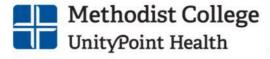
Admitted Student Checklist









Get ready for REAL learning.

MethodistCol.edu

Follow the next steps to begin your future at MC!

☐ Campus Visit

If you haven't been to Methodist College Campus, or if you want to meet current students and speak to our Admissions Team in person, please contact us by calling (309) 672-5513 or e-mail admissions@methodistcol.edu

☐ Accept/Decline

To accept your offer of admission, please submit the nonrefundable intent to enroll fee of \$100. Once enrolled, this fee goes towards your tuition & instructional fees. This step must be completed before the following steps on the checklist. To accept your offer of admission, go to: **MethodistCol.edu > Quick Links > Pay Tuition Online**.

☐ Financial Aid

Students interested in Financial Aid must complete the Free Application for Federal Student Aid (FAFSA). The preferred filing goal is as soon as possible after October 1st. For financial questions, contact the Office of Financial Aid at financialaid@methodistcol.edu.

□ Housing

Methodist College offers on campus housing options. Applications can be found online and are also included in this new student packet.

☐ Health Records

The Illinois Public Act 85-1315 requires that all students who enroll at an Illinois post-secondary institution must provide immunization records to that institution. Methodist College requires that you submit official immunization records prior to enrollment. You will receive further instructions in this packet. The final deadline for completion is July 1st for the Fall semester and December 1st for the Spring semester.

☐ Background Check

Methodist College requires the successful completion of a fingerprinting and a background screening for final admission into the program. Fingerprinting will be conducted at your New Student Orientation. The cost is built into your student fees. You must also submit a DCFS Background Check form (included in this new student packet).

☐ New Student Orientation

Once your intent fee is received, you will be e-mailed an invitation to sign up for New Student Orientation. Invitations will begin going out in February for the Fall semester and September for the Spring semester. At orientation you will meet your advisor, register for classes, learn about student services and financial aid, and become acclimated to the Methodist College campus.



New Student Requirement Packet

All pages requiring a signature in the packet must be returned by **December 1** for the Spring semester

or **July 1** for the Fall semester.

In this packet is:

- Laptop Requirement
- Health Record Immunizations:
 - o Hepatitis B
 - o MMR
 - o TDap
 - o TB
 - Varicella
 - o Meningococcal
- Urine Drug Screen
- Background Check Information
 - o **Return Illinois Department of Children and Family Services (DCFS) Form** Simply fill out & return this form with the rest of your health records.
 - Fingerprinting
 - All new students are required to be fingerprinted. This will occur at New Student Orientation. The cost is built into your student fees. More information will be provided in your invitation to New Student Orientation.
- CPR Certification (Only for Second Degree Students)
- Malpractice Insurance (Only for Second Degree Students)

*Places to locate a copy of your immunization records: 1) High School/College 2) Childhood Physician 3) Employee Health

Illinois Public Act 85-1315 requires that all students born after December 13, 1956 who are enrolled at least half-life (6 credits or more) in an Illinois post-secondary institution (college or university) must prove that they have immunity from certain communicable diseases: measles, diphtheria, tetanus, rubella, and mumps. Proof of immunity must be signed by a health care provider and be on file at the institution the student is currently attending.



7600 N. Academic Drive Peoria, Illinois 61615 office: (309) 672-5513 fax: (309) 671-8303

www.methodistcol.edu

Laptop Requirements:

Each student entering Methodist College is required to own a laptop. The reasons behind the policy are many but-- just like textbooks, attendance in class, and appropriate study time--a laptop has been deemed to be critical to a student's success. Since Methodist College may offer computer checks to help ensure your laptop/notebook meets the minimum specifications, watch college communication resources for times and places.

Minimum Laptop Requirements

Please make sure all drivers are up to date prior to any exam. Prior to updating any operating system (OS) be sure to verify that Examsoft has a software release supporting the new OS. No Chrome Books are supported. Please avoid these

Laptop/Notebook	Specifications		
CPU	Intel Core i5 or better		
RAM	8 GB or greater		
Hard Drive Space	320 GB or greater		
Display	11 inches or larger		
Screen Resolution	1024x768 or higher		
Wireless	802.11 g/n or faster		
Operating System	Windows 10.0 is supported.		
	Macintosh OS X Maverick (10.9)/OS Sierra are supported.		
For Support	Working USB, newer devices may require an adaptor		
Adobe Reader	Version 9, 11, or DC		
MS Office 365 can be attained, free of	Additional programs are also required:		
charge through the college. Please submit	Shockwave plug-in http://get.adobe.com/shockwave/		
a student IT support ticket for directions	Flash plug-in http://get.adobe.com/flash player/		
on how to acquire your free copy.	Adobe Acrobat plug-in http://get.adobe.com/reader Flash plug-in		
	http://get.adobe.com/flash player/		
	Adobe Acrobat plug-in http://get.adobe.com/reader		



HEPATITIS B: (series of 3 vaccinations over 6 months)

New Admits: Proof of 1^{st} Hepatitis B vaccination must be provided. Proof of completion must be submitted to MC within 6 months.

Complete a 3-dose series of hepatitis B vaccine to those persons not previously vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be administered at least 2 months after the second dose (and at least 4 months after the first dose). A laboratory titer showing immunity to Hepatitis B will be accepted in lieu of proof of vaccination. (As taken from: http://www.cbc.gov/mmwr/PDF/wk/mm5901-Immunization.pdf).

Student Name: (Print)	
Date of Birth:	
RECORD OF HAPTAVAX-B VA	CCINATION
Proof of completion must be pro	ovided to MC by Physician.
DATE OF:	
Dose #1:	Health Care Provider Signature
Dose #2:	Health Care Provider Signature
Dose #3:	ileaith Cale i iovidei Signature
D03C 1101	Health Care Provider Signature



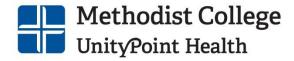
MMR: (measles, mumps, rubella)

Health Care Provider Signature

Student Name: (Print)

If born after Dec. 31, 1956: Must show proof of 2 MMR vaccinations after one year of age or proof of immunity to measles, mumps, AND rubella in the form of a laboratory titer.

If born before Dec. 31, 1956: Exempt from the MMR requirement at this time. Adults born after Dec. 31, 1956 should receive 2 doses (second dose of MMR vaccine, administered 4 weeks after the first dose) of MMR vaccine unless they have 1) a medical contraindication; 2) documentation of vaccination with 2 doses of MMR vaccine; 3) laboratory evidence of immunity (As taken from: http://www.cbc.gov/mmwrPDF/wk/mm5901-Immunization.pdf).



TB Skin Test:

Health Care Provider Signature

All students: Must show proof of a 2-Step TB Test (Two separate TB skin tests 1-2 weeks apart.) If you have had a positive TB Skin Test in the past, you must provide a copy of a chest x-ray within the last five years showing no evidence of tuberculosis.

Student Name: (Print)	
Step 1:	
Date Given:	_
Date Read:	_
Results:	_
Health Care Provider Signature	
Step 2:	
Date Given:	-
Date Read:	-
Results:	



Varicella Zoster Vaccination/Titer Record:

Student Name: (Print)Last	First
Date of Birth:	<u> </u>
DATE OF VACCINATION:	
Dose #1:	Health Care Provider Signature
Dose #2:	Health Care Provider Signature
*Must be completed 30 days apart.	
In lieu of proof of vaccination, a titer	can be done, please enter results below
<u>Titer Results</u> :	-
OR: Had Disease:	(Date)
Health Care Provider Signature	



Meningococcal Vaccine:

Incoming students must document reception of at least one dose of meningococcal vaccine on or after their 16th birthday (since First Notice, Department of Public Health has clarified that the meningococcal vaccine requirement applies only to incoming students under age 22).

Student Name: (Print)	
DATE OF VACCINATION:	
Dose #1:	Health Care Provider Signature
Urine Drug Screen: Must Student Name: (Print)	be a minimum of a 5 panel screening
Date:	
Type:	
Results:	
Health Care Provider Signature	

*Please attach the print out of your detailed results

State of Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

			First			Middle
Date of Birth:		Gender:	Male F	emale	Race:	
Current Address:			Street/Apt #			
			Τ.			
	City		State	2		Zip Code
you currently resid	e in Illinois, please lis	t all previous add	lresses for th	e past	five years.	
OR f you currently resid	e out-of-state, please	provide ALL Illin	ois addresse	s in wl	hich you did resid	de while living in Illinois.
C	(6) - 17: - 6	1-1				Dates
Street/Apt#/City/Co	ounty/State/Zip Cod	le)				From/To

List maiden name ar	nd/or all other names	by which you ha	ave been kno	own: (last, first, middle)
	III'	Children and Fam	il. Camiaaa		lunt a samuele aften	Child Abuse and Neglect
I hereby authorize the	Illinois Department of					Child Abuse and Neglect
		ther I have been a	nemetrator o			
Tracking system (CA)						child abuse and/or neglect
Tracking system (CA)	ng investigation. I furt		release of this	sinforn	nation to the agend	child abuse and/or neglecty listed below.
Tracking system (CA)			release of this	s inform	nation to the agency y mail OR fax OF	child abuse and/or neglect by listed below.
Tracking system (CA)			release of this	s inform	nation to the agend y mail OR fax OF Department of Cl	Cehild abuse and/or neglectly listed below. Remail. Continuation of the continuation
Tracking system (CA) or involved in a pendi			release of this	s inform	nation to the agend y mail OR fax OF Department of Ch 406 E. Monroe – S	Cchild abuse and/or neglect by listed below. Remail. Inildren and Family Services Station # 30
Tracking system (CA)		her consent to the	release of this Sul Ma	bmit by	y mail OR fax OF Department of Ch 406 E. Monroe – S Springfield, IL 62	Cchild abuse and/or neglect by listed below. Remail. Inildren and Family Services Station # 30
Tracking system (CA) or involved in a pendi	ng investigation. I furt	her consent to the	release of this Sul Ma FA	bmit by ail to:	y mail OR fax OF Department of Ch 406 E. Monroe – S Springfield, IL 62: 217-782-3991	Cehild abuse and/or neglect by listed below. Remail. Continued and Family Service Station # 30
Tracking system (CA) or involved in a pendi	ng investigation. I furt	her consent to the Date	release of this Sul Ma FA Sca	bmit by ail to: X to: an/Ema	y mail OR fax OF Department of CI 406 E. Monroe – S Springfield, IL 62: 217-782-3991 ail to: CFS689Back	Cchild abuse and/or neglect by listed below. Remail. Inildren and Family Services Station # 30
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Tracking system (CA) or involved in a pendi	ng investigation. I furt	her consent to the Date	release of this Sul Ma FA Sca (Submittir	bmit by ail to: X to: an/Ema	y mail OR fax OF Department of CI 406 E. Monroe – S Springfield, IL 62: 217-782-3991 ail to: CFS689Back	Cehild abuse and/or neglecty listed below. Remail. Continuous and Family Service Station # 30
Fracking system (CA) or involved in a pendi Signed Please type, use bold le	ng investigation. I furt	Date	FA. (Submittir (Submittir	bmit by bil to: X to: an/Emaing Agen	y mail OR fax OF Department of Ch 406 E. Monroe – S Springfield, IL 62: 217-782-3991 ail to: CFS689Back cy Fax Number)	Cehild abuse and/or neglecty listed below. Remail. Continuous and Family Service Station # 30
Tracking system (CA) or involved in a pendi Signed Please type, use bold le	ng investigation. I furt	Date	FA: Submittir (Submittir (Agency N	bmit by til to: X to: an/Ema ng Agen ng Emai	y mail OR fax OF Department of Ch 406 E. Monroe – S Springfield, IL 62: 217-782-3991 ail to: CFS689Back cy Fax Number)	Cehild abuse and/or neglecty listed below. Remail. Continuous and Family Service Station # 30
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*THE FOLLOWING ARE ONLY FOR SECOND DEGREE STUDENTS:

CPR Certification

Methodist College accepts American Red Cross, or American Heart Association-- Professional Rescuers

1 Totessional Research
Student Name: (Print)
Date:
Renewal Date: (CPR Certification is good for 2 years)
*Please attach a copy of your card (both front and back), and be sure your signature is on it.
Malpractice Insurance Most of our students use NSO Malpractice Insurance. It is usually \$35 a year, but prices may vary. You will need to be insured all semesters while at Methodist College.
Student Name: (Print)
Date Coverage Begins:
Date Coverage Ends:

*Please attach a copy of your coverage