

MCC NURSING DEPARTMENT SOPHOMORE INFORMATION **UPDATE**

July 15th 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	COMF	LETED	BY S	STUDENT
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Name: Last	First	Middle			
Permanent Mailing Address					
Home PhoneCe	Il Phone	_ Email			
PERSON TO NOTIFY IN CASE	OF EMERGENCY				
Name	Relationship				
Address					
Home Phone	Work Phone				
es, I have attached a copy of my cu	rrent CPR Certification, valid	l until Initial			
es, I have included my current heal	th insurance information or a	a signed waiver. Initial			
DRUG TESTING					
All drug testing provided by: T Must pre-pay fee of \$52.20* w 800)597-7103 * Price subject t	ith credit card by calling				
Type of test to be performed: panel"	Chemnet- "Other/pro	e-training test non-DOT 10			
Collection Site Location: Conta	ct 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 aut (student's name) to release my test results and send directly to Miles Community College:	horize The Chemnet Consortium o the Designated Representative at
Karla Lund, Designated Representative Miles Community College 2715 Dickinson Miles City, MT 59301 Phone: 1-406-874-6188 Fax: 1-406-874-6270	e
Student's Signature	Time & Date

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