



**MCC NURSING DEPARTMENT  
SOPHOMORE INFORMATION  
UPDATE**

**July 15<sup>th</sup> is the deadline for completion & submission of this form  
to the Nursing program**

*Students cannot begin clinical experiences until ALL components are completed.*

**TO BE COMPLETED BY STUDENT**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Yes, I have attached a copy of my current CPR Certification, valid until \_\_\_\_\_ . Initial \_\_\_\_\_**

**Yes, I have included my current health insurance information or a signed waiver. Initial \_\_\_\_\_**

**DRUG TESTING**

All drug testing provided by: **The Chemnet Consortium.**

Must pre-pay fee of **\$52.20\*** with credit card by calling **(406)256-2037** or  
**(800)597-7103** \* Price subject to change

Type of test to be performed: **Chemnet- "Other/pre-training test non-DOT 10  
panel"**

Collection Site Location: Contact Chemnet

**\*\*Student is responsible for giving this form to the Collection Site\*\***

*Collection Site is responsible to fax forms immediately to the MRO & The Chemnet  
Consortium*

**SOPHOMORE UPDATE continued**

**RELEASE OF TEST RESULTS**

I \_\_\_\_\_ hereby authorize The Chemnet Consortium  
(student's name)  
to release my test results and send directly to the Designated Representative at  
Miles Community College:

**Karla Lund, Designated Representative  
Miles Community College  
2715 Dickinson  
Miles City, MT 59301  
Phone: 1-406-874-6188  
Fax: 1-406-874-6270**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Time & Date**

This information will not be released for secondary submission to another agency or employer