current until the end of semester and presented before you are able to register for class.
- Upon satisfactory completion of all below requirements, the Dean or designee will sign this checklist, and provide a signed Registration Form. You will be directed to Student Services to complete registration.
- The registration form is only valid for the date that it is signed.

	Please provide:	Date	Initials of faculty/staff
1.	Completion of Health package will be verified by TSON staff	Completed: Incomplete missing:	
2.	TB Test – please see checklist explanation for clarification Cannot expire during semester	Expiration date:	
3.	Drug Screen	Completion date:	
4.	Flu vaccine required for every spring registration	Completion date:	
5.	TABB Criminal background check completed, cleared and report presented	Completion date:	
6.	Policy reflecting malpractice insurance coverage: \$2 million per incident/\$4 million aggregate coverage; with Student RN noted	Expiration date:	
7.	Proof of BLS/(Healthcare provider)/CPR completion through AHA	Expiration date:	
8.	Attached proof of TRMC Annual Mandatory Education Completion	Completion date:	
9.	UCC transcript for review by Dean or designee	Date on transcript:	
10.	Proxy form signed by Dean, if required	N/A	
11.	Attestation/Consent Form	N/A	

Student Signature /Date

Dean or Designee Signature/ Date

Trinitas School of Nursing Background Check Verification Signature

Name: (print): _____ Course: NURE_____

I attest I have not been arrested or convicted of a crime since my last criminal background check.

Student Signature / Date

School Representative / Date

Trinitas School of Nursing Photography and Audio/Video Recording Consent Signature

1. I agree to allow Trinitas School of Nursing to save audio/video recording of my clinical simulations for debriefing purposes only. It will be permanently deleted at the end of debriefing session.
2. I consent to have my photograph taken for Trinitas Regional Medical Center, Trinitas School of Nursing and/or Union County College print/digital publications.

Student Signature / Date

School Representative / Date

Trinitas School of Nursing Student Handbook and NCLEX RN Test Plan

I attest that I have access to the **Trinitas School of Nursing Student Handbook** and **NCLEX RN Test Plan** and I attest to the location on the home page of the school website, www.trinitasschoolofnursing.org

Student Signature / Date

Print Name

Student identification Number _____