



Register me for this Nursing Assistant course:

Location \_\_\_\_\_

Starting Date \_\_\_\_\_

### Non Degree Student Data Information – please print

Name: \_\_\_\_\_ Sex: Male  Female   
Last Name First Name Full Middle Name

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number is voluntary. If you do not provide this number, your inquiry will still be processed. This data is requested for purposes of administration, program evaluation and consumer data. Your number also may be used to create summary information about MnSCU programs through data matches with other state agencies.

Maiden/Former Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Box/Rural Route City County State Zip

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Race and ethnic background (select any that apply)**

- American Indian or Alaska Native – *A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment*
- Asian – *A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent*
- Black or African American – *A person having origins in any of the black racial groups of Africa*
- Native Hawaiian or Other Pacific Islander – *A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands*
- White – *A person having origins in any of the original peoples of Europe, the Middle East or North Africa*

High School Graduated/or Will Graduate From: \_\_\_\_\_ Year of HS Graduation \_\_\_\_\_  
If you have not graduated, do you have a GED?  Yes  No Date of GED \_\_\_\_\_

**Tuition Status (check one)**

Are you a resident of Minnesota?  Yes  No  
If Yes, how long? Years \_\_\_\_\_ Months \_\_\_\_\_  
If No, of which state are you a resident? \_\_\_\_\_

All of the information included is true and complete to the best of my knowledge.

Signed \_\_\_\_\_  
Dated \_\_\_\_\_

# STUDENTS RIGHTS, RESPONSIBILITIES, AND AUTHORIZATIONS FOR THE COLLECTION AND RELEASE OF DATA

## I. Information Collection

When you apply for admissions, while you are enrolled, and after graduation from Minnesota West you will be asked to supply information about yourself, including your social security number. You will be asked to report information in the following ways:

- Admission Application
- Enrollment Form
- Financial Aid Application
- Assessment Testing
- Minnesota State Colleges & Universities Forms
- Placement and Employment Follow-up Information Forms
- Oral Interviews with College Staff
- Health Records

## II. Use of the Information

The data is being collected to:

- A. Assist college staff in developing a plan to help you succeed in your program/major area.
- B. Report to the Minnesota State Colleges & Universities Office.
- C. Report to Central Office of Minnesota West Community & Technical College.
- D. Create statistical and research reports.
- E. Assist the college in auditing employment follow-up data, and other college policies and practices.
- F. Respond to requests for information from Federal & State Agencies and Departments and the public.
- G. Comply with the state immunization law.
- H. Your social security number is requested to create unique student identification number which will be used to identify testing, academic and employment follow-up information about you. Submitting your social security number is voluntary. The number is requested under the authority granted to the colleges through enabling state legislation. Your social security number may be used to identify you for statistical reports conducted between state agencies.

## III: Student Rights

- A. You have the right to refuse to provide any or all of the data requested through a form available in Student Services Office.
- B. You have the right to know and to view all public and private data maintained on you.
- C. You have the right to have the data explained to you and receive a copy of it.
- D. You have the right to challenge the accuracy and completeness of the data and to include you own explanation of the data.

## IV: Consequences

There are consequences for not supplying data which may result in denial of the following services:

- A. You may not be admitted for enrollment if you do not complete the admissions application except social security number.
- B. You may not receive developmental service assistance if you do not identify a need for services.
- C. You may not receive financial aid assistance if you do not provide information on the financial aid forms.
- D. You may not receive assistance in occupational placement if you do not provide that data.
- E. You may not continue in school if you do not comply with immunization information as required by law.
- F. You will be assigned a student identification number if you do not provide you social security number.

## V. Access

With the exception of "directory information" which is public information, the data you provide will be released only with your written consent or to the following persons/entities which are authorized by law to receive and use the data:

- Minnesota State Legislature
- Congress
- Minnesota State Colleges & Universities Office
- State & Federal Auditors & Agencies
- College Staff

See the statement of your rights in the college student handbook for further information about "directory information".

**Consent: I have read this document and/or have had this document read and explained to me. I understand the data collected and it's intended use. I agree to the specific releases of this data for the purposes listed in the section labeled "access" above.**

Your name printed \_\_\_\_\_

Signed \_\_\_\_\_

Dated \_\_\_\_\_

# Minnesota West Community & Technical College Nursing Assistant Refund Policy

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In order to be eligible for a tuition refund, the student **must officially withdraw** from the course by contacting:  
Jodi Christensen – [jodi.christensen@mnwest.edu](mailto:jodi.christensen@mnwest.edu)  
Nursing Assistant Registration Processor at 507-825-6806

The official withdrawal date will be the date of notification by the student.

The student may receive a refund if official notification of withdrawal is made as follows:

**BEFORE 2<sup>ND</sup> CLASS MEETS - 100% REFUND**

**NO REFUND IS GIVEN THEREAFTER!!**

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**I am registering for the following Nursing Assistant Course:**

Starting Date: \_\_\_\_\_

Location: \_\_\_\_\_

**I have read this agreement and understand the refund and withdrawal policy.**

Signed \_\_\_\_\_

Dated \_\_\_\_\_

# Minnesota West Community & Technical College Deferred Payment Agreement

Student Name: \_\_\_\_\_ Tech ID #: \_\_\_\_\_

Course Location: \_\_\_\_\_ Course Date: \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY THE STUDENT (BOTTOM) AND A REPRESENTATIVE FROM THE FACILITY RESPONSIBLE FOR PAYMENT (TOP). A SPOT IN THE CLASS WILL NOT BE CONFIRMED AND A TEXTBOOK WILL NOT BE ISSUED IF THIS FORM IS NOT COMPLETED.**

Total Tuition, Fees, Books, Supplies Due	\$ _____
Nurse Aid Test Out Fee	\$ <u>180.00</u> (retakes \$100.00)
Total Cost	\$ _____

Contact Person \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Telephone Number (      ) \_\_\_\_\_

Email Address \_\_\_\_\_

X \_\_\_\_\_

Signature of Facility Representative Agreeing to Payment

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## Terms of Agreement:

1. I understand that I am responsible for all tuition, fees, books, supplies, parking, and test out fees incurred while in attendance at Minnesota West Community & Technical College.
2. I understand and have received a copy of the refund policy.
3. I agree to contact Minnesota West Community & Technical College to make arrangements for payment if the payment due date cannot be met.
4. I understand that if I have a delinquent tuition, fee, book, supply or parking account, no further enrollment at Minnesota West Community & Technical College will be permitted.
5. I understand that all uncollected charges will be turned over to a collection agency.
6. I understand that I am fully responsible for any reasonable attorney's fees and other costs of collection as a result of my default.
7. I understand that this is a legal binding contract.

I have read and agree to the terms specified.

Signed \_\_\_\_\_

Dated \_\_\_\_\_



**Background Study Data Collection Form**  
Please print neatly and complete entire form

Minnesota law requires all students providing direct patient care to undergo a background study.

Name: \_\_\_\_\_ Sex: Male  Female   
Last Name First Name Full Middle Name

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Maiden/Former Last Name: \_\_\_\_\_

Other aliases/former names you were known by: \_\_\_\_\_

Address:

\_\_\_\_\_  
Street/Box/Rural Route City County State Zip

Have you lived in the state of MN for the past 5 years? Yes  No

If no, list all city and states where you have lived within the past 5 years:

City:	State:	Year From:	Year To:

Birthplace: Country \_\_\_\_\_ State \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Race (select any that apply):

- Asian or Pacific Islander
- Black
- White
- Native American
- Other/Unknown

Driver's License #: \_\_\_\_\_ State Issued by: \_\_\_\_\_

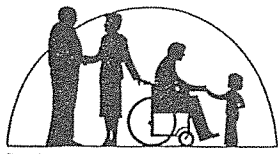
Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Acknowledgement**

I acknowledge that I have read the Background Study Notice of Privacy Practices Form and that I have been notified of and understand that the Minnesota Department of Human Services needs this information to complete the background study.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

### **Why is DHS asking me for my private information?**

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

### **How will I be notified that a background study was submitted on me?**

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

### **What information must I provide to complete the background study?**

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

### **How will the information that I give be used?**

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

### **What may happen if I provide the information?**

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

### **What if I refuse to provide the information?**

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

### **Who will DHS give my information to?**

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

### **What information will DHS share with the entity that requested my background study?**

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

### **What other entities might DHS share information with?**

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

### **What if my disqualification is set aside?**

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

### **Will my fingerprints be kept?**

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

### **What information can the fingerprint and photo site view and keep?**

The fingerprint and photo site can view identifying information to verify your identify. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

### **Who can see my photo?**

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

### **What are my rights about the information you have about me?**

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years, and;
- (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services  
Background Studies Division  
NETStudy 2.0 Coordinator  
PO Box 64242  
St. Paul, MN 55164-0242

### **How long will DHS keep my background study information?**

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on a you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

### **What is the legal authority for DHS to conduct background studies?**

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118;

### **What if I think my privacy rights have been violated?**

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services  
Privacy Official  
PO Box 64998  
St. Paul, MN 55164-0998