



VCU

VCU Paramedic Program Medical College of Virginia Campus

School of Medicine
Center for Trauma and Critical
Care Education

Spring 2018 Pre-hospital Point of Care Ultrasound (POCUS) Acceptance Form

West Hospital, 15th Floor, South Wing
1200 East Broad Street
P.O. Box 980044
Richmond, Virginia 23298-0044

804 828-4204 • Fax: 804 828-0025
TDD: 1-800-828-1120
ctcce@vcu.edu
www.ctcce.vcu.edu

CHECK ONE

I **accept** admission to the Spring 2018 VCU Pre-hospital Point of Care Ultrasound (POCUS) and accept financial responsibility for enrollment in accordance with policies set forth by Virginia Commonwealth University.

Michel B. Aboutanos, MD, MPH, FACS
Medical Director

James H. Gould, Jr, RN, EMT-P
Center Director

Kenneth L. Williams, MDiv, BS, EMT-P
Paramedic Program Director

Basil R. Asay, RN, BS, EMT-P
Assistant Director / Clinical Coordinator

Disclaimer: Admission to the program does not guarantee that I will be able to successfully complete the program. VCU is not responsible for my acceptance or placement in the required clinical or field internship portion required by the program. Signature verifies your intent to accept and acknowledge of disclaimer.

(Signature)

(Date)

I **do not** accept admission to the Pre-hospital Point of Care Ultrasound (POCUS).

CHECK ONE

I have previously been enrolled as a student at VCU or other Virginia college but to my knowledge have **no** current financial or academic holds, probation or suspensions.

I have not previously been enrolled as a student at VCU or other Virginia college.

STUDENT NAME (Print) _____
ADDRESS _____



VCU

Instruction Sheet For VCU Enrollment Forms

New Student Data Form

- Complete Name
- Student ID Number will be your Social Security Number unless you have a VCU V number.
- Confirm enrolling Spring Year 2018
- Answer the three questions for Non-Degree Seeking Students
- Complete the demographic information on the form, emergency contact information is important please provide.
- On page 2 of the document you will find the number that needs to be placed in boxes for the “County Code”

Certificate of Eligibility

- Complete the information for the Permanent Mailing Address
- Student ID = SSN unless you have a VCU V number
- Confirm enrolling Spring 2018
- Course level check the box “I am registering for undergraduate level courses only”
- Eligibility Status check the box which represents your highest level of education to date.
- Complete Name and Address of School information for the school that you submitted for the transcript requested on the application
- Sign at Student Signature and enter date you signed
This form is now complete at the heavy black line under your signature.

Application for VA In-state Tuition

- Complete all information in Section A (All questions have to be answered as either “yes,” “No” or “N/A”)
- Sign the document under the question section of Section A and date (*If you are a dependent or are claimed as a dependent on someone else’s taxes you need to complete Section B with all questions answered and have it signed and dated*)

Course Enrollment Form

- Complete Name
- Student ID = SSN unless you have a VCU V number
- Confirm enrolling Spring 2018
- Do Not complete any of the course information boxes go to bottom of the form
- Sign at Student Signature line and enter the date completed

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NEW STUDENT DATA FORM

Name _____

--	--	--	--	--	--	--	--	--	--

Last
First
MI
Student ID Number

SEMESTER Fall Summer Spring YEAR 2018

NEW NONDEGREE-SEEKING STUDENTS Please check "Yes" or "No"

- I have been out of high school for at least one year. Yes No
- I have been suspended from another institution within the last five years. Yes No
- I currently hold a college degree (bachelors or higher). Yes No
- I am registered for at least one graduate-level course (level 500 or above) Yes No
- I am a teacher enrolling for recertification purposes. Yes No
- I have applied to attend VCU in the past. Yes No
- I have used another name at VCU in the past. Yes No

Other name _____

LOCAL ADDRESS		
Street _____		
City _____	State _____	Zip _____
Telephone _____		
e-mail _____		

PERMANENT MAILING ADDRESS	same as local address? yes <input type="checkbox"/> no <input type="checkbox"/>
Street _____	
City _____	State _____ Zip _____
Telephone _____	

EMERGENCY CONTACT INFORMATION		
Name _____		
Street _____		
City _____	State _____	Zip _____
Telephone _____		
Relationship _____		

Office use only
RES:

DATE OF BIRTH

Month	Day	Year			

SEX Male Female

CITIZEN COUNTRY

--	--

US-U.S. citizen. Other than U.S., record country

INDICATE VISA TYPE

--	--

Home State (Code VA for Virginia)

--	--

ETHNIC BACKGROUND (Select one or more)

Are you Hispanic or Latino?
 Yes
 No

- Select one or more of the following racial categories to describe yourself:
- White
 - Black or African American
 - Asian
 - American Indian or Alaskan Native
 - Native Hawaiian or Other Pacific Islander



CERTIFICATION OF ELIGIBILITY

PERMANENT MAILING ADDRESS

--	--	--	--	--	--	--	--	--	--	--

Student ID Number

Name _____

Street _____

City _____ State _____ Zip _____

Telephone _____

SEMESTER Fall Summer Spring YEAR 2018

COURSE LEVEL (Check one)

- Registering for undergraduate **and** graduate courses I am registering for undergraduate courses only
 Teacher taking courses for recertification only I am registering for graduate courses only
 Senior citizen taking courses for audit only

ELIGIBILITY STATUS (Check highest level attained-check one only)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-high school student | <input type="checkbox"/> 5-applicant admitted to VCU for future semester | <input type="checkbox"/> 9-hold associate (2-year) degree |
| <input type="checkbox"/> 2-high school graduate, not out of school one year | <input type="checkbox"/> 6-transient student from another college | <input type="checkbox"/> 10-hold baccalaureate (4-year) degree |
| <input type="checkbox"/> 3-high school graduate, out of school one year | <input type="checkbox"/> 7-former VCU undergraduate (not under suspension) | <input type="checkbox"/> 11-hold master's degree |
| <input type="checkbox"/> 4-GED holder State: _____ | <input type="checkbox"/> 8-former college undergraduate student | <input type="checkbox"/> 12-hold doctoral degree |

NAME AND ADDRESS OF SCHOOL (corresponding to the eligibility status checked above)

Institution Name _____

Street _____

City _____ State _____ Zip _____

DATES OF ATTENDANCE _____

In order to receive undergraduate credit, a nondegree-seeking (special) student must have been out of school for at least one year for a first suspension or five years for a second suspension and must fall into one of the eligibility status categories three through 12 above. Special undergraduate students are limited to enrolling in a maximum of 11-credit hours per semester.

In order to receive graduate credit, a nondegree-seeking (special) student must fall into one of the eligibility status categories 10 through 12 above. Please read the Graduate and Professional Programs Bulletin and be aware of the general admission requirements therein as well as any special requirements in individual schools or programs.

I have read the eligibility statements above and understand that, if my eligibility is not established, I will not receive academic credit for courses taken at VCU nor will I be entitled to a tuition refund as a result of my ineligibility. I also authorize the above named school to release the information requested on this form.

STUDENT SIGNATURE _____ DATE _____

CERTIFICATION OF ELIGIBILITY (to be filled out by school)

SECTION I: High school only

- Graduate of this institution
 Has attended this institution but has not graduated
 We have no record of this student

Please indicate whether or not the student graduated from your school. DATE GRADUATED _____

COMMENTS _____

Institution Name _____ Signature _____ Date _____

SECTION II: College only (indicate the student's status)

- Graduate of this institution: Degree _____ Date awarded _____
 Has attended this institution but has not graduated
 Currently attending this institution and not on academic suspension
 Currently on academic suspension: Date of suspension _____ Date suspension expires _____
 We have no record of this student

COMMENTS _____

Institution Name _____ Signature _____ Date _____

When completed by school official, this form should be returned to: Virginia Commonwealth University, Records and Registration, 1015 Floyd Ave., room 1100, Richmond, VA 23284-2520. The administration of Virginia Commonwealth University appreciates your cooperation in forwarding this information.

APPLICATION FOR VIRGINIA IN-STATE TUITION

For office
use only.
Term
R N

Completion of this form is required by the commonwealth of Virginia if you are claiming entitlement to Virginia in-state tuition rates pursuant to Section 23-7.4 Code of Virginia. All questions must be answered. When not applicable, mark the N/A box. Section A must be completed by the applicant. Section B of this form must be completed by the parent/legal guardian or spouse if the applicant is a dependent. Supporting documents and additional information may be requested. Return this form with your application for admission. If this form is not submitted, you will be classified as a non-Virginia resident.

Section A - Applicant

(Please Note: While this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university.) To protect your privacy, your Social Security number will not be used as your student identification number.

1. Name _____ 2. Social Security Number _____
Last First M.I. Other (Last Name)

3. Date of Birth _____ 4. Citizenship U.S. Permanent resident alien, political asylum or refugee Non-U.S. If non-U.S., give visa type _____

5. Where have you lived in the past two years? (List current address first. Include dates.)
Street address City State ZIP Code From (MM/DD/YY) To (MM/DD/YY)

6. Students under the age of 24 are presumed to be dependent on a parent or legal guardian unless one of the following applies? (Place a check mark beside all that apply.)

- Age 24 or older as of the first day of the semester in which you intend to enroll
- Veteran or active duty member of the U.S. Armed Forces
- Graduate or professional student
- Ward of the court or was a ward of the court until age 18
- Both parents are deceased, no adoptive or legal guardian
- Legal dependents other than a spouse
- Independent student (attach federal and state tax forms)
- Married

7. Do your parents or legal guardian provide over half of your financial support or claim you as a tax dependent? Yes No N/A

8. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? Yes No N/A

If Yes, does your spouse provide more than 50 percent of your financial support?

Yes No N/A

If "Yes" to either No. 7 or 8, Section B must be completed by a parent/legal guardian or spouse.

9. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year? Yes No N/A

If yes, which state(s)? _____

10. For at least one year prior to the semester in which you will enroll, will you have:

a. Filed a tax return or paid income taxes to Virginia on all earned income?

Yes No N/A

b. Been a registered voter in Virginia? Yes No N/A

c. Held a valid Virginia driver's license? Yes No N/A

11. Do you own or operate a motor vehicle? Yes No N/A

If "Yes," has it been registered in any state other than Virginia during the past year?

Yes No N/A

12. Are you a member of the U.S. Armed Forces? Yes No N/A

If No, go to No. 13.

a. Have income taxes been paid to Virginia on all military income for the last year?

Yes No N/A

If No, have income taxes been paid to another state? Yes No N/A

b. Does the current Leave/Earnings Statement reflect Virginia withholding?

Yes No N/A

If Yes, effective date of change to Virginia: _____

(Attach a copy of your LES and DD-2058.)

13. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?

Yes No N/A

If No, go to No. 14.

a. Have income taxes been paid to Virginia on all military income for the last year?

Yes No N/A

If No, have income taxes been paid to another state? Yes No N/A

b. Does the current Leave/Earnings Statement reflect Virginia withholding?

Yes No N/A

If Yes, effective date of change to Virginia: _____

(Attach a copy of your LES and DD-2058.)

c. Has your parent/legal guardian or spouse claimed you as a dependent for federal and state income taxes? Yes No N/A

14. Is your parent/legal guardian or spouse a retired military member, who currently resides in Virginia and resided in Virginia at the time of their retirement?

Yes No N/A

If No, go to No. 15. If Yes, effective date of change to Virginia: _____

(Attach a copy of your LES and DD-2058.)

15. If your spouse is in the military, will you have:

a. Resided in Virginia for the past year? Yes No N/A

b. Paid income taxes to Virginia on all earned income? Yes No N/A

16. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:

a. Resided in Virginia for the past year? Yes No N/A

b. Paid income taxes to Virginia on all earned income? Yes No N/A

c. Claimed you as a dependent for federal and state income tax purposes?

Yes No N/A

17. If you have lived outside Virginia for the past year, will you have:

a. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?

Yes No N/A

b. Lived in a contiguous state to Virginia? Yes No N/A

18. If your parent/legal guardian or spouse has lived outside Virginia for the past year, will the parent/legal guardian or spouse have:

a. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?

Yes No N/A

b. Lived in a contiguous state to Virginia? Yes No N/A

c. Claimed you as a dependent for federal and state income tax purposes?

Yes No N/A

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to my application, if I am requested to do so.

Signature of applicant (required) _____ Date _____

Records and Registration use only

Date _____ Initials _____



VCU Division of Strategic Enrollment Management

VIRGINIA COMMONWEALTH UNIVERSITY

Section B - Parent(s) or Legal Guardian

If your parents/legal guardian or spouse provide over half of your financial support or claim you as a dependent, they must complete this section.

1. Name _____
Last First M.I. Other (Last Name)

2. Relationship to applicant: Father Mother Legal Guardian Spouse

3. Citizenship U.S. Permanent resident alien, political asylum or refugee Non-U.S. If non-U.S., give visa type _____

4. Where have you lived in the past two years? (List current address first. Include dates.)
Street address City State ZIP Code From (MM/DD/YY) To (MM/DD/YY)

5. Will you have claimed the applicant as a dependent on your federal and state income tax returns for the tax year prior to the semester in which the applicant will enroll?
 Yes No N/A
6. Will you have provided over half of the applicant's financial support for at least one year prior to the semester in which the applicant will enroll? Yes No N/A
7. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year? Yes No N/A
 If yes, which state(s)? _____
8. For at least one year prior to the semester in which the applicant will enroll, will you have:
 a. Filed a tax return or paid income taxes to Virginia on all earned income?
 Yes No N/A
 b. Been a registered voter in Virginia? Yes No N/A
 c. Held a valid Virginia driver's license? Yes No N/A
9. Do you own or operate a motor vehicle? Yes No N/A
 If Yes, has it been registered in any state other than Virginia during the past year?
 Yes No N/A

10. Are you a member of the U.S. Armed Forces? Yes No N/A
 If No, go to No. 11
 a. Have income taxes been paid to Virginia on all military income for the last year?
 Yes No N/A
 If No, have income taxes been paid to another state? Yes No N/A
 b. Does the current Leave/Earnings Statement reflect Virginia withholding?
 Yes No N/A
 If Yes, effective date of change to Virginia: _____
 (Attach a copy of your LES and DD-2058.)
11. Are you a retired military member, who currently resides in Virginia and resided in Virginia at the time of your retirement? Yes No N/A
 If Yes, effective date of change to Virginia: _____
 (Attach a copy of your LES and DD-2058.)

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, the applicant may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to this application, if I am requested to do so.

Signature of parent/legal guardian or spouse (required) _____ Date _____

Records and Registration use only
 Date _____ Initials _____

COURSE REQUEST FORM

NAME _____ Student ID Number _____

Last

First

MI

Student ID Number

INSTRUCTIONS Print Clearly

SEMESTER Fall Summer Spring YEAR 2018

1. Check the appropriate transaction box.
2. Select alternates for courses you are adding.
3. Course information may be found in the Schedule of Classes

- Add for credit
 Add for audit
 Drop
 Withdraw

Alternative Selection:

Course Ref. No.

Subj.

Course

Sec.

Cred.

Course Ref. No.

Subj.

Course

Sec.

Cred.

- Add for credit
 Add for audit
 Drop
 Withdraw

Alternative Selection:

Course Ref. No.

Subj.

Course

Sec.

Cred.

Course Ref. No.

Subj.

Course

Sec.

Cred.

- Add for credit
 Add for audit
 Drop
 Withdraw

Alternative Selection:

Course Ref. No.

Subj.

Course

Sec.

Cred.

Course Ref. No.

Subj.

Course

Sec.

Cred.

- Add for credit
 Add for audit
 Drop
 Withdraw

Alternative Selection:

Course Ref. No.

Subj.

Course

Sec.

Cred.

Course Ref. No.

Subj.

Course

Sec.

Cred.

- Add for credit
 Add for audit
 Drop
 Withdraw

Alternative Selection:

Course Ref. No.

Subj.

Course

Sec.

Cred.

Course Ref. No.

Subj.

Course

Sec.

Cred.

- Add for credit
 Add for audit
 Drop
 Withdraw

Alternative Selection:

Course Ref. No.

Subj.

Course

Sec.

Cred.

Course Ref. No.

Subj.

Course

Sec.

Cred.

All students: I understand I will not receive credit for these courses if my academic eligibility is not established.

Graduate students: I am prepared to document that I meet the requirements and prerequisites from the listed graduate-level course(s) as outlined in the current graduate bulletin and understand that I may be removed from the course(s) if I am not qualified.

Special undergraduates: Special non-degree seeking undergraduates are limited to 11 credit-hours per semester.

I affirm that I have read and abide by the University Honor System Policy, University Code of Ethics, University Academic Regulations and Student Financial Responsibility Statement contained in the VCU Bulletins.

Further I affirm that I will abide by VCU policies pertaining to responsible conduct of research, including the protection of human and animal research subjects, and that I have completed or will complete relevant training required by VCU and appropriate sponsoring agencies. For more information visit www.research.vcu.edu.

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE *Kenneth L. Williams* DATE January 3, 2018

Virginia Commonwealth University
 Office of Records & Registration
 Division of Strategic Enrollment Management
 P.O. Box 842520 • Richmond, VA 23284-2520
www.vcu.edu/enroll/rar

VCU is an EEO/AA institution. ENR1213-89



Make it real.