

# *Mercer County Community College*

## *Division of Health Professions*

### *Nursing Program*

#### **Fall 2017 Student Notifications**

##### **Nursing Program Policies and Procedures**

Please initial on each line.

\_\_\_\_\_ I acknowledge that I have reviewed the Nursing Program Handbook for 2017-2018 academic year.

\_\_\_\_\_ I acknowledge that I have reviewed the Nursing Students Standards of Conduct. I agree to abide by the guidelines set forth in the Nursing Students Standards of Conduct.

\_\_\_\_\_ I have reviewed the Essential Functions for Nursing Students. Some of the essential functions may be accomplished with the use of assistive technology or other reasonable accommodations. If you have a documented differing ability or think that you may have a differing ability that is protected under the American with Disabilities Act, Section 504 of the Rehabilitation Act or college policy, please contact Arlene Stinson of the Center for Inclusion, Transition, and Accessibility at [stinsona@mccc.edu](mailto:stinsona@mccc.edu) for information regarding support services.

\_\_\_\_\_ During the course of this education program, I understand that the practice of assessments, safe patient handling skills, and other nursing procedures may be demonstrated or practiced with students, including myself. This excludes the practice of injections or other highly invasive procedures.

\_\_\_\_\_ I understand that all email communications with college faculty and staff should come from my MCCC email. Email from other providers may not be received due to spam filtering.

##### **Photo/Video Consent**

Please initial only one option:

\_\_\_\_\_ I hereby authorize Mercer County Community College, its Board of Trustees and or its employees, to photograph me and publish information about me that I supply to them for such purposes, including my name and home town (not street address). Photos/videos may be published and distributed for print, computer or other medium, in whole or part for educational, instructional or promotional purposes as deemed appropriate by MCCC in perpetuity. I understand this is without remuneration to me. Said work and the components thereof shall become the sole property of MCCC and may be copyrighted in its own name or a name of its choosing. I also release MCCC from any and all claims for libel, slander, invasion of privacy or other claims based on my appearance and or performance or use of the recordings of such and agree to hold MCCC harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from my appearance and or performance.

\_\_\_\_\_ I do **NOT** consent to the use of my image in either video or still photography for teaching and learning or promotional purposes for the Nursing Program and Mercer County Community College or to share my experiences with nursing student/learners. **My image would then not be included in any nursing program photographs of publications.**