



REGISTRATION INFORMATION FOR NURSING ASSISTANTS

To register for the Nursing Assistant Course, you must do the following:

- Complete the enclosed forms (PLEASE PRINT NEATLY):
 1. Student Data Information
 2. Student Rights, Responsibilities & Authorizations for the Collection and Release of Data
 3. Nursing Assistant Refund Policy
 4. Deferred Payment Agreement (employer must sign the top, student must sign the bottom)
** Please send payment with registration forms if the student is paying**
 5. Background Study Form - Minnesota West will submit this electronically to MN Department of Human Services. Minnesota law requires all students providing direct patient care to undergo a background study.
- Please mail to: Mel Lamote– Nursing Assistant Registration
Minnesota West Community & Technical College
PO Box 250
Pipestone, MN 56164-0250
OR FAX the registration forms to 507-825-4656 or scan and email: melinda.lamote@mnwest.edu

Nursing Assistant Reading Test Policy

Students attending a Nursing Assistant class will be required to take an Accuplacer test to measure their ability/proficiency to read and course readiness. Students taking the Accuplacer test must score a 31+ (reading) or 221+ Next Gen Reading unless waived by the following:

- Act 11+ on the reading portion
- High School MCA1042+
- High School transcript
- Relevant GPA 2.0 or above
- College level coursework

Course placement must be reviewed prior to starting the course.

Tuition Refund Policy

In order to be eligible for a refund, you must officially drop the class. This means that you must notify Mel Lamote at 507-825-6822 or via email (preferred) at: melinda.lamote@mnwest.edu. The date you notify the Pipestone campus will be the official date of the drop. Tuition will only be refunded if the official drop date is within one business day after the first session.

Rates Charged as of August 2024

To be eligible for the Minnesota resident tuition rate, you must be a resident of Minnesota for a minimum of 12 months prior to registration for this class. Due to negotiated agreements with the states of South Dakota and North Dakota, residents of those states must fill out a reciprocity form to qualify for the lower resident tuition rate. Residents of other states will be allowed to pay the lower resident rate without completing any additional paper work.

Classes running August 2023 – July 2024 (MN/ND/SD/Non Resident)
Tuition/Fees: \$722.52 ♦ Text book: \$55.00 ♦ Skill Sheet: \$11.00 ♦ Total \$788.52

TUITION/FEES/BOOKS SUBJECT TO CHANGE

There will be a State Nurse Aide Test fee due at the end of training. Full test \$250.00 / Retake Knowledge test \$110.00 / Retake Skills test \$140.00 / NO SHOW \$250.00.

144A.611 REIMBURSABLE EXPENSES FOR NURSING ASSISTANT TRAINING AND COMPETENCY EVALUATIONS.

Subdivision 1. Nursing homes and certified boarding care homes. The actual costs of tuition and textbooks and reasonable expenses for the competency evaluation or the nursing assistant training program and competency evaluation approved under section 144A.61, which are paid to nursing assistants or adult training programs or their fiscal agents pursuant to subdivisions 2 and 4, are a reimbursable expense for nursing homes and certified boarding care homes under section 256R.37.

Nursing Assistant Student Checklist

All forms should be filled out completely.

- Location and Date marked in upper right hand corner of page 7 (registration form).
- Payment form found on page 10 must be filled out. If a facility is paying, they must fill out middle section and sign the bottom along with the student.
- High school transcript should be included with the registration packet. If you are not able to include your transcript, an Accuplacer reading test will need to be scheduled before you can be registered.
- Students are registered on a first come first served basis. Incomplete paper work may delay your registration.
- Please list a working email address. A confirmation of receipt of your paper work will be sent to you.
- Classes are held based on enrollment. If we do not meet the required enrollment, classes may be moved or canceled.
- Self-paying students only -payment must be made BEFORE the first class.
- Have you received an email confirmation that you are registered? If not please contact Mel Lamote at melinda.lamote@mnwest.edu.
- Have you received a welcome email from your instructor? Be sure to check your spam folder. You should receive the welcome email 3 days prior to class starting.
- Have you set up your star id/password? Please refer to page 16 of the registration packet. This must be done before you can attend orientation.
- Books – Will be handed out at the orientation session.

Minnesota West Community & Technical College delivers Nursing Assistant course curriculum in two different learning formats.
The delivery of each format is detailed below.

Curriculum Option 1

- 80-hour course **Students will need a computer for this option**
 - Orientation: 4 hours(on-site)
 - Lecture: 19 hours (all online)
 - Lab:
 - -24 hours virtual simlab/modules (online)
 - -17 hours hands-on lab time(on-site)
 - Clinical: 16 hours (on-site) MDH requirement
- On-site initial meeting with instructor (get book, sign class paperwork, class tutorial)
- Upon lecture completion students then progress to the lab portion of class
- Virtual lab is completed prior to coming to class
- Lab is held on various campuses/sites in a group setting
- The online lecture format allows students to view pre-recorded content on their owntime.
- Process per unit:
 - Watch assigned video/module content
 - Complete weekly assignment
 - Take unit test
- Lab
 - 24 hours virtual simlab/modules(online)
 - 17 hours hands-on lab time(on-site)
 - On-site/clinical portion remains unchanged and will be onsite or per clinical facility depending on COVID transmission rates, vaccination status, and organizational policy.

Curriculum Option 2

80 hour course

- All face-to-face content, lecture, lab
- (lecture, lab, clinical)

Content delivered via power point presentation, verbally, computer, worksheets, etc.

This three credit Nursing Assistant Class is designed to prepare students for entry-level jobs in nursing homes and other health care facilities. The nursing assistant will be able to perform tasks that are related to patient/resident care and supportive to nursing care. This course is designed to prepare one to successfully complete the Minnesota Nursing Assistant Certification Competency Examination and be able to apply for the Minnesota Board of Health Registry.

Tuition prices are subject to change after June 1 every year. The cost for the class needs to be paid by the student before or on the first day of the class or the payment form signed by the employer. For more information, call Mel Lamote, Minnesota West Community & Technical College, and Pipestone Campus at 507-825-6822.

Nursing Assistant Schedule

All dates listed are mandatory. Minimum enrollment must be met for classes to run. Students will be notified a minimum of one week prior to start date if minimum has not been met.

Avera Marshall, 300 S Bruce Street, Marshall, MN

July-August 2024 Option 1

Orientation: July 18 from 4:30-8:30 pm. Lab: August 12, 13 from 4:00 – 10:00 pm. August 19 from 4:00 – 9:00pm. Clinical: Dates and Times TBD.

October–November 2024 Option 1

Orientation: October 3 from 4:30-8:30 pm. Lab: October 21, 22, from 4:00 – 10:00 pm. October 28 from 4:00 – 9:00pm. Clinical: Dates and Times TBD.

January-February 2025 Option 1

Orientation: January 14 from 4:30-8:30 pm. Lab: January 28, 30, from 4:00 – 10:00 pm. February 4 from 4:00 – 9:00pm. Clinical: Dates and Times TBD.

April-May 2025 Option 1

Orientation: April 1 from 4:30-8:30 pm. Lab: April 21, 24, from 4:00 – 10:00 pm. April 28 from 4:00 – 9:00pm. Clinical: Dates and Times TBD.

Jackson Campus, Room R-10

September-October 2024 Option 1

Orientation: September 3 from 4:30-8:30 pm. Lab: September 23, 24, from 4:00 – 10:00 pm. September 30 from 4:00 – 9:00pm. Clinical: October 1, 3, from 4:30 – 10:00 pm. October 7 from 4:30 – 9:30 pm.

January-February 2025 Option 1

Orientation: January 14 from 4:30-8:30 pm. Lab: January 28, 30, from 4:00 – 10:00 pm. February 4 from 4:00 – 9:00pm. Clinical: February 6, 11, from 4:30 – 10:00 pm. February 13 from 4:30 – 9:30 pm.

April-May 2025 Option 1

Orientation: April 1 from 4:30-8:30 pm. Lab: April 22, 24, from 4:00 – 10:00 pm. April 29 from 4:00 – 9:00pm. Clinical: May 1, 5, from 4:30 – 10:00 pm. May 6 from 4:30 – 9:30 pm.

Granite Falls Campus, Room 118/Lab 121

October-November 2024 Option 1

Orientation: October 15, from 4:30-8:30 pm. Lab: November 7, 12, from 4:00 – 10:00 pm. November 14, from 4:00 – 9:00pm. Clinical: November 18, 19, from 4:30 – 10:00 pm. November 21 from 4:30 – 9:30 pm.

January-February 2025 Option 1

Orientation: January 23 from 4:30-8:30 pm. Lab: February 13, 18, from 4:00 – 10:00 pm. February 20, from 4:00 – 9:00pm. Clinical: February 24, 25, from 4:30 – 10:00 pm. February 27 from 4:30 – 9:30 pm.

April-May 2025 Option 1

Orientation: April 15, from 4:30-8:30 pm. Lab: April 29, May 1, from 4:00 – 10:00 pm. May 5, from 4:00 – 9:00pm. Clinical: May 6, 8, from 4:30 – 10:00 pm. May 13, from 4:30 – 9:30 pm.

June 2025 Option 2 Face to face All On Site

June 9, 10, 11, 12, 13, 16, 17, 18, 20, 23, 24 from 8:00 am- 3:00 pm. June 25 from 8:00 am- 11:00 am.

Pipestone Campus, Room 106

August-September 2024 Option 1

Orientation: August 15, from 4:30-8:30 pm. Lab: September 16, 19, from 4:00 – 10:00 pm. September 23, from 4:00 – 9:00pm. Clinical: September 24, 26, from 4:30 – 10:00 pm. September 30, from 4:30 – 9:30 pm.

November-December 2024 Option 1

Orientation: November 12, from 4:30-8:30 pm. Lab: December 5, 9, from 4:00 – 10:00 pm. December 10, from 4:00 – 9:00pm. Clinical: December 12, 16, from 4:30 – 10:00 pm. December 19, from 4:30 – 9:30 pm.

March-April 2025 Option 1

Orientation: March 3, from 4:30-8:30 pm. Lab: March 25, 27, from 4:00 – 10:00 pm. April 1, from 4:00 – 9:00pm. Clinical: April 3, 8, from 4:30 – 10:00 pm. April 10, from 4:30 – 9:30 pm.

May-June 2025 Option 1

Orientation: May 19, from 4:30-8:30 pm. Lab: June 9, 11, from 4:00 – 10:00 pm. June 12, from 4:00 – 9:00pm. Clinical: June 16, 18, from 4:30 – 10:00 pm. June 23 from 4:30 – 9:30 pm.

Springfield, Allina Health, Basement level, 625 N Jackson Ave, Springfield, MN

September-October 2024 Option 1

Orientation: September 17, from 4:30-8:30 pm. Lab: October 1, 3, from 4:00 – 10:00 pm. October 8, from 4:00 – 9:00pm. Clinical: October 10, 14, from 4:30 – 10:00 pm. October 16, from 4:30 – 9:30 pm.

November-December 2024 Option 1

Orientation: November 19, from 4:30-8:30 pm. Lab: December 5, 9, from 4:00 – 10:00 pm. December 10, from 4:00 – 9:00pm. Clinical: June December 12, 16, from 4:30 – 10:00 pm. December 17, from 4:30 – 9:30 pm.

February-March 2025 Option 1

Orientation: February 3, from 4:30-8:30 pm. Lab: February 20, 25, from 4:00 – 10:00 pm. February 27, from 4:00 – 9:00pm. Clinical: March 3, 5, from 4:30 – 10:00 pm. March 6, from 4:30 – 9:30 pm.

May-June 2025 Option 1

Orientation: May 19, from 4:30-8:30 pm. Lab: June 3, 5, from 4:00 – 10:00 pm. June 9, from 4:00 – 9:00pm. Clinical: June 11, 12, from 4:30 – 10:00 pm. June 16, from 4:30 – 9:30 pm.

Worthington Campus, Room 206

August -September 2024 Option 1

Orientation: August 27 from 4:30-8:30 pm. Lab September 10, 12 from 4:00 – 10:00 pm. September 17 from 4:00 – 9:00pm. Clinical: September 19, 24 from 4:30 – 10:00 pm. September 26 from 4:30 – 9:30 pm.

November- December 2024 Option 1

Orientation: November 4 from 4:30-8:30 pm. Lab November 21, 26 from 4:00 – 10:00 pm. December 3 from 4:00 – 9:00pm. Clinical: December 5, 9 from 4:30 – 10:00 pm. December 11 from 4:30 – 9:30 pm.

February- March 2025 Option 1

Orientation: February 24 from 4:30-8:30 pm. Lab March 18, 20, from 4:00 – 10:00 pm. March 24, from 4:00 – 9:00pm. Clinical: March 25, 27 from 4:30 – 10:00 pm. March 31 from 4:30 – 9:30 pm.

June 2025 Option 2 Face to face All On Site

June 9, 10, 11, 12, 13, 16, 17, 18, 20, 23, 24 from 8:00 am – 3:00 pm. June 25 from 8:00 am – 11:00 am.

Trained Medication Aide

All Classes

To request TMA registration forms please contact:

melinda.lamote@mnwest.edu

July-August 2024

Worthington Campus

On-Site Dates: July 15th 9:00 am to 1:00 pm, July 29th

9:00 am to 5:00 pm, August 12th 9:00 am to 5:00 pm

September-October 2024

Avera Marshall, 300 S Bruce Street, Marshall, MN

On-Site Dates: September 23, October 15, October 28

Times TBD

November-December 2024

Granite Falls Campus

On-Site Dates: November 14, November 26, December 19

Times TBD

February-March 2025

Avera Marshall, 300 S Bruce Street, Marshall, MN

On-Site Dates: February 13, February 27, March 7 Times

TBD



Register me for this Nursing Assistant course:
Location: _____
Starting Date: _____

PLEASE PRINT LEGIBLY

Name: _____ Sex: ___ Male ___ Female
Last Name First Name Full Middle Name

Social Security number _____ 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 Minnesota State programs through data matches with other state agencies.

Maiden/Former Last Name: _____

Address: _____
Street/PO Box City County State Zip

Cell Phone Number :() _____ Communication preference: (circle preference) Email Text Phone

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 if yes, date graduated: _____

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.

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 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, and other college policies and practices.
- F Respond to requests for information from Federal & State Agencies, Departments, and the public.
- G Comply with the state immunization law.
- H Your social security number is requested to create unique student identification number that 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.
- I 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 your own explanation of the data.

IV. Consequences

There are consequences for not supplying data that 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 your 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 that 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 its intended use. I agree to the specific releases of this data for the purposes listed in the section labeled "access" above.

Name (Printed) _____

Signed _____ Date _____

Minnesota West Community & Technical College Nursing Assistant Refund Policy

In order to be eligible for a tuition refund, the student **must officially drop** the course by contacting:

Mel Lamote – melinda.lamote@mnwest.edu

Nursing Assistant Registration Processor at 507-825-6822

Short Courses:

Students are entitled to attend one class session without obligation.

Students will have one business day after the first class meets in which to drop classes without obligation. Students who are registered for summer courses which do not start during the first five days of the term will have one business day after the first class meets in which to drop classes without obligation.

In either case, no refund will be given for courses dropped after the next business day.

Students may withdraw from a course through the date on which eighty percent (80%) of the days in the academic semester have elapsed. For courses not on a standard academic semester schedule, the final date for official course withdrawal shall be the date on which eighty percent (80%) of the instructional days for the course have elapsed.

See “Short Course Refund Policy” on our website at: <http://www.mnwest.edu/policies/5120>

I am registering for the following Nursing Assistant Course:

Starting Date: _____

Location: _____

I have read this agreement and understand the refund and drop policy.

Signed _____

Dated _____

Minnesota West Community and Technical College Payment Agreement CNA course

Student name _____ Date _____

SELF PAYING STUDENTS MUST HAVE THE COURSE AND BOOKS PAID FOR BEFORE THE FIRST SESSION!

Facilities are able to library text books and reuse them for future classes. If the student does not purchase the book through MN West it is their responsibility to have a copy of the book by the first session of class. The CNA books are **MANDATORY**. Tuition/book charge below. **Tuition with book \$788.52**

Facility pay only

Facility Name _____ Contact person _____

Address _____ City _____ State _____

Phone number _____ Email _____

Signature of Facility agreeing to pay _____

Terms of Agreement:

The student has 1 business day after the orientation meeting to drop the course for a full refund. No refunds will be given after the drop period listed above. Facilities are responsible for collecting payment reimbursement if the employee of their facility drops after the first business day or does not attend without the proper notification listed on page 10 of this packet "Refund Policy". The facility will be responsible for paying full tuition and books to Minnesota West per this signed agreement.

In the event the student terminates their employment at any time while attending the course, Minnesota West will not be responsible to return funds paid or reverse an open invoice to the facility. The facility is responsible to pay their invoices per the payment agreement. The facility will be solely responsible for collection reimbursement from their ex-employee

- The student or Facility paying is responsible for all tuition, fees, books, supplies, parking and test out fees
- incurred while in attendance at Minnesota West Community & Technical College.
- I understand I have received a copy of the refund/drop policy.
- I agree to contact Minnesota West Community & Technical College to make arrangements for payment if the
- payment due date cannot be met.
- 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.
- I understand that all uncollected charges will be turned over to a collection agency.
- I understand that I am fully responsible for any reasonable attorneys' fees and other costs of collection as a result of my default.
- I understand that this is a legal binding contract.

I have read and agree to the terms specified

Signed/Student _____ Date _____

Signed/Facility _____ Date _____

Financial Aid full time students (12credits) _____ Date _____



Background Study Data Collection Form

PLEASE PRINT NEATLY AND COMPLETE THE 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

Maiden Name _____ Birthdate: Month _____ Day _____ Year _____

Other aliases/former names you were known by: _____

Address: _____
Street/PO Box City County State Zip

Have you lived in any state besides MN in the last 5 years ___Y___N If yes, 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 : (_____) _____

Email Address: _____

Race (select any that apply)

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

Driver's License #: _____ State issued by: _____

Eyecolor: _____ 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?

An entity that uses DHS to conduct background studies is submitting a background study on you. The private information is needed to conduct the background study.

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 you're:

- 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, as required by law.

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.

When required, there will be a search of professional boards. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice. Your information will also be used by DHS to collect on-going criminal and maltreatment data if it becomes available.

What may happen if I provide the information?

Information found as a result of the background study will be provided to the entity that requested the background study.

What if I refuse to provide the information?

If you refuse to provide the information, DHS will be unable to complete your background study which may negatively impact your role with the entity that initiated your 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 (BCA) 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?

If no criminal or substantiated maltreatment information is returned, the entity that initiated your background study will receive the 'no criminal or maltreatment background study information found' notice.

If criminal or maltreatment information is received, it will be provided to the entity that initiated the background study. The entity that initiated the background study will make the final decision about whether the information returned impacts your role with the entity.

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;
- Licensing boards;
- County Social Service Agencies;
- Minnesota Adult Abuse Reporting Center;
- MNSure;
- Minnesota Guardian Ad Litem Board;
- District Courts; and,
- Tribal Governments.

Will my fingerprints be kept?

DHS and the BCA will not keep your fingerprints. However, if an FBI check is required for your background study, the FBI may 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.

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) for 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

For Guardian Ad Litem and Guardian and Conservator Background Studies you also have the right to:

- be informed that the court will request a background study on your behalf for the purpose of determining whether your appointment or continued appointment is in the best interests of the child, ward, or protected person;
- be informed of the results and obtain from the court a copy of the results; and,
- Challenge the accuracy and completeness of information provided by DHS or BCA by filing a challenge with the appropriate agency under Minn. Stat. § 13.04 subd. 4. Please note that some challenges may be precluded by Minn. Stat. § 256.045 subd. 3.

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 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 or other authorizing state law.

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



MINNESOTA STATE

Chapter 1B — Equal Education and Employment Opportunity

Part 1. Policy Statement

Board Policy 1B.3 Sexual Violence Policy

Sexual violence is an intolerable intrusion into the most personal and private rights of an individual, and is prohibited at Minnesota State Colleges and Universities. Minnesota State is committed to eliminating sexual violence in all forms and will take appropriate remedial action against any individual found responsible for acts in violation of this policy. Acts of sexual violence may also constitute violations of criminal or civil law or of other Board Policies that may require separate proceedings. To further its commitment against sexual violence, Minnesota State provides reporting options, an investigative and disciplinary process, prevention training, and other related services as appropriate.

Subpart A. Application of policy to students, employees, Board of Trustees and others

This policy applies to all Minnesota State students and employees, Board of Trustees and to others, as appropriate, where incidents of sexual violence on system property have been reported. Reports of sexual violence committed by a student at a location other than on system property are covered by this policy pursuant to the factors listed in Board Policy 3.6,

Part 2. Reports of sexual violence committed by a system employee at a location other than system property are covered by this policy.

Reports of sexual violence committed on system property by individuals who are not students or employees are subject to appropriate actions by Minnesota State, including but not limited to pursuing criminal or civil action against them.

Allegations of discrimination or harassment are governed by Board Policy 1B.1.

Subpart B. College and university policies

Each Minnesota State college and university shall adopt a clear, understandable written policy on sexual violence that applies to its campus community, including but not limited to its students and employees. The policy content and implementation must be consistent with the standards in this policy and System Procedure 1B.3.1.

Part 2. Definitions

The following definitions apply to this policy and System Procedure 1B.3.1.

Affirmative consent

Consent is informed, freely given, and mutually understood willingness to participate in sexual activity that is expressed by clear, unambiguous, and affirmative words or actions. It is the responsibility of the person who wants to engage in sexual activity to ensure that the other person has consented to engage in the sexual activity. Consent must be present throughout the entire sexual activity and can be revoked at any time. If coercion, intimidation, threats, and/or physical force are used, there is no consent. If the complainant is mentally or physically incapacitated or impaired so that the complainant cannot understand the fact, nature, or extent of the sexual situation, there is no consent; this includes conditions due to alcohol or drug consumption, or being asleep or unconscious. A lack of protest, absence of resistance, or silence alone does not constitute consent, and past consent to sexual activities does not imply ongoing future consent. The existence of a dating relationship between the people involved or the existence of a past sexual relationship does not prove the presence of, or otherwise provide the basis for, an assumption of consent. Whether the respondent has taken advantage of a position of influence over the complainant may be a factor in determining consent.

Dating, intimate partner, and relationship violence

Violence including physical harm or abuse, and threats of physical harm or abuse, arising out of a personal intimate relationship. This violence also may be called domestic abuse or spousal/partner abuse and may be subject to criminal prosecution under Minnesota law.

Employee

Any individual employed by Minnesota State, its colleges and universities and system office, including student workers.

Non-forcible sex acts

Non-forcible acts include unlawful sexual acts where consent is not relevant, such as sexual contact with an individual under the statutory age of consent, as defined by Minnesota law, or between persons who are related to each other within degrees wherein marriage is prohibited by law.

Sexual assault

An actual, attempted, or threatened sexual act with another person without that person's affirmative consent. Sexual assault is often a criminal act that can be prosecuted under Minnesota law, as well as form the basis for discipline under Minnesota State student codes of conduct and employee disciplinary standards. Sexual assault includes but is not limited to:

1. Involvement without consent in any sexual act in which there is force, expressed or implied, or use of duress or deception upon the victim. Forced sexual intercourse is included in this definition, as are the acts commonly referred to as date rape or acquaintance rape. This definition also includes the coercing, forcing, or attempting to coerce or force sexual intercourse or a sexual Act on another.
2. Involvement in any sexual act when the victim is unable to give consent.
3. Intentional and unwelcome touching of a person's intimate parts (defined as primary genital area, groin, inner thigh, buttocks, or breast); or coercing, forcing, or attempting to coerce or force another to touch a person's intimate parts.
4. Offensive sexual behavior directed at another, such as indecent exposure or voyeurism.

Sexual violence

A continuum of conduct that includes sexual assault, non-forcible sex acts, dating and relationship violence, stalking, as well as aiding acts of sexual violence.

Stalking

Conduct directed at a specific person that is unwanted, unwelcome, or unreciprocated and that would cause reasonable people to fear for their safety or the safety of others or to suffer substantial emotional distress.

Student

All persons who:

1. Are enrolled in one or more courses, either credit or non-credit, through a college or university; or
2. Withdraw, transfer, or graduate after an alleged violation of the code of student conduct; or
3. Are not officially enrolled for a particular term but who have a continuing relationship with the college or university; or
4. Have been notified of their acceptance for admission or have initiated the process of application for admission or financial aid; or
5. Are not college or university employees and are not enrolled in the institution but live in a college or university residence hall.

System property

The facilities and land owned, leased, or under the primary control of Minnesota State, its Board of Trustees, system office, colleges, and universities.

Date _____ Signature _____

You will need to set up a StarID to access the D2L site for the online learning portion of the course. If you do not have a StarID, please follow the directions below. If you have a StarID do not create a new one.

- Go to www.mnwest.edu
- Hover your mouse over Current Students and click on “Student Account” from the drop down menu.
- Go down to the middle of the page (yellow highlighter in a paragraph) and click on the “StarID Self Service Menu” link found in the middle of the paragraph.
- On the right side click on “Activate myStarID”
- Click on “I know my email address” and be sure to use the same email address that was used on your registration.
- Check your email for a message with a verification code
- Click on “I have a verification code”. Type in (or copy/paste) the verification code you were emailed. If it asks for a last name type in your last name exactly as it was on your registration.
- You should now be on the Password page. The password has to be at least 8 digits long. You need to use three of the following: upper case letter, lower case letters, numbers, and special characters. You cannot use your first or last name.
- Be sure to click the “I acknowledge” box before clicking on the “Set Password” button.
- After you have selected “Set Password” you will find your StarID on the next page along with a confirmation of accepting the password.

Please make note of your StarID & password as you will need this to access class. This information is confidential and I am not able to retrieve your password for you.