REGISTRATION REQUIREMENTS

The following are the **REGISTRATION PERMIT REQUIREMENTS** for the [Military Medic to Practical Nursing Certificate program](#). These requirements are a part of your **INFORMATION AND REGISTRATION PACKET**. Your packet must be complete before you may **REGISTER** for the course.

**Health Insurance**

Students enrolled in at least 6 credit hours of classes may purchase student health insurance through [University Health Plans](#) or [Integrity Insurance and Financial](#). Please visit [http://www.cod.edu/student_life/student_services/access_accommodations/index.aspx](http://www.cod.edu/student_life/student_services/access_accommodations/index.aspx) for additional details.

**Note:** Please see specific program registration or admission packets for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of a given program. Funds paid to Edward Corporate Health or to a personal health care provider/source, Criminal Background.com (soon to be Castle Branch) insurance companies, and funds used towards CPR completion are not eligible for any sort of refund from College of DuPage if the required course(s) are not successfully completed.

**REGISTRATION REQUIREMENTS**

1. Attend a Military Medic to Practical Nursing Advising session. Register for the Advising Session of your choice at [https://admissions.cod.edu](https://admissions.cod.edu). This advising session will provide you information about the program and requirements for admission to the program, as well as discussion with representatives from the College’s Veterans Services Department to discuss military benefit eligibility and transcript requirements.

   Your attendance is recorded and your name is forwarded to the Registration office as proof of meeting this requirement. Please allow 3 business days for this process. A current advising session schedule can be obtained from the [Health Sciences Admissions website](#) or [https://admissions.cod.edu](https://admissions.cod.edu).

2. If you are a *first-time* College of DuPage student, you will need to complete the [College of DuPage General Admission Application online](#) or in person in the Admission Office, SSC 2207. The application fee is waived. Once you have completed the admission application, you will be a College of DuPage student! You will be in the student database and issued a student identification number.

3. Submit needed documentation to the Veterans Student Services Office. Documentation includes a copy of your Joint Services Transcript (Navy) or your Community College of the Air Force Transcript (Air Force), which indicates your completion of the METC Basic Medical Technician Corpsman program. You will also be required to turn in a copy of your Form DD-214 (Member 4 Copy). If you will be utilizing veterans education benefits through the Department of Veterans Affairs or Department of Defense, please contact the Veterans Student Services Office for further direction at 630-942-3814 or email veterans@cod.edu.

   Joint Services Transcript - [https://jst.doded.mil/smart/signIn.do](https://jst.doded.mil/smart/signIn.do)


   COD Veterans Student Services - [http://www.cod.edu/admission/veterans/index.aspx](http://www.cod.edu/admission/veterans/index.aspx)
4. The Health Requirements are necessary because as a student, you will be with actual patients in actual health care facilities. The requirements are explained at the advising session and in the Health Requirements packet. Completing the requirements may take two to three weeks, depending on what you may already have done.

REGISTRATION

If you've completed everything in 1 through 4 above, you’re ready to complete the Registration Permit (see the last page of this packet) and register for class. ONLY when all items noted in 1 through 4 above are completed can you submit the Registration Permit for the Medic to PN program.

- A $50 non-refundable Permit to register fee must be paid at the Cashier’s Office, BIC 2525 after you have completed steps 1-4 above.
- The completed Military Medic to Practical Nurse program Registration Permit MUST be submitted to the Registration office, SSC 2221.* Permit hours are between 8 a.m. and 7 p.m. Monday to Thursday, and 8 a.m. and 5 p.m. on Friday. Summer hours will vary and can be found at www.cod.edu/registration.
- Permits are accepted until classes start or all seats are filled, whichever happens first.
- Once the Registration department determines your Permit and all requirements are complete, you will be eligible to register.

PLEASE NOTE:
- Registration Permits will NOT be accepted sooner than 90 days prior to the start of the course you are interested in, due to the timing of the drug screen and TB test.
- On the Registration Permit, you are also acknowledging receipt of the Health Sciences Programs Policy for Professional Conduct.
REGISTRATION PERMIT – MEDIC TO PN PROGRAM

PLEASE RETURN THIS TO:

College of DuPage
Student Registration Services, SSC 2221
425 Fawell Blvd., Glen Ellyn, IL 60137
TEL (630) 942-2377, FAX (630) 942-2878 or registration_forms@cod.edu

Term of Enrollment:  Summer 2014 _________  Fall 2014 _________  Spring 2015 _________

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A Social Security Number is required for entrance

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Have you ever been expelled or dismissed from any post-secondary ______ Yes institution for a behavioral or disciplinary reason? ______ No

I acknowledge receipt of the Health Sciences Programs Policy for Professional Conduct. I have read and understand the statement and agree to abide by the standards set forth therein. I understand that failure to abide by the Policy for Professional Conduct may result in my suspension or dismissal from the program in which I am enrolled. I understand that I will not receive a refund of tuition, fees or for books, supplies or equipment purchased should I be dismissed from the program for violating this policy.

I give my permission to Student Registration Services and the coordinator of the program in which I am enrolling to request advisor copies of my College of DuPage transcript for registration and retention purposes.

Signature  ____________________________  Date ____________________________

For Registration Use Only

☐ $50 Fee Paid _____

Permit Entered by ____________________________  Date ____________________________