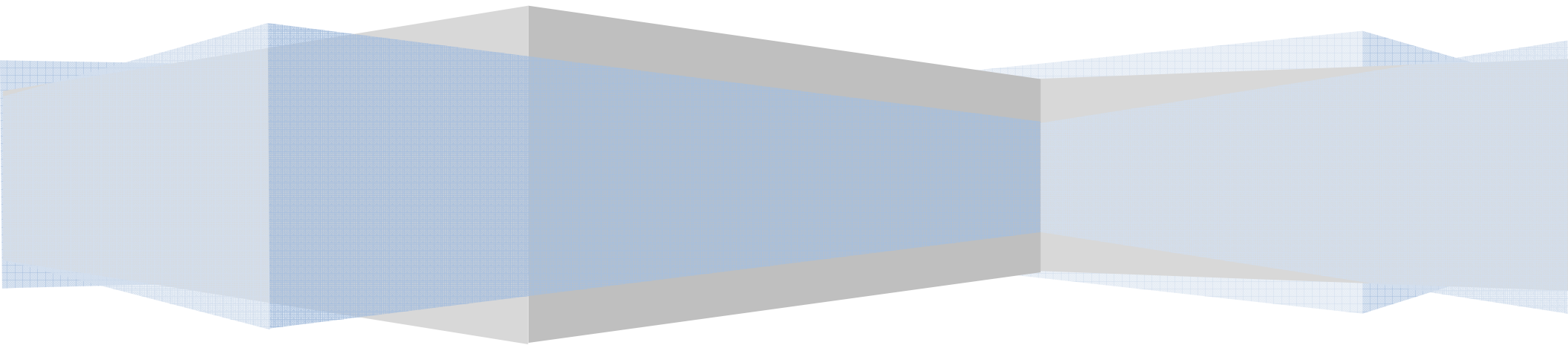


ACE PASSPORT

Pre Requisite Instructions





Log Off

Welcome

Student Portlet

You have accessed the ACE PASSPORT system. In order to complete a new certification period, you must complete certain prerequisites.

The first two prerequisite are the FERPA Consent and Honesty Pledge.
Please read and agree to the language below and click Next to continue.

FERPA Consent

I authorize Michigan Health Council (and through them with Adayana and SumTotal Systems, Inc.) to release the information contained in the ACE PASSPORT system to the educational institution in which I am enrolled and to any clinical institutions/entities with which I am doing a clinical placement in this academic year. This information is only to be used for purposes of documenting compliance with certain requirements which the clinical site requires in order to start the clinical placement.

I also understand that all information contained in ACE PASSPORT is in a secured data base that is user id/password protected and only authorized users are permitted to access this database.

I understand that I am not required to give this consent. I want Michigan Health Council, and other entities named above, to share this information as instructed above and I give this consent of my own free will.

agree

Honesty Pledge

I certify that I personally will use the ACE PASSPORT system, take the online learning contained therein and take any tests associated with that learning on my own without the assistance of another individual. I will not share my ACE PASSPORT user ID nor my password with any other individual so that any information contained within ACE PASSPORT that is my responsibility as a student is true and accurate to the best of my knowledge.

agree

After reading through these statements, check the "agree" boxes. After doing so, click the "next" button that will appear at the bottom of the screen.



Welcome

Log Off

Edit Profile

The third pre requisite is the **User Profile**.
Each field requires an entry.
***Incorrect or incomplete data may result
in your exclusion from rotations.***

If you do not have a middle initial or
do not own a vehicle please enter a "0".

After entering your information,
Click the Next Button to continue

The student profile information is the third prerequisite for ACE PASSPORT. To complete this activity students/users must provide information which is required by the clinical partners before clinical rotations can begin such as address, phone number and emergency contact information. All fields require an entry to complete the activity.

After entering your information, click Next to continue.

Personal Information:

First Name*	Middle Initial	Last Name*	
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Smith"/>	
City Where You Were Born*	Date of Birth*		
<input type="text"/>	January 29 1970		
Drivers's Licence Number*	License Plate	Make / model of vehicle	RN License*
<input type="text"/>	<input type="text"/>	<input type="text"/>	No
U.S.Citizen?*	Gender*	Last 4 Social Security Numbers*	
No	Male	<input type="text"/>	

Your first and last names will already be filled out. Please do not change this. If your name is spelled wrong, please contact your nursing school.

Current Address:

Street 1*

Street 2

Street 3

City*

Home County*

Zip*

State*

Country*

Phone Number*

This is where you enter your own address. The zip code must be 5 numerical digits and the phone number must be in the following format: 555-555-5555. The items with red stars are required.

Emergency Contact Address:

Contact Name*

Street 1*

Street 2

Street 3

City*

Zip*

State*

Country*

Phone Number*

Fill out this information for your emergency contact. This can be a parent/guardian, spouse, or roommate, but is not limited to these individuals. The zip code must be 5 numerical digits Social Security number must be 4 numerical digits, and the phone number must be in the following format: 555-555-5555. The items with red stars are required.

Next