WORKDAY NEW STUDENT ONBOARDING GUIDE

This guide outlines Workday tasks and processes for New Student Onboarding



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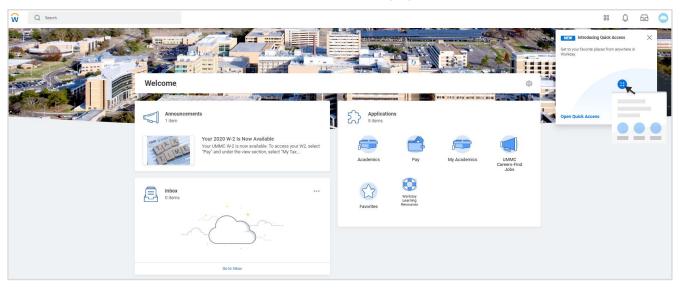
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Workday Home Page and Learning Resources for Students

Welcome to Workday!

New to Workday? Workday's Home page provides student's with a search bar, icon links and applications to find tasks and reports within the Workday system.





As a custom feature, basic Workday Navigation and other student related resources for future tasks in Workday can be found by;

- a. Clicking the **Workday Learning Resources** application found on your home page.
- b. Click the Quick link item, Learning Resources.
 - c. Under the Student section, click the **Resources for Students** link to see a list of helpful step-by-step guides.

Resources for Students	STUDENT
Judents	

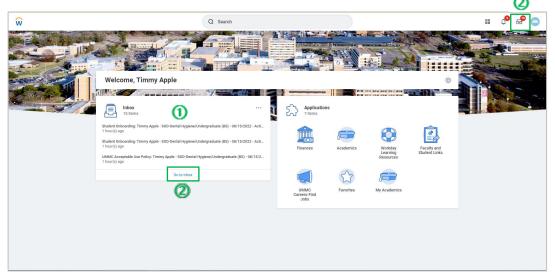
Check this site often for new/updated Learning Resources to the Workday Student system.



Start New Student Onboarding

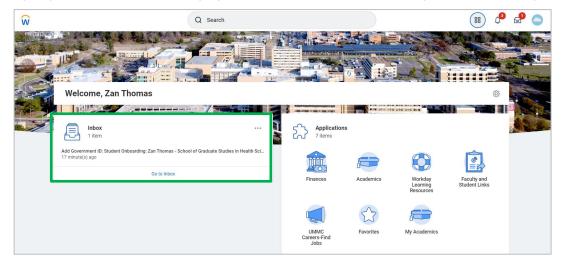
Start the Onboarding Process in Workday

- 1. Once logged into the Workday system, on the home page click the first inbox task from the
 - ① preview window or click either ② Go to Inbox link or Inbox icon to display the onboarding tasks.
 - All onboarding tasks will be displayed on the Inbox page under the Actions column. Complete each task listed. Each completion of an onboarding task will automatically remove the task from the inbox list.
 - Depending on your Program of Study, each task is presented in a different order. A quick guide is available from the Table of Contents by clicking the task name.
 - Depending on your program of study, some onboarding tasks are listed under the section, <u>Program Specific</u> of this guide.



• IMP: Read all the information/instructions/documents on each task screen 2

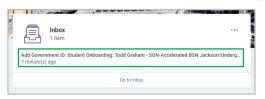
NOTE: <u>Government ID task</u> will appear if a student's Social Security Number (SSN) or Individual Taxpayer Number (ITN) is NOT in the Workday system. Complete this task first (Directions below).





Add Government ID (only for Student's SSN or ITN not in the system)

1. Click the **Inbox preview link** for adding a Government ID.



- 2. Read the Instructions before proceeding. (Upon completion, this screen will appear again)
- 3. To add a Government ID, click **Change My Government IDs** button.

ŵ		Q	l Search		88	Д ³	_	0
Inbox								
Actions Viewing: All V Sort Add Government ID: Student Ont School of Graduate Studies in He	ealth	Complete To 21 minute(s) ago For	Do Add Government ID	☆	XIII	[DF]	ŝ	."
Sciences/Graduate (MS) - 08/29 21 minute(s) ago		Overall Process Overall Status Instructions	Student Onboarding: Zan Thomas - School of Graduate Studies in Health Sciences/Graduate (MS) - 08/29/2022 - A In Progress In order to complete the creation of your UMMC account, your Social Security Number (SSN) or Individual Taxpayer be provided. To complete this process, please click the "Change My Government IDs" button below. Upon complete this process, please return to your inbox to access this screen. If your SSN or TIN has been provided, please of process and indicate completion of this task. If you do not have a government ID number (SSN or TIN), please contact your <u>admission officer</u> in the Office of Enco main number at (601)984-1080.	Identifi ick "Su	bmit" be	elow to fi	nalize th	ie
		Change My	Sovernment IDs Save for Later Close					

The task is called Government ID but the only required field is National ID.

4. Click the **plus** to drop a row down to enter the information in the **Country, National ID Type** and **Add/Edit ID** field prompts. *Issue Date, Expiration Date and Comments are optional.*

Note: Fields will be dependent on the previous field to display related information. Example; if you choose a country, the National ID type for that country will display.

\oplus]	*Country		*National ID *	Туре	Current ID	Add/Edit ID		Issued Date	Expiration	Date	Issued By	₹ E
Θ	_	× United Sta America	ites of 🛛 📰	× Socia Numt	al Security IE		555-55-5555		MM/DD/YYYY 🖻	MM/DD.	/1111		
	ent IDs 0 items												₹E
(\pm)	*Country	*Go	vernment ID Type		Identification #		Issued Date	Expiration Dat	te Verificatio	vn Date	Verified By		
					1	No Data							
	enter your comment												



- 5. **Attachments**: Documents can be uploaded if needed, by both drag and drop the document file from your computer to the attachment area or click the select files button to upload.
- 6. Click **Submit** to continue.
- 7. Click **Done** to display your inbox screen.
 - a. If information for Government ID task was provided;
 - Click **Submit (again)** and **Done** to finalize the process and indicate completion of this task
 - b. If information was not provided;
 - **Read** instructions section and proceed as needed.

Once this task has been completed click the **Refresh** button or $\widehat{\mathbf{W}}$ **Home** icon and the remaining onboarding tasks will display in the Actions column of your inbox. Click the next task in the list or a pop up box to continue onboarding.

Note: A **Pop up box** may appear after completing most tasks and when clicked will display the next task to complete.

ŵ	Q Search	88	4 ³	_ <mark>14</mark>	0
Inbox	You have marked as Complete				
Actions Archive Viewing: All Sort By: Newest V You have new inbox items. C	Up Next: Zan Thomas, Review Student Health Packet View Details Review Documents				
Add Government ID: Student Onboarding: Zan Thomas - School of Graduate Studies in Health Sciences/Graduate (MS) - 08/29/2022 - Active 27 minute(s) ago					



Review My Legal Name

In this task you will verify that your full legal name is correct.

ŵ	Q Search		88	¢3	_ <mark>1</mark> 9	0
Inbox						
Actions Archive Viewing: All Sort By: Newest V Student Onboarding: Timmy Apple - SOD-Dental Hygiene: Undergraduate (BS) - 08/15/2022 - Active (Carl 1) 1 hour(s) ago Student Onboarding: Timmy Apple - SOD-Dental Hygiene: Undergraduate (BS) - 08/15/2022 - Active (Carl 1) 1 hour(s) ago Student Onboarding: Timmy Apple - SOD-Dental Hygiene: Undergraduate (BS) - 08/15/2022 - Active (Carl 1) 1 hour(s) ago Thour(s) ago	Review My Legal Name 1 hor(s) ago which is stated below, therefore, it is important to double-check capitalization and punctuation in your mane as the stated below, therefore, it is important to double-check capitalization and punctuation in your mane as the commentation concentration comments include: a limit Certificate a limit description of thora era out MMC employee, this may be required. B intrage Leanes algored by the officiant if updating your legal name as a result of marriage. B comment signalization of marriams if updating your legal name as a result of marriage. B comment signalization of marriams if updating your legal name as a result of marriage. B comment signalization of marriams if updating your legal name as a result of marriage. B comment signalization of the other sintegration of the other	is well. If this legal name is not correct, please use the edit box below. If you need to make changes at a later dat on need may vary by situation.				
Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🏠 1 hour(s) ago	Todd Cook Graham Name	8				
Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🏠 1 hour(s) ago	Process History tapple / Timmy Apple Student Onboarding Event - Step Completed	1 hour ago				
Complete Questionnaire: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🏠 1 hour(s) ago	Workday Service Service: Apply Student Hold- Not Required					
Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🏠 1 hour(s) ago	Workday Service Service: Apply Student Hold- Step Completed Workday Service Service: Apply Student Hold- Step Completed	1 hour ago				
Review Student Registration Agreement: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active	Workday Service	1 hour ago				
1 hour(s) ago SARA Reciprocity Statement: Timmy Apple - SOD-	Approve Cancel					

- 1. **Read ALL** information provided on the task page.
- 2. Verify that your FULL Legal name including middle name (if you have one) and relative suffixes are correct.
 - a. If <u>correct</u>, click **Approve** and **Done**.
 - b. If <u>changes</u> are needed later, type **Change My Legal Name** in Workday's search bar to edit and submit changes.



Set Up Payment Election

Complete	To Do Set Up Payment Election 🚥	個	POF
For	Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active		
Overall Process	Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active		
Overall Status	In Progress		
Instructions	Making Payments to Your Student Account and Receiving Refunds (Financial Aid, Juition, Insurance)		
	In order to receive financial aid refunds and make payments to your student account from your bank account, you must set up Payment Elections in Workday.		
	 REFUNDS: To receive refunds (financial aid, tuition, insurance, etc.), you must select to receive your refunds by Direct Deposit or Check when setting up your payment elections. Direct Deposit is the fastest way to get your money. If you choose to receive your re funds by check, be sure to keep your address updated in Workday. Checks will be sent to the address designated as primary. There will be a \$30 stop payment fee to replace checks that are lost in the mail. 		
	To make a payment to your student account, you must choose whether to pay by credit/debit card or by bank withdrawal, also known as direct debit or electronic check.		
	BANK WITHDERAWL PAYMENTS: To make payments to your student account from your bank account, you must enter your bank account information when setting up your payment elections. This does NOT initiate automatic account payments. You will need to complete the Adde a Payment task in Working each time you want to make a payment. NOTE: no additional fees are charged for bank withdrawal payments.)	
	<u>CREDIT/DEBIT CARD PAYMENTS</u> : To make payments to your student account with a credit or debit card, you will enter the appropriate information when completing the <i>Make a Payment</i> task in Workday. You do not need to enter your credit or debit card inform tion when setting up your payment elections. NOTE: There is a 3% processing fee added to all credit/debit card transactions.	а-	
	To set up your Payment Elections in Workday:		
	 Click on the Payment Elections button at the bottom of this page. Click the AdD button. Click the AdD button. In the Student Refund Rule field, select Direct Deposit or Check. The Student Payment Rule field will automatically populate with Bank Account Withdrawal. Therer your bank account information (routing number, bank name, type of account, and account number). NOTE: The bank account information that you enter will be sent to your bank to validate. This validation process may take up to 24 hours and must be completed before you can make a payment from this account. Click OK. 		
	It is very important to enter your bank account information accurately. If in doubt, contact your bank to verify the correct routing number and account number. If you have a check, the routing number is located in the lower left corner of the check and the account numl cated in the bottom middle of the check.	per is lo-	
Payment Ele	sections		
Submit	Save for Later Close		

- 1. **Read ALL** information provided on the task page.
- 2. Click Payment Elections button
- 3. Click **Add** button to select how to receive payment for each type of pay. (For direct deposit, be sure to add bank accounts before payment elections).

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each	Paym	nent Elections Timmy Apple	-					
ccounts	Select how	v to receive payment for each type of pay. For cirect	deposit, be sure to add bank accounts before payment el	ections.				
Joounts	Person	Person Timmy Apple						
	Default C							
	Default C	Currency USD Election No payment elections specified.						
	A	bb						
				_				
			× Check	=				
Preferred Pay	ymen	t Method	Beech					
	0		Check					
Expense Rule	*	× Check	O Direct Deposit					
	l							
Student Payment R	tule *	× Bank Account W	ithdrawal 🗄]				
Student Refund Ru	le *	× Direct Deposit	× Direct Deposit) :=				
	l		Bearch					
			Direct Deposit					

4.	Select the required	fields	for	Preferred	Pay	/ment
	<u>Method;</u>					

- a. Expense Rule
- b. Student Payment Rule
- c. Student Refund Rule
- 5. Enter the required fields for Account Information;
 - a. Routing Transit Number
 - b. Bank Name
 - c. Account Type
 - d. Account Number
- 6. Click **OK** to accept the changes.
- 7. Click Submit button.

e * × Direct Deposit	× Direct Deposit
	Bearch
	O Direct Deposit
	Student ACCTG-Check
al)	
*	
*	
* O Checking	
 Savings 	
*	
	al) (* (* (* (Checking Savings



VA and Tuition Assistance Benefits

ŵ	Q Search	88	Ĵ₀	6	0
Review Docum	ents Review Documents for Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🚥				
Documents					
Document Link	VA and Tuition Assistance Benefits				
Instructions	For students utilizing VA education benefits or Tuition Assistance benefits, please email Lauren Nichols at Inichols 3@urnc.edu prior to registering in order to begin the process of certifying your enrollment. Required documents for VA certified for VA certified begins at the following link students must reach out to Ms. Nichols before the start of the semester in order to ensure the processing your VA/TA benefits in a timely manner.	rtification	ı can be f	ound at	
Signature Statement	I acknowledge that / have fully read and understood the VA and Tuition Assistance Benefits policy.				
l Agree					
Submit	Save for Later Cancel				

- 1. **Read ALL** information provided on the task page.
- 2. Click the Document **link** to be routed to the Enrollment Management page on the UMMC Intranet, print the UMMC forms required for certification, and follow the instructions.

UM	MC forms requ	ired for certification
•	Certification form (PDF)	
•	Course approval (PDF)	
Click	I Agree	Check box.

- 3. Click
- 4. Click **Submit** button.



My Home Contact Information

In this task you will review your home address, email address, and mobile phone number. Edit/Add buttons are provided for updates.

Ñ	Q Search				88	¢3	e [®] (
← Item 1							↑ ↓
Review My Home Contact Information						☆	\$ (*
2 hour(s) ago							\cup
Please review your home contact information below. Your address must reflect ; Enrollment Management main line at (601)984-1080.	your current domicile of where you reside on a day to day basis. In addition, we ask that you keep	your mobile phone number up to da	ate to receive our AlertU emergency text messages. If you have	an questions, please	contact your <u>admiss</u>	ion officer	or the Office of
Edit							
					Turn on the	e new table	es view 🔵
Addresses 1 item							<u>≖</u> ⊡ ⊾"
Address Usa	ge	Visibility		Shared With	Effective Date		
2213 West St Hor Jackson, MS 39211 United States of America	me (Primary)	Private			10/06/2021		*
4					Turn on the	e new table	es view
Email Addresses 1 item							≡ 🗆 r.
Email Address	Usage		Visibility				
🖂 ta@hotmail.com	Home (Primary)		Private				
4							+
Approve Cancel							

- 1. **Review** your Home contact information.
 - a. Home Address (where you live day to day)
 - b. Email Address
 - c. **Phone** (mobile)
- 2. If information is <u>correct</u>, click **Approve** and **Done**.
 - a. To add or update information, click Edit.
 - To Edit:
 - Click in the area to edit or click the PENCIL icon (opens the field boxes)
 - All required fields are indicated by a red *asterisk
 - A CHECK icon will save changes (ARROW icon will cancel or undo)
 - ADD button will allow you to add additional contact information
 - Click SUBMIT and DONE when finished (returns to the previous screen)
 - Click APPROVE and DONE.



My Personal Information

In this task you will review/edit your personal information.

ŵ	Q Search		88	ф ³	e	0
← Item 1					\uparrow	\downarrow
Review My Personal Information				☆	ŝŝ	л ^к
Please review your personal information below and update where appropriate. It is important to have correct information If you have questions, please contact your <u>admission officer</u> or the Office of Enrollment Management at (601)964-1080.	for financial aid and student insurance purposes (if you opt to purchase student insurance)					
Edit	Change My Personal Information Timmy Apple 🚥	Change Personal Information				
Personal		Gender				
Gender Male Date of Birth * 01/01/2002	*	Gender Ø				
Age 19 years, 9 months, 5 days		Date of Birth				
Country of Birth United States of America Region of Birth (empty)		Date of Birth * 01/01/2002 Age				
City of Birth Jackson Marital Status (empty)		19 years, 9 months, 5 days Place of Birth	1			
Hispanic or Latino		Country of Birth Duted States of America				
Race/Ethnicity Black or African American (United States of America)	You have submitted	Region of Birth (empty)				
Approve Cancel		City of Birth Jackson	L			
	Submit Save for Later Cancel					

1. Review your personal information. It is important to have correct information for financial aid and student insurance purposes, if you opt to purchase student insurance.

Note: Birthdate, Gender and Ethnicity are required fields.

- 2. If information;
 - a. Is <u>correct</u>, click **Approve** and **Done**.
 - b. <u>Needs editing</u> (additions or changes)
 - i. Click Edit to allow changes.
 - ii. When finished click **Submit** and **Done**.
 - iii. Click **Approve** and **Done** to accept and return to the Inbox.



Manage My Privacy Settings

In this task you will manage your privacy settings according to The Family Educational Rights and Privacy Act (FERPA).

Ŵ	Q Search	88	Д <mark>3</mark>	e ^e (
← lten	1					
Manage	y Privacy Settings		\$			
3 hour(s) ago				Ŭ		
Student	Timmy Apple					
Institution	The University of Mississippi Medical Center					
Description	The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records.					
	Rights afforded under FERPA can be found <u>HERE</u>					
	The Family Educational Rights and Privacy Act (FERPA) allows the Medical Center to disclose the following "directory information" without consent. The Medical Center regards the following information as "directory information", that is, information that may the general public: full name, reported date of birth, dates of attendance, digitized image, local address and telephone number, e-mail address, undergraduate college, home town or city at the time of application for admission, and dates of degrees received and department of study. Medical Center prizes, residencies, fellowships, and similar honors awarded.					
	A student may choose not to allow the above information as it applies to your record to be designated "directory information". It is the student's responsibility to inform the institution of this exclusionary choice by placing a line Manage My Privacy Settings task in Workday. This action will preclude any directory information about a student being released to a third party except in instances where FERPA does not apply.	ERPA flag on your record at the ti	me of regi	stration or via		
	Please be aware that possible consequences of withholding 'directory information' include missed mailings, messages, and announcements, non-verification of enrollment or degree status, and non-inclusion in the Med	cal Center Commencement prog	ram.			
	f you have any questions, please contact the Office of Enrollment Management at 601-984-1080.					
	Directory information policy can be found HERE					
	I want my directory information to be public (recommended)					
	O I do not want my directory information to be public	wn to see the	2			
If students ele						
	Director	y Data Values				
	alues 17 items			⊒ ⊡ . '		
Directory Dat	alue	Display on Profile				
Submit	Cancel					

- 1. **Read** the information on the task screen.
- 2. For information about rights afforded under FERPA, click the **HERE** link indicated on the screen.
- 3. For information about the Directory Information policy, click the **<u>HERE</u>** link indicated on the screen.
- 4. Indicate by clicking the radio button, if you want your directory information to be public or private.
 - a. **If you wish to be included;** Scroll down the list for Directory Data Values to **indicate** either display (check) or not display (leave blank).
- 5. Click **Submit** and **Done**.



My Friends and Family

In this task, include an Emergency Contact.

Ŵ		Q Sear	ch				88	Ĵ3	1 4	0
Review My Frie	nds and Family									PD
Please review the friends and f	amily information below.									
	ommenders provided on admission application a	s well as individuals vou would like liste	ed as emergency contacts.							
	dd a new individual. You will be required to add a			ortant to keep this information current sh	ould they need to be contacted i	in the event of an emergency				
Add										
							T	the new table		
							ium on			
3 items								×	<u>∓</u> ⊡ ⊧	÷.
Name	Relationship Types	Relationship	Phone Number	Email Address	Address	Third Party				
John Carr	Recommender	Mentor		jc@gmail.com		No				*
Wayne Brady	Recommender	Manager		WBC@gmail.com		No				
Tom Jones	Recommender	Personal		TJK@gmail.com		No				
4									Þ	
Done										

1. Click the **Add** button.

A red *asterisk indicates required fields.

- 2. Select Emergency Contact under Relationship Type.
- 3. Select the **Relationship**.
- 4. Under the Name Section;
 - a. **Enter** the name information
- 5. Under the Contact Information Section include at least one;
 - a. Phone (type area code+number)
 - b. Address
 - c. Email
- 6. Click **OK** and **Done**.
- 7. (Verify information added is correct) Click **Submit** and **Done**.
- **Note**: Friends and Family can be found on your profile page if additions or edits are required. -On your Workday Home page>click your picture top right> click View Profile. -Click>Contact>Friends and Family tab

	ind Family						
Add							
1 item							
Name	Relationship Types	Relationship	Phone Number	Email Address	Address	Third Party	
	Relationship Types Emergency Contact	Relationship Father	Phone Number +1 (601) 5558787	Email Address	Address	Third Party No	Actions *
Name				Email Address	Address		Actions V



Complete Questionnaire

In this task, indicate if you have been inducted into Phi Kappa Phi?

ŵ	Q Search		88	Ĵ3	4	0
Complete Questionnaire	'Phi Kappa Phi Membership' for Student Onboarding: Zan Thomas - School of Graduate Studies in Health Science	ces/Graduate (MS) - 08/29/2022 - Active 🚥				
Phi Kappa Phi Membership						
Have you been inducted into Phi Kappa Pl Ves No	8?					
Submit Save for Later	Cancel					

- Click in the appropriate response- Yes or No.
 a. If <u>Yes</u>, indicate at which <u>institution</u>
- 2. Click **Submit** and **Done** to continue.



Consent to Receive Form 1098-T Electronically

In this task, you will agree to receive Form 1098-T electronically.

ŵ	Q Search	# 🔑 🖻 🥥
Consent to Receive Form 1098-T Electronica	ally	
	RS how much tuition you paid for the previous tax year, and how much yo the mail. When your 1098T form is ready you will receive an email with	
Yes, I have read and consent to the terms and conditions		
Process History		
Student Onboarding Event- Step Completed	2 hours ago	
Workday Service Service: Apply Student Hold- Not Required		
Service: Apply Student Hold- Step Completed	2 hours ago	
Service: Apply Student Hold- Step Completed	2 hours ago	
Service: Apply Student Hold- Step Completed	2 hours ago	
Service: Apply Student Hold- Step Completed	2 hours ago	
Service: Apply Student Hold- Step Completed	2 hours ago	
Workday Service Service: Apply Student Hold- Step Completed	2 hours ago	
C Workday Service	2 hours ago	
Submit Cancel		

- 1. Read the information on the screen.
 - a. For More information about 1098-T, click the HERE link.

	Click the check box to consent Click Submit .	Yes, I have read and consent to the terms and conditions	
4.	Confirmation screen will display	Yes, I have read and consent to the terms and conditions	Yes
5.	Click Done to continue.		



Student Registration Agreement

In this task you will download, save, review and agree to the document.

ŵ	Q Search		88	4 <mark>3</mark>	2 9	0
Review Student Registration Agreement	Review Documents for Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergi	raduate (BS) - 08/15/2022 - Active 🚥				
Documents						
Document SR Registration Agreement						
Instructions Please download and review the attached	"Registration Agreement."					
Signature Statement Upon accepting this agreement, you are ac	cknowledging that you understand and agree to all statements outlined in the attached document.					
I Agree						
Submit Save for Later Cancel						

- 1. Click the SR Registration Agreement document link to open.
- 2. On the document screen, click the **download icon L**. Once downloaded, click the file to open then save the document to your computer.
- ÷ SR Registration Agreement 3. When finished reading the document, click the left arrow to return to the onboarding process. I Agree ☑ check box.
- 4. Review Signature Statement and click the I Agree
- 5. Click Submit and Done.



SARA Reciprocity Statement

Complete this task if you are enrolled in a program of study that requires a <u>professional</u> <u>licensure/certification</u>.

Ŵ	Q Search	88	Д ³	🖓 🔵
← Item 8				↑ ↓
SARA Reciprocity 2 hour(s) ago Documents	Statement Review Documents for Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🚥		\$	ζζζζi (π ^μ
Document	Professional Licensure Both Federal law and the State Authorization Reciprocity Agreement (SARA) which the University of Mississippi Medical Center (UMMC) participates in require that this periodic notification be delivered to your attention. Because you ha that customarily leads to professional licensure/certification, this notification is intended to provide you with important licensure information in the state of Mississippi. If each with the UMMC State Authorization Professional Licensure website there in our are located outside of the state of Mississippi in order to inform you if the academic requirements for met or not, or if UMMC has not made a determination. DEFINITION OF LOCATION Option for Face-to-Face Students. As a face-to-face student, your location is defined as the home address that you review each semester prior to enrolling. Option for Online Students. As a face-to-face student, your location is defined as the hypsical location that you indicate you are in while taking courses. If you have any questions please contact Kenneth Heard, Director of State Authorizations at heard2@ume edu or (601)1815-7823. http://umc.edu/office%200ffs/20Academic%20Affairs/About-Academic-Affairs/State%20Authorization/Professional%20Licensure/Profesional%20Licensure/Professio	demic req	uirements	for lice
I Agree	I acknowledge that I have fully read and understood the State Authorization Reciprocity Agreement policy.			

- 1. Review **Instructions** section. If you are located outside the state of Mississippi, please visit the UMMC State Authorization Professional Licensure website by clicking the <u>HERE</u> link.
- 2. Click the Professional Licensure Link to open the document.
- 3. On the document screen, click the **download icon** . Once downloaded, click the file to open then **save** the document to your computer.

☑

check box.

- 4. When finished reading the document, click the **left arrow SARA Doc** to return to the onboarding process.
- 5. Review **Signature Statement** and click the **I Agree**
- 6. Click **Submit** and **Done**.



Student Health Insurance

In this task you will download, save, review and agree to the document.

ŵ	Q Search	88	4 ³	e	0			
Student Health	Insurance Review Documents for Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🚥							
Documents								
Document	UMMC Student Health Insurance Requirement							
Instructions	Please read the following statements related to the UMMC Student Health Insurance Requirement:							
	Understand that I am required to maintain major medical health insurance coverage. Understand that I am required to maintain major medical health insurance Plan, I am accepting the responsibility to maintain my own medical insurance coverage for the duration of my enrollment at UMC. Understand that by electing not to erroll in the UMC Student Group Health Insurance Plan, I am accepting the responsibility to maintain my own medical insurance coverage for the duration of my enrollment at UMC. Understand that by electing not to erroll in the UMC Student Group Health Insurance Plan, I am accepting the responsibility to maintain my own medical insurance coverage under this plan. I understand that should i dickide in the future to apply for coverage under the UMC Student Group Health Insurance for my enrollment in the UMC Student Group Health Insurance for my enroll enroll meet as a student, in the annual open enrollment period, or as the result of a special qualifying event, and that various deadlines apply and cannot be waived. understand that UMC reserves the right to modify the group insurance plan available to students as needed and that benefits and enrollment rules in effect now could change between the time I waive out of the plan and a later time when I may wish to enroll in the plan. understand that I meet event i seek medical care at The University of Mississippi Medical Center hospital or clinics I am responsible for paying for the cost of the care either directly or through my own insurance plan. Understand that I must be prepared to furnish proof of coverage upon request. To remove this hold you are required to privide proof the Numanne. Through the student insurance, you will be to see the frank of the remove the removal of this docud as texpered. How insurance compary and your assurance plan. Inderstand that I must be prepared to frumish proof of coverage upon request. To remove this hold you are required to provide proof of health insurance hore. Through t							
Signature Statement	I acknowledge that I have fully read and understood the UMMC Student Health Insurance policy.							
l Agree								
Submit	Save for Later Cancel							
1. Read li	Read Instructions.							

- 2. Click the UMMC Student Health Insurance Requirement document link.
- 3. On the document screen, click the **download icon** . Once downloaded, click the file to open then **save** the document to your computer.
- 4. When finished reading the document, click the **left arrow** to return to the onboarding process.
- 5. Review **Signature Statement** and click the **I Agree** check box.
- 6. Click **Submit** and **Done**.



Student Health Packet

ŵ		Q Search	ł	88 Ç	3 _4	' 🗢
Re	view Studer	ent Health Packet Review Documents for Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🚥				
Do	cuments					
	Document	Student Health Packet				
	nstructions	Please download and review the Health Packet. Upon completion of this task; you will not be able to access the document again. All health requirements must be completed prior to registration. You an prior to the start of the academic term to allow appropriate time for review and prevent registration delays.	e encouraged to submit this informati	ion at least	6 weeks	
		You will receive a link to a REDCap survey where you will upload this COMPLETED health packet signed by a provider. If you already have all of your health information, in one document (combined PDFs, receive in the email you provided.	121 Form, other) you may also submi	it it via the	ink you will	
-	Signature Statement	t By checking this box, I acknowledge I have downloaded the health packet to be completed and submitted through the appropriate method. I understand that I will not have access to this document agait such time it is completed and reviewed by Student/Employee Health.	n after this point and will remain on ho	old for regi	tration unti	I
	Agree					
	Submit	Save for Later Cancel				

- 1. **Read ALL** information provided on the task page.
- 2. Click Document Student Health Packet link.
- Download the packet to your computer by clicking .
 Next and previous page arrows and a printer icon are available if necessary.
- 4. When finished reading the document, click the **left arrow** to return to the onboarding process.
- 5. **Review** Signature Statement and click the **I Agree** Check box.
- 6. Click **Submit** and **Done**.



Fingerprinting Instructions

In this task you will download, save, review and agree to the document.

ŵ	Q Search		88 🎝	9 🚑	0
Fingerprinting	Instructions Review Documents for Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🚥				
Documents					
Document	STU School of Dentistry - New Student Fingerprinting				
Instructions	You must complete fingerprinting for a criminal background check prior to acceptance to the program. Schedule your appointment to be fingerprinted immediately to ensure the greatest your academic studies.	selection of available time-slots for timely completion	1 and avoid	delaying	
	t I acknowledge that I have fully read and understood the UMMC Fingerprinting document and will schedule my appointment prior to enrolling.				
l Agree					
Submit	Save for Later Cancel				

- 7. Review instructions section. Click the **New Student Fingerprinting document link** to open.
- 8. On the document screen, click the **download icon** . Once downloaded, click the file to open then **save** the document to your computer.
- 9. **Review** the information.
- 10. When finished reading the document, click the left arrow

to return to the onboarding process.

- 11. **Review** Signature Statement and click the **I Agree** Check box.
- 12. Click Submit and Done.



UMMC Acceptable Use Policy

In this task you will accept UMMC Use Policy.

ŵ	Q Search	88	Û3	P	0
	cceptable Use Policy Review Documents for Student Onboarding: Timmy Apple - SOD-Dental Hygiene/Undergraduate (BS) - 08/15/2022 - Active 🚥				
Document					
Document	ink UMMC Acceptable Use Policy				
Instruction	Please review the UMMC Acceptable Use Policy.				
Signature	tatement I hereby attest that I have reviewed and specifically acknowledge UMMC's information Technology Acceptable Use Policy and my responsibility to adhere to it as a UMMC student.				
I Agree					
Submit	Save for Later Cancel				

- 1. Review Instructions section. Click the **UMMC Acceptable Use Policy document** link to open the policy site.
- 2. Read the policy and close the browser tab to return to Workday onboarding.

3. Review **Signature Statement** and click the **I Agree** check box.

4. Click **Submit** and **Done**.

Program Specific

School of Nursing

In this task, only School of Nursing Students will review the listed documents. Others, not in the SON program, will not receive this task. To review the documents;

Review	Documents

Review Document	💲 Review Documents for Student Onboarding: Greener Grass - SON-Traditional BSN/Undergraduate (BSN) - 05/31/2022 - Active 🚥	☆ ∰
2 second(s) ago		r4 603
Documents		
Document	Information Policy Agreement	
Signature Statement	I agree to read and to abide by the UMMC information Policy and all other institutional policies.	
I Agree		
Document	Student Handbook	
Instructions	The Links to the Student Handbock are provided below.	
	http://umc.edu/son/Student_Handbook/ http://umc.edu/son/tech_stendards_APG.pdf/	
Signature Statement	I do hereby endorse and affirm the principles contained in this policy found in the UMMC School of Nursing Student Handbook. Through my attestation I affirm and express my commitment to act in a manner consistent with the standards of ethics, civility, and professionalis inherent in the policy.	
I Agree		
Document	Substance Use Polices	
Signature Statement	I do hereby endorse and affirm the principles contained in this policy found in the UMMC School of Nursing Student Handbook. Through my attestation I affirm and express my commitment to act in a manner consistent with the standards of ethics, civility, and prot inherent in the policy.	essionalism
I Agree		
Document	Travel Walver	
Signature Statement	I have read and agree with the statements on the attached Travel Walver.	
I Agree		
Submit Save for Later Cancel		

- 1. **Read** each document listed by clicking the document link.
- 2. When finished reading the document, click the **arrow** to return to the task screen.
- 3. Review **Signature Statement** and click the **I Agree** check box for each.
- 4. When all documents have been agreed, click **Submit** and **Done**.

Other SON Documents

SON will provide other documents for review depending on your program of study such as;

- SON Welcome Letter
- Waiver of Access Rights to Cofidential Letters or Statements of Recommendations
- Release of Information Waiver Form



Medical Scribe Document – MSS Program

In this task only students enrolled in a MSS program, will review Medical Scribe document.

Medical Scribe	Document 🕁
	s for Student Onboarding: Kim Kite - SHRP-Certificate Medical Scribe Specialist/Undergraduate (CT) - 08/16/2021 - Active Active
12 second(s) ago	
Documents	
Document	Medical Soribe Specialist Program CPR Requirement
Instructions	Students in the Medical Scribe Specialist certificate program are required to submit evidence of Cardiopulmonary Resuscitation certification (CPR) as a BLS Healthcare Provider (American Heart Association) to the Department of Health Sciences as stated within the program admission requirements in the UMMC Bulletin. As a reminder, evidence of CPR certification must be received by August 30th of the fall semester of the program. Please send a front and back scan of your CPR card to Coletter Turner, <u>withterumerQuire</u> , edu, in the Department of Health Sciences on or before the above stated deadline. For questions regarding this requirement, please contact the Department of Health Sciences at 601-815-1150.
Signature Statement	I acknowledge that I have fully read and understood the policy.
I Agree	
L	
Submit	Save for Later Cancel

- 1. Review instructions section. Click Medical Scribe Specialist Program CPR Requirement document to open.
- 2. On the document screen, click the **download icon** . Once downloaded, click the file to open then **save** the document to your computer.
- 3. When finished reading the document, click the **left arrow** to return to the onboarding process.
- 4. Review **Signature Statement** and click the **I Agree** check box.
- 5. Click **Submit** and **Done**.



CITI Training Registration – PHD programs or Master in Clinical Investigations

Students who are only enrolled in PHD programs or Masters in Clinical Investigations will review CITI document.

Ŵ	Q Search	88 Q	3 2	0		
← Item 1				\downarrow		
Review Documen	ts Review Documents for Student Onboarding: Zan Thomas - School of Graduate Studies in Health Sciences/Graduate (MS) - 08/29/2022 - Active 🚥	2	- 😳 (л ^и		
39 second(s) ago						
	CITI Training Registration					
Instructions	Document					
Signature Statement	Signature Statement Lacknowledge that I have fully read and understood the CITI Training Registration policy.					
I Agree						
Submit Save for Later Cancel						

- 1. Read the Instructions.
- 2. Click the Document **CITI Training Registration** to review the document.
- 3. When finished reading the document, click the **left arrow** to return to the onboarding process.
- 4. Review **Signature Statement** and click the **I Agree** check box.
- 5. Click **Submit** and **Done**.



Onboarding is Complete

You have finished your last onboarding task when the screen "**Overall process still in progress – step completed**" appears. This indicates some of the onboarding tasks are <u>awaiting administration approval</u>.

You have submitted Student Onboarding: Kim Kite - SON-Accelerated BSN Jackson/Undergraduate (BSN) - 01/10/2022 - Active (Actions) 37 second(s) ago				
Up Next Overall process still in progress Step completed Details and Process	X You have submitted Up Next: Overall process still in progress View Details			
Done				

Click Done.

Refresh your screen by clicking the W Home button– your Inbox should not list any onboarding tasks. If an onboarding task is listed, click the task to complete.

Where to find the Reviewed Documents

The document attachments reviewed during onboarding can be found in Workday for future viewing. Follow the steps to locate the documents.

- 1. From Workday's Home page, click your picture (top right).
- 2. Click View Profile.
- 3. Click **Personal** Category.
- 4. Click the **Documents** tab at top.
- 5. Above the table, click **Reviewed Documents** to display the document attachments.

