

**Middle Tennessee State University
College of Behavioral and Health Sciences – School of Nursing
Master of Science in Nursing**

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RELEASE OF INFORMATION

This document incorporates several releases. Each is separately addressed with signatures as indicated.

The first is an authorization to **release** your required personal information to healthcare agencies with which MTSU has an appropriate Clinical Affiliation Agreement upon request by the agency. Once signed, the release **will be in effect until you have completed all** clinical requirements of the MSN/Post-Master’s Program. The release pertains to student information required by the clinical agency and may include (*but is not limited to*):

- Name
- RN license
- Proof of current professional liability insurance
- Health history, Physical examination
- Immunization records completed by NP, MD, or PA
- Tuberculin skin or blood tests, or chest X-ray results
- Influenza vaccination
- State and national level background check, criminal and sex offender reports
- Verification of current Health Provider Basic Life Support through American Heart Association
- Results of required drug screen
- Required HIPAA, OSHA, Infection control-personal protection training

The results of the required information must be **satisfactory** to the healthcare clinical agency for a student placement for clinical experiences to occur. Denial by the healthcare agency of the required information may result in denial of clinical placement for the student.

STUDENT CONSENT:

My signature below indicates I hereby give permission for the MTSU School of Nursing MSN Program or any of its’ official agents to release the above information to any healthcare agency to which I am assigned for clinical learning experiences.

Additionally, I understand that any healthcare agency to which I am assigned may be required by the Joint Commission on Accreditation of Healthcare Organizations to conduct an annual compliance audit of required clinical information. My signature below indicates that upon such request, I will provide the required information to be used for audit purposes.

STUDENT PRINTED NAME

STUDENT SIGNATURE

DATE

STATEMENT FOR WRITTEN WORK

I will complete all assignments in my nursing courses without any assistance from another person, technical device, or written material other than those expressly permitted by the faculty.

PHOTOGRAPHIC CONSENT AND RELEASE

I hereby willingly grant, and irrevocably consent to authorize Middle Tennessee State University, its officers, employees and agents (collectively, "the University") the right and permission to:

1. Record my likeness/image and voice on a video, audio, photographic, digital, electronic or any other medium now known or hereafter developed;
2. Use my name in connection with these recordings;
3. Use, reproduce, publish, republish, broadcast, re-broadcast, adapt, edit, modify, make derivative works, distribute, display or otherwise use or reuse, exhibit or distribute in any medium, these recordings and likenesses/images for any purpose the University deems appropriate, including promotional or advertising efforts.

I understand that I will receive no compensation for any use of such recordings.

I understand that all such recordings, in whatever medium, shall remain the property of the University. I hereby assign any copyright or other proprietary interest which I might assert successors, transferees, licensees, distributors or other parties, commercial or non-profit.

I hereby release the University from liability for a violation of any personal or proprietary right I may have in connection with such use.

I have read and fully understand the terms of this document.

STUDENT PRINTED NAME

STUDENT SIGNATURE

DATE

Once signed, upload this form via your student account into the Medatrax System