

Admitted Student Checklist



Methodist College
UnityPoint Health

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:
 - Hepatitis B
 - MMR
 - TDap
 - TB
 - Varicella
 - Meningococcal
- Urine Drug Screen
- Background Check Information
 - **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.

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 charge through the college. Please submit a student IT support ticket for directions on how to acquire your free copy.	Additional programs are also required: Shockwave plug-in http://get.adobe.com/shockwave/ Flash plug-in http://get.adobe.com/flash player/ 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 1st 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.cdc.gov/mmwr/PDF/wk/mm5901-Immunization.pdf>).

Student Name: (Print)

Date of Birth: _____

RECORD OF HAPTAVAX-B VACCINATION

Proof of completion must be provided to MC by Physician.

DATE OF:

Dose #1: _____

Health Care Provider Signature

Dose #2: _____

Health Care Provider Signature

Dose #3: _____

Health Care Provider Signature

MMR: (measles, mumps, rubella)

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.cdc.gov/mmwrPDF/wk/mm5901-Immunization.pdf>).

Student Name: (Print)

Date of Birth: _____

MMR 1: _____ **(Date)**

MMR 2: _____ **(Date)**

Titer: _____ **(If applicable)**

TDap: (tetanus, diphtheria, pertussis)

All students: Must show proof of current tetanus/diphtheria vaccination (within the last 10 years).

Vaccination: _____ **(Date)**

Health Care Provider Signature

TB Skin Test:

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: _____

Health Care Provider Signature

Varicella Zoster Vaccination/Titer Record:

Student Name: (Print) _____, _____
Last First

Date of Birth: _____

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:

Titer Results: _____

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 be a minimum of a 5 panel screening

Student Name: (Print)

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.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

_____ City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Signed Date

Please type, use bold letters or label:

_____	(Submitting Agency Fax Number)
_____	(Submitting Email Address)
_____	(Agency Name)
_____	(Contact Person)
_____	(Address)
_____	(City/State/Zip)

Print Form

***THE FOLLOWING ARE ONLY FOR SECOND DEGREE STUDENTS:**

CPR Certification

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

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**