



## MCC NURSING DEPARTMENT SOPHOMORE INFORMATION UPDATE

**July 15<sup>th</sup>** is the deadline for completion & submission of this form  
to the Nursing program: email to [olsonjl@milesc.edu](mailto:olsonjl@milesc.edu)

*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 one of the following for the tuberculosis screening:**

**Clear chest X-ray within the last 2 years \_\_\_\_\_ (date of X-ray) Initial \_\_\_\_\_**

**T Spot or QuantiFERON blood test within the last 2 years \_\_\_\_\_ (date of test) Initial \_\_\_\_\_**

**Submitted 2-Step upon initial acceptance, included 1-Step \_\_\_\_\_ (date of test) 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 with credit card by calling **(406)256-2037** or **(800)597-7103**

Type of test to be performed: **Chemnet- "Other/pre-training test non-DOT 10 panel" Inform them it is for the MCC Nursing Program.**

Collection Site Location: Contact Chemnet

**\*\*Student is responsible for giving this form to the Collection Site\*\***  
**Request testing on the MCC campus OR at Stanley Chiropractic (\$30 more)**

Tyler Niedge is also authorized to collect and mail the specimens. He works on the Miles Community College campus. [niedget@milescc.edu](mailto:niedget@milescc.edu)

**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 a Designated Representative at  
Miles Community College:

**Jill Olson**  
**Designated Representative**  
**Miles Community College**  
**2715 Dickinson**  
**Miles City, MT 59301**  
**Phone: 1-406-874-6189**  
[olsonjl@milescc.edu](mailto:olsonjl@milescc.edu)

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

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

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

## SOPHOMORE UPDATE continued

### BACKGROUND CHECK

Sophomores are required to complete a background check prior to semester four. These background checks MUST be completed through MCC's contracted company, Verified Credentials. The cost of the background check is \$100 (subject to change). Applicants need to use the login provided as well as the provided code. This is a TWO step process! Once the background check has been initiated the applicant will receive an email from Verified Credentials asking for further authorization to finalize the background check. The background check is NOT complete until the applicant has acknowledged the email!

Login- <https://scholar.verifiedcredentials.com/milesc>

Code- **KMXRD - 69733** (Background Check Update – Nursing Program)

### Additional background questions

Please answer the following questions by circling your response. If you answer "yes" to any of the questions, please provide a complete description of dates and circumstances on a separate paper. You must send applicable supporting court documents. Additional drug screen checks may be required for licensure and/or clinical placement. Felony convictions may result in denial of acceptance to the program and/or eligibility of Registered Nurse (RN) licensure.

- Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for any criminal offense excluding minor traffic violations? **Yes No**
- Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for any felony? **Yes No**
- Are there any pending criminal proceedings against you? **Yes No**
- Have you been treated for abuse or misuse of alcohol or a chemical substance? **Yes No**
- Have you experienced a physical, emotional, or mental condition that has endangered the health or safety of yourself or others? **Yes No**
- Have you ever had a professional license, certification, or registration in Montana or any other states denied, cancelled, limited, suspended or revoked? **Yes No**
- Have you ever appeared, or been requested to appear, before any licensure board concerning any violation by you of any law, rule or regulation of any state, district, territory, or province of the United States or Canada? **Yes No**

**My answers to the above questions are true, accurate, and complete to the best of my knowledge. I understand that any falsification will be considered grounds for dismissal from the MCC Nursing Program should I be accepted.**

**Applicant's**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_