

## REGISTRATION FORM

Student ID			Date	
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### Student Information

*Last Name		*First Name	
Middle Name(s)		Other Names Used at NCTC	
*Mailing Address			*City
*State		*Zip	*County
*E-mail Address			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security			Date of Birth
*Main Phone		Work Phone	Other Phone

We would like to inform you of NCTC programs and new offerings. May we add you to our contact list?  Yes  No

Ethnic background: Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?  Yes  No

Please select the racial category or categories with which you most closely identify. (Check as many as apply.)

- White   
  Asian   
  International   
  Native Hawaiian or Other Pacific Islander  
 Black or African-American   
  American Indian or Alaskan Native   
  Unknown or Not Reported

\*Have you previously attended NCTC as a credit or continuing education  Yes  No

student? How did you first hear about the course?

### Drop/Refund Policy

100% of a course fee will be refunded by the Division of Lifelong Learning if the request is submitted in writing seven business days prior to the course start date.

- If you are unable to take a class, or you do not want to take a class, you must submit a DROP request, even if no payment has been made.
- You will not automatically be dropped for non-attendance.
- Failure to follow DROP request procedure may result in a hold placed on your academic records.

\*I have read and accept the Drop/Refund Policy

### Registration/Payment

\*I understand by completing this registration form, I am requesting to be enrolled in the class(es) on page 2 and retain responsible for any tuition due.

*Signature		Date	
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(Typing your name denotes signature)

Course Information (Please complete using the schedule.)

<b>Course Title</b>	<b>Example Entry</b>				<b>Semester</b>	
<b>Course ID</b>		Gainesville	Corinth	Bowie	Graham	Flower Mound

(Please choose one)

<b>Course Title</b>					<b>Semester</b>	
<b>Course ID</b>		Gainesville	Corinth	Bowie	Graham	Flower Mound

(Please choose one)

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(Please choose one)

<b>Course Title</b>					<b>Semester</b>	
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(Please choose one)

<b>Course Title</b>					<b>Semester</b>	
<b>Course ID</b>		Gainesville	Corinth	Bowie	Graham	Flower Mound

(Please choose one)

Notes:



## **Assumption of Risk and Consent to Procedures**

### **General Information:**

During this course you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities you will be asked to perform specific skills as well as be the subject of specific skills practiced by students. Some of these skills include practicing draws on one another (other students in the class). These learning activities will be conducted under the supervision of the course instructor.

***\*\*If you require special accommodations or cannot participate in any of these learning activities/skills (willingness to draw mull or be drawn upon) due to a documented disability, religious conviction, ailment or sickness or reasons of conscience, please notify our staff immediately.***

### **Benefits:**

The activities listed have been selected because they are skills essential to the learning process and the faculty believes that realistic practice and hands-on training is essential for optimum learning.

### **Bloodborne Pathogen Exposure:**

It is important that you be aware that blood and other body fluids have been implicated in the transmission of certain pathogens, particularly Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immune Deficiency Syndrome (AIDS). In order to minimize risk of exposure to blood borne pathogens, the student must agree to follow Standard Precautions and Universal precaution guidelines as well as comply with regulations outlined in the OSHA Blood borne Pathogen Standard.

### **Risks/Discomforts:**

Participation may create some anxiety for you. Some procedures may create minor physical or psychological discomfort.



## Drug Screening Acknowledgement

### Random/Drug Screens

During the course of your training but before externship, you will be subjected to a random drug screening. All testing will be conducted by a licensed independent medical laboratory, which will follow testing standards established by the state or federal government. Testing will be conducted on a urine sample provided by the student to the testing laboratory under procedures established to ensure privacy of the student, while protecting against tampering/alteration of the test results. This random testing is required by our externship partners before you complete externship at their facility

### Your Rights:

You have the right to withhold consent for participation and to withdraw consent after it has been given. If you withhold consent, you will not be able to successfully complete the course. ***If you choose to not participate in planned learning activities/outcomes, or consent to the random drug screening when it is given, you will not be able to successfully complete the course and will be withdrawn from the program.*** You may ask questions and expect explanations of any point that is unclear.

I have read the above Human Subjects Document. I acknowledge my understanding of the risks and benefits described. My questions have been answered. I agree to participate as a subject in the learning activities listed above.

### \*Check One:

- I agree to participate in the learning experiences listed above.
- I do NOT agree to participate in the above listed learning activities.

\*Student Name: \_\_\_\_\_

\*Student ID/Social Security #: \_\_\_\_\_

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\*Signature of Student (Typing your name denotes signature)

Date



## **Authorization to Perform a Background Check**

\* I, \_\_\_\_\_, authorize North Central Texas College Adult and Continuing Education to perform a criminal history search through the Texas Department of Public Safety's Criminal Records Service. I understand that this is a requirement prior to registering for any Adult and Continuing Education classes.

Name:

\*First:

\*Last:

Middle:

\*Date of Birth:

Social Security #:

Driver's License/ID#:

State:

Exp. Date:

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\*Signature of Student (Typing your name denotes signature)

Date

Asterisk (\*) denotes required field. These MUST been filled out to attach e-mail.