

East Tennessee State University
Registering Programs with Non-Student Minors

To be completed at least 45 days in advance:

Name of Program: _____

Program Director: _____

Program Director Email: _____

Program Director Phone: _____

Dates of Program: _____

Facilities to be Used: _____

By signing below:

___ I acknowledge that the University expects all members of the University community to adhere to and act in accordance with the Non-Student Minors Policy. Failure to comply with the requirements set forth in the policy may lead to disciplinary action and/or revocation of the opportunity to use University facilities.

___ I understand that there are additional ETSU policies and Tennessee state laws in effect to protect children, such as those in daycare/child study facilities on the ETSU campus. Those policies and laws may have stronger requirements and obligations. When more than one policy applies, the more stringent requirement shall be followed. Deans and Department Chairs in charge of clinical settings should consult with the HIPAA compliance office in deciding how policy and best practice should be implemented in the health care setting.

___ I acknowledge that all staff and students assisting with the program have or will have completed the online training (<https://healthsafety.etsu.edu/training/list>) prior to their participation in the program. Likewise all those required to have a background check have or will have that completed prior to the program.

Signature of Program Director: _____

Submit form to Kim Young at edwards@etsu.edu