Oklahoma Statewide Nurse Refresher Course

Are you an LPN or RN in need of an update in the world of professional nursing? The University of Oklahoma College of Nursing and participating technology centers in Oklahoma’s CareerTech system are now accepting enrollments for a Nurse Refresher course.

This course offers three components:
• a self-paced, on-line nursing theoretical course
• a nursing skills lab
• a clinical rotation module

This course can be completed within six months.

**Nurse Refresher Course Facts**

1. **Meets requirements of the Oklahoma Board of Nursing as an approved Nurse Refresher course.**

2. **Operates as self-paced, on-line nursing review with instructor support and faculty supervision for all lab skills and clinical rotation.**

3. **For information, contact OU College of Nursing website:**
   http://nursing.ouhsc.edu

4. **Enrollment Information:**
   - **Canadian Valley Tech - Yukon** • Contact: Sharon Mitchell at 405.422.2342, e-mail: smitchell@cvtech.edu
   - **Canadian Valley Tech - Chickasha** • Contact: Janie Harris at 405.222.7525, e-mail: jharris@cvtech.edu
   - **Meridian Tech - Stillwater** • Contact: Rena Hines at 405.377.3333, e-mail: renah@meridiantech.edu
   - **Metro Tech - Oklahoma City** • Contact: Deborah Weiss at 405.595.4770, e-mail: deborah.weiss@metrotech.edu
   - **Pioneer Tech - Ponca City** • Contact: Jan Cherry at 580.718.4315, e-mail: janc@pioneertech.edu
   - **Pontotoc Tech - Ada** • Contact: Joedda Brady at 580.310.2236, e-mail: jbrady@pontotoctech.edu
   - **Southern Tech - Ardmore** • Contact: Brooke Baxter at 580.223.2070, e-mail: baxter@sttc.org
   - **Tulsa Tech - Tulsa** • Contact: Barbara Hagy at 918.828.1216, e-mail: barbara.hagy@tulsatech.edu

5. **Tuition for the program:** $2,599 (nonrefundable)

This course is recommended for the following persons:
• Applicants for registered nurse or practical nurse licensure by endorsement, reinstatement, or return to active status who need to complete a Nurse Refresher Course to meet Board of Nursing requirements.
• Graduates of nursing programs who have not taken and/or passed the NCLEX within two years of completion of their nursing education program.
• Nurses who hold a current license but who have been before the Board for disciplinary action. (Must present a copy of their Board order.)

Currently licensed Oklahoma nurses who would like an update of nursing knowledge are welcome in this course. These students have the option of taking only the didactic portion of the course.

This course was developed in a partnership between the University of Oklahoma College of Nursing and participating technology centers in Oklahoma’s CareerTech system. Both the University of Oklahoma and the CareerTech system provide equal opportunities.

Revised 7-25-2011
Thank you for inquiring about the Nurse Refresher course at Pontotoc Technology Center. The Nurse Refresher course provides you a review of general nursing information. The purpose of a refresher course is to provide an update of nursing theoretical content and clinical practice for individuals who have previously completed a Board approved nursing education program. The refresher course will be based on achievement of competencies, as validated by written examinations and skills check-offs. Students must proceed through the competencies at their own pace, provided that at least 80 hours are provided in classroom and skill lab review and at least 80 hours are spent participating in patient care activities in a clinical setting. The refresher course will provide students an opportunity to provide patient care in the clinical area under the supervision of a faculty member. Once you pay your tuition you have 6 months to complete the course. There are no exceptions to the 6 months. There will be absolutely no reimbursement after the tuition is paid. If you have any questions call 580-310-2236 or email Andrea Pogue, RN BSN at apogue@pontotoctech.edu. Thank you again for choosing Pontotoc Technology Center and we hope to see you soon!

Business and Industry Programs
NURSE REFRESHER CHECK LIST

☐ Application form for local Technology Center completed?

☐ Copy of Drivers License

☐ Copy of current CPR Healthcare Provider Card (American Heart Assoc.)
  Date card expires: __________________________

☐ Copy of two TB skin tests within the last year showing negative results
  Date of first result: ____________ Date of second result: ____________
  OR
  Doctor’s review of a chest X-Ray within the last year
  Date of Doctor’s note: __________________________

☐ Copy of records showing two measles, two mumps, two Rubella shots
  Date of first Measles: __________ Date of second Measles: __________
  Date of first Mumps: __________ Date of second Mumps: __________
  Date of first Rubella: __________ Date of second Rubella: __________
  OR
  Results (3) of titer for measles, mumps, and rubella. All must be positive results or you will need to be immunized.
  Date positive Measles titer: __________ Date positive Mumps titer: __________
  Date positive Rubella Titer: __________

☐ Copy of record showing Varicella immunization
  Date of immunization: __________________________
  OR
  Record showing result of Varicella titer. Must be positive result or you will need to be immunized.
  Date of Titer: __________________________

☐ Copy of record showing you have had a Tetanus shot within the last five (5) years.
  Date of Tetanus shot: __________________________

☐ Copy of records showing your three (3) Hepatitis B immunizations
  OR
  Date of Waiver __________ (Enclose copy)

☐ Completed Background Check (with fingerprints)?
  www.osbi.state.ok.us/publicservices/criminalhistory.htm

☐ Drug Screen completed?

☐ Doctors statement
  Date on my record: __________________________

☐ Verification of Practical Nurse or Registered Nurse Licensure status in the state of Oklahoma as well as other states in which you are licensed.

☐ Proof of completion of Board of Nursing approved Nursing Program as a Practical Nurse or Registered Nurse if not licensed in the United State previous to taking this course.

☐ PN must show proof of completion of an IV Therapy Course

☐ Signed “Computer Account Request” form (OU College of Nursing)
  “Acceptable Use of Information Systems”
  “Student Internet Access Agreement”
  Information Release Form
**BUSINESS & INDUSTRY SERVICES / PONTOTOC TECHNOLOGY CENTER**

**ENROLLMENT FORM**  
ALL Enrollment forms should be faxed to (580) 316-2295 if not completed in person

**PLEASE COMPLETE THIS SECTION IN FULL**

<table>
<thead>
<tr>
<th>COURSE DATE</th>
<th>COURSE NAME</th>
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<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
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<tr>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
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<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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**PLEASE CHECK THE SCHOOL DISTRICT IN WHICH YOU LIVE:**

- Ada
- Allen
- Byng
- Latta
- McLish
- Pickett-Center
- Roff
- Sasakwa
- Stonewall
- Tupelo
- Vanoss
- Other

**PLEASE CHECK THE HIGHEST EDUCATION LEVEL ACHIEVED:**

- (30) Less than a H.S. diploma
- (31) High School graduate
- (32) Some college, no degree
- (33) Technical diploma
- (34) Associate degree
- (35) Bachelor degree
- (36) Master degree
- (37) Doctorate degree
- (38) GED

**PAYMENT METHOD**

- Cash / Check / Money Order
- Credit Card
  - Discover
  - Master Card
  - Visa

**EMPLOYER’S NAME**  or  **FUNDING AGENCY**  or  **PAYING OWN FEES (write Self-Pay)**

<table>
<thead>
<tr>
<th>EMPLOYER’S NAME</th>
<th>FUNDING AGENCY</th>
<th>PAYING OWN FEES</th>
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</thead>
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</table>

**IF MEMBER OF A VOLUNTEER FIRE DEPT. DOING FIREFIGHTER TRAINING PLEASE LIST FIRE DEPARTMENT HERE**

**BIRTHDATE**

**RACE (PLEASE CHECK ALL THAT APPLY)**

- (0) American Indian or Alaska Native
- (1) Black or African American
- (2) Hispanic/Latino
- (3) White
- (4) Asian
- (5) Native Hawaiian or other Pacific Islander
- (6) Other

**GENDER**

- [ ] Male
- [ ] Female

**THIS SECTION IS REQUIRED FOR CHICKASAW NATION EMPLOYEES ONLY**

**PLEASE CHECK ONE OF THE DIVISIONS BELOW:**

<table>
<thead>
<tr>
<th>HEADQUARTERS (A-L)</th>
<th>(H) Division of Legal Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Division of Administrative Services</td>
<td>(I) Division of Program Operations</td>
</tr>
<tr>
<td>(B) Division of Aging</td>
<td>(J) Division of Youth &amp; Family Services</td>
</tr>
<tr>
<td>(C) Division of Arts and Humanities</td>
<td>(K) Division of Treasury</td>
</tr>
<tr>
<td>(D) Division of Communications</td>
<td>(L) Other</td>
</tr>
<tr>
<td>(E) Division of Education and Training</td>
<td>OTHER DIVISIONS (M-O)</td>
</tr>
<tr>
<td>(F) Division of Facilities and Support</td>
<td>(M) Division of Commerce (Chickasaw Enterprises)</td>
</tr>
<tr>
<td>(G) Division of Heritage Preservation</td>
<td>(N) Division of Housing &amp; Tribal Development</td>
</tr>
</tbody>
</table>

**CHICKASAW EMPLOYEE SIGNATURE**

**NAME OF YOUR DEPARTMENT**

**JOB TITLE**

**SUPERVISOR SIGNATURE:**

**ACCOUNT NUMBER:**

**RETURN TO:** Chickasaw Nation Training Division
Oklahoma Statewide Nurse Refresher Completion Form

Please fill out the following information. This information will be sent with your completion certificate to the Oklahoma Board of Nursing so that they can better match your certificate with your application.

Full Name: ________________________________

List any previous names under which you may have been licensed in the past or that you may have used while completing nursing school/

Maiden Name: ______________________________

Date of Birth: ______________________________

Reason for taking the program:

_____ To be eligible for the NCLEX Examinations (RN)

_____ To be eligible for NCLEX Examination (LPN)

_____ For reinstatement in Oklahoma

_____ To become active as a nurse in Oklahoma (Previously licensed in another state)

_____ Board order

Completion Date: ______________________________

Program Coordinator Signature: ______________________________

Training Center: ______________________________
This is for me to keep in the folder.

Name: ________________________________

Address: ________________________________

____________________________________

____________________________________

Email Address: ________________________

Telephone Numbers: Home: ________________

Cell: ________________________

Work: ________________________
Release Authorization

I, _______________________________ give my permission for Pontotoc Technology Center to send copy(s) of my Immunization Records, including OSBI Background Check, Federal Background Check, CPR Certifications, and State Certifications and or Licensures to the required clinical sites. I further understand that this information is considered protected and private and will be treated as such by all agencies involved.

_______________________________  ________________
Student Signature                      Date
Varicella (Chicken Pox) Documentation

Varicella Immunization (chicken pox) or signed documentation with dates of disease. If no immunization or dates of disease are available a titer test may be required.

I _________________________________________ do verify that

(Signature of Student or Signature of Parent/Guardian)

___________________________________________ had the disease

(STUDENT NAME- PLEASE PRINT)

Varicella (also known as Chicken Pox) in 19______ at the age of _____.

___________________________________________

(SIGNATURE)

___________________________________________

Hepatitis B Declination

Name: _______________________________________

Program: _____________________________________

Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have received information about hepatitis B vaccine, and I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I further understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I will make my own arrangements to receive the vaccine.

☐ I decline hepatitis B vaccine.

☐ I have already received the hepatitis B vaccine.

Signature: ________________________________ Date: __________________________
# PHYSICAL EXAM

Upon acceptance this form must be completed to provide documentation of a current physical examination

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>SSN#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>DOB:</td>
<td>Sex:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to lift 50#?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Ability to stand for long periods of time?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Ability to wear a lead apron for long periods of time?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

I find this individual to be in suitable physical and emotional condition to enter a full-time adult Health Occupations Education Program.

Without limitations: ________________________________

With the following limitations:

________________________________________________

________________________________________________

Date: __________________________

Signature of Examining Physician

Name: __________________________

Address: _________________________

Phone: _________________________

Return this form to:
Pontotoc Technology Center
Business and Industry Health Programs
601 W. 33rd
Ada OK 74820
OKLAHOMA STATE BUREAU OF INVESTIGATION
Criminal History Record Information Request
6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

DATE __________
Request Submitted via:
□ Fax  □ Mail  □ In Person
Requests will be returned in the manner received.
Mail requests should include postage-paid reply envelope.
Fax requests must include payment by credit card and a
dedicated Fax Phone Line for return of completed search.

ACCEPTABLE FORMS OF PAYMENT:
□ CASH  □ CASHIER’S CHECK / MONEY ORDER
□ BUSINESS CHECK  No Personal Checks Accepted. □ CREDIT CARD
For Visa, MasterCard and Discover, security code is 3 digits on back of card.
For Amex, security code is 4 digits on front. These are the only cards accepted.
CREDIT CARD #: ___________________ EXPIRATION DATE __________ SECURITY CODE ________
CARD HOLDER ________________________ CARD HOLDER SIGNATURE (REQUIRED) ______________
Please print the name of the individual card holder as it appears on the credit card.

REQUESTOR’S INFORMATION: (Type or print clearly in blue or black ink)
NAME ____________________________ SIGNATURE OF REQUESTING PARTY ______________________
STREET ADDRESS __________________________
PHONE NUMBER ( ) __________ CITY _______ E-MAIL ADDRESS ______________________
STATE _______ ZIP __________
Requestsors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.
PURPOSE OF REQUEST __________________________

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)
Forms with corrections done with white out or by striking through the fields in this section will not be processed.
NAME ____________________________
LAST _______ FIRST _______ MIDDLE _______
ALIAS/MAIDEN NAME(S) ____________________________
DATE OF BIRTH _______________________ (MM/DD/YYYY). If date of birth is unavailable, include exact age of subject.
RACE _______ SEX _______ SOCIAL SECURITY NUMBER __________________________

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

OSBI CHEB/08/09
HEALTH PROGRAMS CRIMINAL RECORDS CHECK POLICY

Health care providers are entrusted with the health, safety, and welfare of patients; have access to controlled substances and confidential information; and operate in settings that require the exercise of good judgment and ethical behavior. Clinical facilities are increasingly required by accreditation agencies, such as Joint Commission for Accreditation of Healthcare Organizations (JACHO), to conduct background checks on individuals who provide services within the facility and especially those who supervise records check for all prospective employees for positions where the individual will be caring for older adults or children.

Clinical learning experiences are an essential element of the curriculum of health care programs. All students enrolled in Pontotoc Technology Center’s health care programs must successfully complete a criminal records check as a criterion for participating in clinical courses. Participation in clinical courses is required for progression and completion of health care programs.

The check must be completed by the Oklahoma State Bureau Investigation (OSBI). The criminal records check must be completed within the six months immediately prior to the student’s entry into clinical courses. The student shall be responsible for all costs associated with the criminal records check.

The information provided in the criminal records report will only be used to evaluate the student’s qualifications for entry into clinical courses. Reports will be kept in secured confidential files separate from the student’s academic file with access limited to approved members of the Adult Training and Development Division.

Criminal record reports will undergo administrative review. If a student has been convicted of or pled guilty to a disqualifying offense (or any substantially equivalent offenses in any state), the student may be unable to complete clinical learning experiences and may therefore be disqualified from admission, readmission, or progression in the health care program. Some of the disqualifying offenses are absolute bars while others might bar the student from admission, readmission or progression in the program. The absolute and potentially disqualifying offenses are listed in the table attached to this packet.

In the event that the student’s background check includes a disqualifying offense, the student will be asked to schedule a meeting with the Program Coordinator to discuss the information received. If the background check identifies offenses that the student considers incorrect, the concerns or issues must be addressed, by the student, to the Oklahoma State Bureau Investigation for resolution. If the background check identifies offenses that may preclude, admission, the student will be given an opportunity to respond to the information. Relevant considerations may include but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of the health care provider; and successful efforts toward rehabilitation. The decision to allow or disallow participation in a clinical course for a student whose background check includes a disqualifying offense is solely at the discretion of the Program Coordinator and the Director of Business and Industry.

All students who are admitted to a health care program have a continual obligation to report any criminal conviction that may impact the student’s continued ability to participate in the clinical program to the Program Coordinator or the Director of Business and Industry within 30 days of its occurrence. Failure to do so will result in immediate dismissal from the program.
### Absolute* and Potentially Disqualifying Offenses

<table>
<thead>
<tr>
<th>Absolute disqualifying offense</th>
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</thead>
<tbody>
<tr>
<td>Aggravated Murder *</td>
</tr>
<tr>
<td>Murder*</td>
</tr>
<tr>
<td>Voluntary Manslaughter*</td>
</tr>
<tr>
<td>Involuntary Manslaughter</td>
</tr>
<tr>
<td>Felony Assault</td>
</tr>
<tr>
<td>Aggravated Assault</td>
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<tr>
<td>Assault</td>
</tr>
<tr>
<td>Failure to Provide for a</td>
</tr>
<tr>
<td>Functionally Impaired Person</td>
</tr>
<tr>
<td>Aggravated Menacing</td>
</tr>
<tr>
<td>Patient abuse or neglect</td>
</tr>
<tr>
<td>Kidnapping*</td>
</tr>
<tr>
<td>Abduction</td>
</tr>
<tr>
<td>Child Stealing</td>
</tr>
<tr>
<td>Criminal Child Enticement</td>
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<tr>
<td>Coercion</td>
</tr>
<tr>
<td>Extortion</td>
</tr>
<tr>
<td>Rape*</td>
</tr>
<tr>
<td>Sexual Battery*</td>
</tr>
<tr>
<td>Corruption of a Minor</td>
</tr>
<tr>
<td>Gross Sexual Imposition*</td>
</tr>
<tr>
<td>Sexual Imposition</td>
</tr>
<tr>
<td>Importuning</td>
</tr>
<tr>
<td>Voyeurism</td>
</tr>
<tr>
<td>Public Indecency</td>
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<tr>
<td>Felonious Sexual Penetration</td>
</tr>
<tr>
<td>Compelling Prostitution</td>
</tr>
<tr>
<td>Promoting Prostitution</td>
</tr>
<tr>
<td>Procuring</td>
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<tr>
<td>Prostitution</td>
</tr>
<tr>
<td>Disseminating Matter Harmful to</td>
</tr>
<tr>
<td>Juveniles</td>
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<tr>
<td>Pandering Obscenity</td>
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<tr>
<td>Pandering Obscenity Involving a</td>
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<tr>
<td>Minor</td>
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<tr>
<td>Pandering Sexually Oriented</td>
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<tr>
<td>Matter</td>
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<tr>
<td>Involving Minor</td>
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<tr>
<td>Illegal Use of a Minor in Nudity-</td>
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<tr>
<td>Oriented Material or Performance</td>
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<tr>
<td>Aggravated Arson*</td>
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<tr>
<td>Aggravated Robbery*</td>
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<tr>
<td>Robbery</td>
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<tr>
<td>Aggravated Burglary*</td>
</tr>
<tr>
<td>Burglary</td>
</tr>
<tr>
<td>Breaking and Entering</td>
</tr>
<tr>
<td>Theft. Aggravated Theft</td>
</tr>
<tr>
<td>Unauthorized Use of a Vehicle</td>
</tr>
<tr>
<td>Unauthorized Use of</td>
</tr>
<tr>
<td>Property/Unauthorized Access</td>
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<tr>
<td>to Computer Systems</td>
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<tr>
<td>Passing Bad Checks</td>
</tr>
<tr>
<td>Misuse of Credit Cards</td>
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<tr>
<td>Forgery</td>
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<tr>
<td>Medicaid Fraud</td>
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<tr>
<td>Securing Writings by Deception</td>
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<tr>
<td>Insurance Fraud</td>
</tr>
<tr>
<td>Receiving Stolen Property</td>
</tr>
<tr>
<td>Unlawful Abortion</td>
</tr>
<tr>
<td>Endangering Children</td>
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<tr>
<td>Contributing to the Unruliness or</td>
</tr>
<tr>
<td>Delinquency of a Child</td>
</tr>
<tr>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Prohibition of Conveyance of</td>
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<tr>
<td>Certain Items onto Grounds of</td>
</tr>
<tr>
<td>Detention Facility or Mental</td>
</tr>
<tr>
<td>Health or Mental Retardation</td>
</tr>
<tr>
<td>and Developmental Disabilities</td>
</tr>
<tr>
<td>Facility.</td>
</tr>
<tr>
<td>Carrying Concealed Weapons</td>
</tr>
<tr>
<td>Having Weapon while under</td>
</tr>
<tr>
<td>Disability</td>
</tr>
<tr>
<td>Improperly Discharging a</td>
</tr>
<tr>
<td>Firearm/Habitation or School</td>
</tr>
<tr>
<td>Corrupting Another With Drugs</td>
</tr>
<tr>
<td>Drug Trafficking Offenses</td>
</tr>
<tr>
<td>Illegal Manufacturing of Drugs</td>
</tr>
<tr>
<td>Funding Drug Trafficking</td>
</tr>
<tr>
<td>Illegal Administration or</td>
</tr>
<tr>
<td>Distribution of Anabolic Steroids</td>
</tr>
<tr>
<td>Drug Abuse</td>
</tr>
<tr>
<td>Permitting Drug Abuse</td>
</tr>
<tr>
<td>Deception to Obtain Dangerous Drugs</td>
</tr>
<tr>
<td>Illegal Processing of Drug Documents</td>
</tr>
<tr>
<td>Adulteration of Food</td>
</tr>
</tbody>
</table>
Acceptable Use of Information Systems at
The University of Oklahoma Health Sciences Center

General Principles
Access to computer systems and networks owned, operated, or provided by the University is predicated on compliance with certain responsibilities and obligations and is granted subject to University policies and local, state and federal laws. By using University information systems or computing resources, you agree to abide by and comply with the applicable policies, procedures and laws. Acceptable use must be ethical, reflect academic honesty, and show responsible use in the consumption of shared resources. Acceptable use also demonstrates respect for intellectual property, ownership of data, system security mechanisms, and freedom from intimidation and harassment. Information created or stored on University computer resources, networks and systems may be subject to the Oklahoma Open Records Act.

In making acceptable use of information resources you MUST:
- Comply with all University policies, procedures, and local, state, and federal laws
- Use resources only for authorized administrative, academic, research or clinical purposes; or other University business
- Protect your user-ID and system from unauthorized use. (you are responsible for all activities on your user-ID or that originate from your system)
- Access only information that is your own, that is publicly available, or to which you have been given authorized access;
- Comply with all copyright laws, licensing terms, patent laws, trademarks, trade secrets and all contractual terms
- Be responsible in your use of shared resources (refrain from monopolizing systems, overloading networks, degrading services, or wasting computer time, connect time, disk space, printer paper, manuals, or other resources.)

In making acceptable use of information resources you MUST NOT:
- Use another person’s system, files, or data without express authorization
- Use another individual’s user-id or password
- Use computer programs to decode passwords or access control information;
- Attempt to circumvent or subvert system or network security;
- Engage in any activity that might be harmful to systems or to any information stored thereon, such as creating or propagating viruses, disrupting systems, damaging files, or making unauthorized modifications to or sharing of university data;
- Use university systems for commercial, private, personal, or political purposes, such as using electronic mail to circulate advertising for products or for political candidates;
- Harass or intimidate another person including, but not limited to, broadcasting unapproved, unsolicited messages, repeatedly sending unwanted or threatening mail, or using someone else’s name or user-id;
- Waste computing resources or network resources including, but not limited to, intentionally placing a program in an endless loop, printing excessive amounts of paper, or sending chain letters or unapproved, unsolicited mass mailings
- Attempt to gain access to information or services to which he/she has no legitimate access rights
- Engage in any other activity that does not comply with the general principles presented above, university policies and procedures, or applicable law;

Enforcement
The University considers any violation of acceptable use principles or guidelines to be a serious offense and reserves the right to copy, monitor or examine any files or information residing on University systems, networks, or computing resources allegedly related to unacceptable use, and to protect its systems and networks from events or behaviors that threaten or degrade operations. Violators are subject to disciplinary action including, but not limited to, penalties outlined in the Student Code, Staff Handbook, or Faculty Handbook. Offenders also may be prosecuted under laws including, but not limited to, the Communications Act of 1934 (amended), Family Educational Rights and Privacy Act of 1974, Computer Fraud and Abuse Act of 1986, Computer Virus Eradication Act of 1989, Interstate Transportation of Stolen Property, Digital Millennium Copyright Act, Health Insurance Portability and Accountability Act, Electronic Communications Privacy Act, Oklahoma Open Records Act, and state conflicts of interest laws.

Individuals using computer systems owned by the University do so subject to applicable laws and University policies. The user assumes all risk of loss of materials or data or damage thereto. The University disclaims any responsibility and/or warranties for information and materials residing on non-University systems or available over publicly accessible networks. Such materials do not necessarily reflect the attitudes, opinions or values of the University, its faculty, staff or students. These guidelines should not be construed as a limit on any individual’s right under the Constitution of the United States or the laws of Oklahoma.

Instructions:
Please print your name and your college in the box below, sign and date this policy agreement (page 1), and return with the rest of your paperwork or bring to orientation.

I have read and understand the above policy and agree to abide by this policy in my use of OUHSC computer resources.

Resident: __________________________  __________________________  __________________________
Last Name  First Name  Middle Initial

User’s Signature: __________________________  Department: Nursing  Date: __________
The University of Oklahoma Health Sciences Center
Information Technology

Nursing Continuing Education Computer Account Request

* Please Print Legibly *

Student's Name: ____________
LAST                FIRST                MIDDLE INITIAL

SSN (last 4 digits): ____________
Department: ________________________________

Personal Email Address: ________________________________

Access Privileges: Each resident account holder will be granted access to the following:
Electronic Mail
Internet Access

* Account Sponsor Only *

As an account sponsor, I (1) agree to assume limited responsibility for the use of this user account as outlined in the attached OUHSC Information Technology Computer Account Policy and (2) state that this user account is necessary for an official university activity/endavor or to conduct university business.

Sponsor’s Name: John Jandebeur  Title: LAN Spec IV

Sponsor’s Signature: ________________________________  Date: __________________
Student Internet Access Agreement

STUDENT SECTION:

Student Name ___________________________

(First) (Middle) (Last)

Home Address ________________________________________

Home Phone No. ___________________________ E-Mail Address ___________________________

Internet Acceptable Use Policy

Purpose Statement: Pontotoc Technology Center of Pontotoc County, Oklahoma (the “Technology Center”) provides its students with access to the Technology Center’s computer network system, including Internet access, in an effort to expand the informational and communication resources in furtherance of the Technology Center’s goal of promoting educational excellence.

The use of the Technology Center’s system must be in support of education and consistent with the educational objectives of the Technology Center.

Inappropriate use will result in a cancellation of privileges.

a. Do not use abusive language in messages to others.

b. Do not reveal personal contact information about yourself or any other person.

c. The Network should only be used for educational, professional, and career development activities only.

d. Do not plagiarize works obtained from the Internet.

The Technology Center makes no warranties of any kind, whether express or implied, for the services provided and will not be responsible for any damages which you may suffer through use of the Technology Center’s system or the Internet.

Any attempt to log on to the Internet as a system administrator will result in cancellation of user privileges.

Vandalism of Technology Center hardware, software, or the system itself will result in cancellation of privileges.

System users must realize that rights go hand-in-hand with responsibilities and agree not to use the Technology Center’s system to access information or to distribute information or materials which:

a) is obscene or pornographic

b) is libelous

c) is vulgar, lewd, or indecent

d) displays or promotes unlawful products or services

e) includes group defamation or hate literature

I have the read the Internet use policy and agree to its provisions. I understand that any violation of the use provisions may result in disciplinary action including, but not limited to revocation of network privileges.

__________________________________________  ___________________________
Signature Date
Security Access Sheet

Full Legal Name: ________________________________
   (Last)   (First)   (Middle)

Social Security Number: ________________________________

Credentials: ________________________________

Facility: ________________________________

VVRH Authorized Signature: ________________________________

MIS Dept: ________________________________ Date: ________________________________

Payroll: ________________________________ PR ID #: ________________________________

Date: ________________________________

☐ Confidentiality Acknowledgment

☐ Computer Security Acknowledgment

☐ Internet Security Acknowledgment