STC ACADEMY · SIMULATION TRAINING CENTER

# YEARBOOK CONTENT SUBMISSION

Send in photos, captions, quotes and memories for the yearbook

FORM NO. **STC-YB-1502**

SECTION 15
Yearbook • Policy Section 15

**INSTRUCTIONS** Anyone can submit. Email or upload the photo files and list them below. The yearbook staff choose and may edit what runs.* (* = placeholder rule)

| SUBMISSION # | DATE | YOUR NAME | STUDENT ID / STAFF | PHONE / EMAIL |
|---|---|---|---|---|
| | | | | |

I AM ☐ Student ☐ Instructor / staff ☐ Parent ☐ Alum

PROGRAM (IF ANY) ☐ EMT ☐ AEMT ☐ Paramedic ☐ Nursing ☐ Fire & Rescue

## 1 WHAT YOU'RE SENDING

Check all that apply

☐ Photos ☐ Captions ☐ Quote ☐ Story / memory ☐ Shout-out ☐ Artwork ☐ Trip photos (TR-1406) ☐ Other: _____

## 2 PHOTOS

One line per photo • Names left to right

| # | FILE NAME | DATE TAKEN | EVENT / WING / TRIP | PEOPLE IN PHOTO (LEFT TO RIGHT) | CAPTION IDEA |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

## 3 QUOTE, STORY OR SHOUT-OUT

YOUR WORDS Quotes: ____ words max.* Credit it: who said it?

| WHO SAID IT / CREDIT LINE | SECTION IT FITS (PROGRAM, TRIP, EVENTS, GRADUATES) |
|---|---|
| | |

## 4 CHECK BEFORE YOU SEND

Initial each

**1 I Have the Right to Share** — INITIALS
I took them, or the photographer said yes. Credit: _____

**2 No Patients or Private Info** — INITIALS
No real patients, charts, patient info, exam content or grades. Sim photos approved by the instructor (AC-102).

**3 Everyone Is OK With It** — INITIALS
I asked the people pictured. Staff still check each one against STC-ADM-011.

**4 Respectful** — INITIALS
Fits the Code of Conduct ("clear, respectful communication"). No inside jokes that put anyone down.*

| SIGNATURE | DATE |
|---|---|
| | |

## YEARBOOK ADVISOR / OFFICE USE

Completed by staff only

DECISION ☐ Use as is ☐ Edit ☐ Hold ☐ Not used

ADM-011 CHECKED FOR EVERYONE? ☐ Yes ☐ No

PAGE #

| REASON / EDITS MADE | STAFF EDITOR | DATE |
|---|---|---|
| | | |