TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

Academic Computing & Identity Theft Prevention Program Policy
Computer Access & Information Resources Agreement

Each student is issued a Trinity College of Nursing & Health Sciences e-mail account, computer account and My Pulse account with respective log-in data upon acceptance into the respective program of study. Students are expected to use these electronic services to communicate with faculty, staff and fellow students at the College.

A full review of these services will be conducted at orientation by the student services staff. These services enhance your education and provide an efficient and effective way for you to communicate with faculty, staff and students, and to complete your assignments.

The College provides a computer lab where you can study and work to complete assignments in a timely manner.

If a student has problems logging into his/her e-mail account, they can call the IT Service Center, which is available 7 days a week 24 hours a day at 309-779-2371.

The IT system will prompt a student to change his/her e-mail password every 6 months for security purposes. **Please be aware IT will disable a student's e-mail account for non-usage….so please make sure to use your account at least once per week.**

If a student experiences a problem with **My Pulse**, the student portal, please call the College Student Services office at 309-779-7700 Monday-Friday from 7:30 a.m. - 4:00 p.m.

Trinity College of Nursing & Health Sciences makes every effort to maintain excellent communication with its students and the College expects students to maintain their electronic accounts.

Each student is provided secure access to his/her accounts with password protection. This information is to remain confidential at all times and not to be shared with other students or anyone else as it violates the Campus Computing Policy, and may violate the academic integrity policy and/or copyright policy if used inappropriately.

I understand that the appropriate use of the computer/e-mail accounts/My Pulse and any other password protected media that I use is my responsibility, and that I am to maintain the confidentiality of my password. If I do not follow the academic computing policy, then I may be subject to violation of this and other policies, which could result in disciplinary action as stated in the Corrective Action Policy of the College Catalog.

Signature

Print Name

Date Program

College Catalog Acknowledgement of Receipt

I acknowledge that I understand the Trinity College of Nursing and Health Sciences College Catalog is located on the college website (www.TrinityCollegeqc.edu). I understand that it reflects the current policies, regulations, and services of Trinity College of Nursing and Health Sciences and I accept responsibility for compliance therewith. I also understand I can request a paper or CD copy of these policies and procedures from the college.

I also understand it is my responsibility to remain current with this information either online or by requesting a current copy of the document.

_____

Name (Please Print)

_____

Signature

_____

Date

Confidentiality Statement Form

Please sign and date and return to student services.

As a Student Visitor at Trinity College of Nursing and Health Sciences and Trinity Medical Center, I will be entrusted with health and personal information about patients with whom I am in contact with in a variety of health care settings. It is my responsibility to maintain confidence and trust when working with patients and /or confidential health information.

I support the statement in the Patient's Bill of Rights which states patients have the right to have the right to have their privacy respected while receiving care and to have all communication and records pertaining to their care treated as confidential. I agree that pertinent information relative to a patient's admission, condition and treatment must only be discussed within the patient care setting and as it relates to direct patient care. I will **not** discuss patient information with other staff members, students, patients, family, friends or visitors. I agree that access to patient charts and related patient information will only be made on a need-to-know basis as necessary for direct care of patients.

In my role as a Student at Trinity College, I will abide by the appropriate Code of Ethics. I will therefore "safeguard the client's right to privacy by judiciously protecting information of a confidential nature" in any and all health care settings. In addition to maintaining patient confidentiality, I will also keep in confidence any sensitive information I have access to regarding employees and/or the institution(s) with which I am associated in my student role.

I understand that a Breach of Confidentiality on my part, described as "failure to maintain privacy of information of a confidential nature," in the Trinity College Catalog, could result in disciplinary action as stated in the Disipline Policy of the Catalog. The discipline may include immediate dismissal from the College.

Signature: _____

Print Name: _____

Date: _____ Program: _____

Media Release Form

Student Authorization for Photos, Video Recordings, Media, Web, Prepared Statements & Interviews.

I do hereby give Trinity College of Nursing & Health Sciences, his or her assignees, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I am of full age (18 years or older).

To do the following (check as many as apply):

- ☐ Take photographs of me.
- ☐ Record me on audiotape or videotape.
- ☐ Work with me to prepare a personal statement.
- ☐ Conduct an interview with me, which may include questions about my personal experiences at the College.

Photographs and recordings may be used for single or multiple purposes in any print publication or electronic media (including but not limited to newspapers, television broadcasts, radio broadcasts, magazines, brochures and web sites) as approved by Trinity College of Nursing & Health Sciences and/or outside news organizations. This includes both publications and electronic materials prepared by Trinity College of Nursing & Health Sciences as well as outside news organizations.

I realize I will receive no payment in connection with any publication or use of these photographs, video or audio recordings or statements, and I waive any claims that I or others have for such payments.

I do now and shall in the future hold Trinity College of Nursing & Health Sciences, its successors and assignees, blameless and free from any claims in connection with the consent and use of the materials specified above.

This form has been explained to me—or I have read and fully understand this form—and all questions that I have been asked have been answered to my satisfaction.

Student or Legal Representative (If under 18 years) Signature: _____

If Representative, relationship to student Signature: _____

Student/Legal Representative Signature: _____

Date: _____

Promissory Note

Please sign and date in all required fields.

I, (please print name) _____, hereinafter called the student, promise to pay Trinity College of Nursing & Health Sciences the total sum of tuition/fees for each semester enrolled. If the account is defaulted, I will pay all attorney's fees and related costs and charges for the collection of any amount not paid by the date it is due. If payment in full is not received prior to graduation, the student is hereby notified that they will not commence.

Student Signature: _____

Date: _____

TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

Race & Ethnicity Data Collection Form

Please complete, sign, and return the completed form to the Office of Student Services.

Statistical Information

1. What is your gender? ☐Male ☐Female
2. Are you a first generation student? (Neither of your parents completed a college degree) ☐Yes ☐No
3. Will you apply for financial assistance? ☐Yes ☐No
4. What is your country of citzenship? ☐USA ☐Other, please specify: _____
5. If you are not a U.S. citizen, are you a permanent resident of the U.S? ☐Yes ☐No
6. If NO, enter your Alien Registration Number. A- _____
   Trinity College of Nursing & Health Sciences does not issue an I-20
7. Is English your native language? ☐Yes ☐No, please explain: _____

COLLEGE GUIDELINES
Trinity College of Nursing & Health Sciences is asked by the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer **BOTH** of the following:

8. Do you consider yourself to be Hispanic/Latino?
   ☐Hispanic/Latino
   ☐Not Hispanic/Latino
9. Select **one** or **more** of the following racial categories to describe yourself.
   ☐ American Indian or Alaska Native
   ☐ Asian
   ☐ Black or African American
   ☐ Native Hawaiian or Other Pacific Islander
   ☐ White
10. If you chose American Indian or Alaska Native as your race, please list your tribal affiliation. _____

Signature & Submission

Read the Statement Below Before Signing:
Please be informed that licensure or certification may be sanctioned for conviction of a crime including a **felony**, a gross misdemeanor, or misdemeanor with the exception of speeding and parking violations. Additionally, acceptance and successful completion does not guarantee licensure, certification, or employment, which may be contingent upon factors unrelated to the education process.

Trinity College of Nursing & Health Sciences admits students regardless of race, color, religion, sex or sexual orientation, national or ethnic origin, gender, disability, or age in admission, employment, programs, or activities. Persons having inquiries regarding compliance with Title IV, Title IX or Section 504 or any other questions may contact the Admissions Office at Trinity College of Nursing & Health Sciences or the Assistant Secretary for Civil Rights, US Department of Education.

Verification
I certify that the information contained in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation of the facts as stated or implied on this application is considered sufficient cause for reconsideration of my admission status, including withdrawal.

Applicant's/Student's Signature: _____

Please Print Name _____

Date: _____

TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

Student Health Insurance Questionnaire

This Form must be completely filled out and signed. **PLEASE PRINT CLEARLY.**

As a cunsumer in the health care marketplace, it is very important to protect oneself against catastrophic medial bills. each sudent is responsible for his/her own heath insurance protection. Trinity College of Nursing & Health Sciences offers affordable health insurance at a student group rate with various payment plans and coverage.

An entering student may have health insurance coverage through a parent (up to age 26), spouse, COBRA, or through a self-purchased plan.

If you do not have a health insurance plan, you may contact:
E.J. Smith & Associates, Inc. /E.J. Smith Insurance Agency
899 Skokie Boulevard
Northbrook, IL 60062-4024
(847) 564-3660

Visit www.CollegeStudentHealthInsurance.com to view the online brochure which includes an enrollment form. you may also visit their home page at www.ejsmith.com. This information may also be accessed at www.trinitycollegeqc.edu.

Please select one of the following options:

☐ I am covered by health insurance.

☐ I am not covered by health insurance.

☐ I am not covered by health insurance, but plan to purchase health insurance.

Thank you for completing the health insurance questionnaire.

Print Name: _____

Signature: _____ Date _____