Please sign the following and return to Admission Staff by the end of the day:

1. Receipt of Student General Information
2. Receipt of Licensure Information and Student Handbook
3. Media Activities Authorization Form
4. Clinical Professionalism Agreement
5. Honor Pledge

Thank you.
RECEIPT OF STUDENT GENERAL INFORMATION: CATALOG, HANDBOOK, AND BULLETIN INFORMATION

The General Information Catalog and SON Bulletin and SON Student Handbook, http://www.utmb.edu/enrollmentservices/catalog.asp, taken together guide and inform students about important policies at the school of nursing including professional dress and behavior, clinical expectations, advising, academic progression, student representation, grading, and parking. They also cover accommodation, Licensure eligibility and security clearance. They are a source of information about student support services, professional organizations, honor societies, awards and honors.

They are also available in print format at the following offices:

- Office of Admissions and Student Affairs
- Nursing Simulation Center
- Faculty Advisors
- Academic Counselor

RECEIPT OF ELIGIBILITY for LICENSURE INFORMATION [Rule 215.8 (f)]

Declaratory Order. A petition for Declaratory Order is a formal disclosure to the Texas Board of Nurse Examiners of an outstanding eligibility issue that may prevent an applicant from taking the NCLEX examination upon completion of a nursing program. The Declaratory Order process permits the Board to make decisions regarding a petitioner's eligibility for licensure prior to entering or completing a nursing program.

Disclosures of the following must be made:

1. Criminal History or Disciplinary Actions
   Good professional character is the integrated pattern of person, academic and occupational behaviors essential for a professional nurse. If you have been convicted, adjudged guilty by a court, plead guilty, not contest or nolo contendere to any crime in any state, territory or country, whether or not a sentence was imposed, including any pending criminal charges or unresolved arrests (excluding minor traffic violations).... This includes expunged offenses and deferred adjudications with or without prejudice of guilt. Please note that DUI's, DWI's, and PI's must be reported are not considered traffic violations. (One time minor in possession (MIP) or minor in consumption (MIC) do not need to be disclosed. If you have two or more MIP's or MIC's, you must disclose.)

2. Mental Illness
   The practice of professional nursing requires current mental fitness. The Board has identified certain disorders, which if occurring within the last 5 years, may indicate potential lack of fitness. Disorders that must be disclosed include: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder.

3. Treatment and/or Addiction for Alcohol or Drugs
   The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated (i.e. attending support groups, out-patient treatment centers) for the use of alcohol or any other drug within the last five (5) years, you must disclose.

*BNE Petition for Declaratory Order. Complete information and forms are available at http://www.bne.state.tx.us/index.html

I hereby verify that I have had the following documents regarding Licensure Eligibility, Accommodation, General Information Catalog, SON Bulletin, SON Student Handbook, and Security Clearance explained to me.

______________________________  ________________________
Student Signature               Date
PROCESS FOR RECEIPT OF INFORMATION ABOUT ELIGIBILITY FOR LICENSURE & STUDENT HANDBOOK

BNE requires that students receive both verbal and written information regarding eligibility for licensure [Rule 215.8 (f)]. The SON requires that students receive information about policies at the school.

Responsibility: The Dean of the School of Nursing (SON) is administratively responsible for assuring that all students receive the information.

Process:

1. Students will be provide with information about licensure and policies at the school of nursing during Orientation including:

   - The UTMB General Information Catalog, SON Bulletin and SON Student Handbook, (www.son.utmb.edu/currentstudents/Catalog.csh.html) taken together guide and inform students about important policies at the school of nursing including professional dress and behavior, clinical expectations, advising, academic progression, student representation, grading, and parking. They also cover accommodation, Licensure eligibility and security clearance. They are a source of information about student support services, professional organizations, honor societies, awards and honors.

   - BSN students are given information about:
     - Eligibility for licensure; Declaratory Order (Rule 215.8), Accommodation request forms, NCLEX-RN Examination forms, fees, photo, FBI Fingerprint cards, security clearance, and web site to access information regarding eligibility requirements http://www.bon.state.tx.us.

       - Rule 215.8 (f) (1-2) (213.27-213.30) relating to Good Professional Character, Licensure of Persons with Criminal Convictions, Criteria and Procedure Regarding Intemperate use and Lack of Fitness in Eligibility and Disciplinary Matters, Declaratory Order of Eligibility for Licensure.

2. Students read, sign and return one copy of the receipt form which will be maintained in their student file in the Office of Admissions and Student Affairs for 6 months from the date of graduation [Rule 215.8 (g)].

3. All SON Students are held accountable for the knowledge of the content, policies, and guidelines found in the SON Student Handbook, SON Bulletin, and Catalogue

4. Second copy of the receipt is retained by the student as their reference copy.

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Signature                                      Print Name                                      Date

3/30/2015 jwj
Authorization and Release for Interviews and/or Images for Media* and Promotional Activities

1. I hereby authorize ____________________________ (name and UTMB department)** and The University of Texas Medical Branch (UTMB Health) to use and/or disclose the name, images and/or health or personal information of:

LAST NAME _______________________________ FIRST NAME ___________________________ M.I. __________________________________

DATE OF BIRTH ________________________________ TELEPHONE NUMBER ________________________________

RELATIONSHIP TO UTMB (Check all that apply)    □ Patient    □ Alumnus/a    □ Employee    □ Student    □ Volunteer    □ Other ________________________________

2. The following information can be used and/or disclosed: (check all that apply)

□ Any information obtained during an interview with the above-named person, including, but not limited to, health information, personal information and/or testimonial (e.g., patient, student, donor, employee)

□ Photographs or other images

□ Medical information about the patient's condition if requested by media; this may include copies of the medical record, conversations with attending physician(s) and/or copies of bills and finances

□ Other: ____________________________________________

3. I authorize UTMB to disclose the information (as described above) to the public through any form of media (e.g., university publication, newspaper, TV, magazine, Internet, film, etc.), or as otherwise specified below.

4. I understand the purpose(s) of the requested use or disclosure is (are) as follows: (check all that apply)

□ General publicity or marketing, including fundraising, recruitment and advertising materials

□ UTMB publications and/or digital outlets (e.g. www.utmb.edu, www.utmbhealth.com, social media)

□ News related to TV, radio or print media inquiries

□ Other: ____________________________________________

5. I understand this authorization is voluntary and I may refuse to sign. If I am a patient, UTMB may not withhold treatment based on the completion of this authorization.

6. I understand that I may revoke this authorization at any time by notifying in writing and expressing to UTMB’s Office of Marketing and Communications, 301 University Blvd, Galveston, Texas 77555-0144 of my intent to revoke this authorization. I understand that such a revocation will have no effect on information already used or disclosed by UTMB prior to UTMB’s receipt of my written notice of revocation.

7. Unless otherwise revoked, I understand that this authorization will expire when the information is no longer useful to the education, patient care or research missions of UTMB, at which time the information will be destroyed.

8. I understand that the information disclosed pursuant to this authorization may be re-disclosed by the end user (e.g., media outlet) and no longer protected by federal or Texas privacy laws.

9. I release UTMB and the University of Texas System and its Regents, officers, agents and employees from any and all liability connected with use or disclosure of this information in the media application(s) listed above.

10. I give my consent in the interest of public information, for the furtherance of education, patient care and the research goals of this institution, or for other lawful purposes.

11. I waive all rights, interest or claims for payment in connection with any exhibition or release of this information in the media application(s) listed above.

12. If I am being treated for drug or alcohol abuse, a mental health or psychiatric disorder, or acquired immunodeficiency syndrome or human immunodeficiency virus, I understand that information regarding my condition may be used.

13. I understand that UTMB may choose to copyright images or printed matter for its own benefit and may decide to protect unauthorized users from further using or reproducing the images or printed matter.

______________________________
INDIVIDUAL SIGNATURE OR AUTHORIZED LEGAL REPRESENTATIVE

__________________________________________________________
PRINTED NAME OF LEGAL REPRESENTATIVE/GUARDIAN

__________________________________________________________
LEGAL REPRESENTATIVE'S/GUARDIAN'S RELATIONSHIP TO INDIVIDUAL

__________________________________________________________
MEDIA AND PROMOTIONAL AUTHORIZATION AND RELEASE 11/2014

utmb Health

*Note: Contact Media Relations office at 409-772-2518 for assistance with media inquiries

**Responsible for (1) ensuring form is kept on file according to state records retention guidelines and (2) ensuring a copy of form is provided to individual or guardian named above
CLINICAL ENVIRONMENT PROFESSIONALISM AGREEMENT

Professionalism is the standard of conduct for everyone at UTMB and is rooted in its core values and commitments outlined in the UTMB Professionalism Charter. This agreement delineates those expectations further. As a member of the UTMB community, I understand I have a personal responsibility to live up to these principles. I will therefore:

1. Treat everyone (e.g. patients, co-workers, students, residents and visitors) with integrity, compassion and respect.

2. View all employees as important members of the UTMB team and value their contributions regardless of job, role or title.

3. Be pleasant, greet others, and recognize that body language and tone are important elements of communication.

4. Introduce myself and wear my ID badge where it can be easily seen.

5. Explain delays, apologize for inconvenience, direct patients who are lost and yield to patient’s right of way.

6. Give complete answers to patients, students and staff to provide learning and understanding.

7. Ask for help if a concern is beyond my knowledge, ability or scope of authority.

8. Respect and lend support to my colleagues, take responsibility for my duties and bring enthusiasm to my work.

9. Respect confidential information and engage in conversations regarding patients and personal or work problems in private areas.

10. Remain calm when confronted with or responding to emotionally charged situations.

11. Refrain from loud talk, excessive noises and other disruptive behavior that interferes with a healing environment.

12. Recognize, encourage and model positive and productive behavior at all times. I will be receptive to opportunities and constructive reminders to improve my performance and will respectfully speak up if I observe violations of these standards.

_________________________________________  ________________________________________
Print Name                                      Signature

Date: ________________________________
Please read the following, sign and return to Admission Staff by the end of the day.

Student Printed Name

UTMB HONOR PLEDGE

On my honor, as a member of the UTMB community, I pledge to act with integrity, compassion and respect in all my academic and professional endeavors.

Student Signature       Date