



HIPAA BASICS CERTIFICATION

Instructor Registration Form

Please complete the following information and submit this form with the Student Registration Forms. (* = required fields)

Instructor Name:* _____
Last First Middle Initial

Position: _____

Facility*: _____

Mailing Address:* _____

City:* _____ State: _____ Zip Code: _____

Email Address*: _____

Phone Number*: _____

Students Usernames and Passwords will be emailed to the Instructor.

Registering as an instructor only (no students at this time).

CONSENT (select one):

The following statement was sent to my student's guardians on (date) ____/____/____
by _____.

For students participating in HIPAA Training (a no-cost to the student certification that is administered through the Center for Rural Health): The University of North Dakota Center for Rural Health (CRH) and the ND Area Health Education Centers (NDAHEC) will maintain and reference the registration information periodically to evaluate the effectiveness of the HIPAA certification. Students participating in the HIPAA Certification may be contacted in the future for evaluation purposes. If you object to allowing your child's information to be included in the CRH & NDAHEC evaluation of the program's impact, please email Kayli Gimse at kayli.gimse@und.edu upon receipt of this notification.

Waivers were sent to the student's guardians and will be submitted with the student registrations.

Waiver may be found at: <http://ruralhealth.und.edu/what-we-do/health-workforce/hipaa>