Dear FNP Practicum Student,

Welcome to FNP practicum courses! All students in practicum courses must meet and keep current certain requirements in order to participate in practicum experiences. Please see below regarding those requirements and the deadlines.

You will need a photo clinical name badge which we will order for you. Your badge will include your name as it is in the Xavier Banner system, your designation as an FNP Student and the credentials ‘RN’ and BSN or MSN as appropriate. If there are any other credentials that need to be on the badge, please let me know.

The cost of the badge is $10 which you will load $10 on your ALL Card through the Student Hub. We will collect your ALL Cards and swipe them for payment in the Nursing lab and give you your clinical badge during a class time the first week of classes. Video-conference students will obtain a badge but will be exempt from the ALL Card and payment requirement. Badges will be mailed to off-site students.

Visit www.xavier.edu/allcard for information on obtaining your ALL Card.

You will need to collect health records and copies of your CPR certification and health insurance card. Included in this packet are documents you may use for your verification. You will receive instructions on uploading your documentation to Typhon at a later time. Information may be posted on the NURS 775 Canvas course. TB tests and CPR verification must be updated and verification submitted prior to expiration to continue in practicum courses.

- Physical Examination Form
- Immunization Record
- TB test
- CPR Verification (both sides of card or card/certificate with QR code)
- Health insurance card copies
- Verification of a flu vaccine will be required in October

You will also need to obtain a Criminal Records Check. See the last page of this packet for information.

STUDENTS MUST HAVE ALL ITEMS (other than flu vaccine) COMPLETE TO GO TO CLINICAL SITE.

Liability Insurance: The University maintains a blanket liability insurance policy on all nursing students. Details are in the nursing student handbooks. See handbook for fees.

Thank you for your attention to these items. If you have questions, please contact (513) 745-1009 or xunurse@xavier.edu.

We wish you much success!

Xavier University School of Nursing
REQUIRED DOCUMENTATION FOR NURSING STUDENTS IN CLINICAL COURSES

All sophomore through senior undergraduate students and all MSN MIDAS and FNP graduate students must meet the specific requirements outlined below prior to going to clinical sites. Requirements are revised based on contracts with clinical sites. Students are notified in ample time to comply with changes in requirements.

Forms and instructions for submitting forms are at http://www.xavier.edu/nursing/current-students.cfm. Also on that web page is information about additional clinical supplies, uniforms and name badges.

A background check is required for MIDAS, FNP and BSN Seniors. Additional info is on the Current Students web page.

All students are required to complete HIPAA training. Students will receive instructions.

DUE DATES FOR SUBMISSION OF FORMS/DOCUMENTS
CPR card copy or registration for CPR at XU due by deadline:

July 15 – BSN Sophomores, Juniors & Seniors, MIDAS 2
August 15 – MIDAS Yr. 1 students (FNP TBA)

--REQUIREMENTS (First Year) – Students cannot go to clinical site until ALL are met--

PHYSICAL EXAMINATION FORM
Physical Examination. Students are required to provide proof from a physician that they are in good health prior to the beginning of clinical courses and, throughout their nursing student career, are required to notify the School of Nursing if there is a change in health status that may affect their participation in clinicals.

IMMUNIZATION RECORD (NOTE: Hepatitis B series requires 5-6 months to complete. Start ASAP if you have not had it.)

Requirement proof of immunity either by vaccination or positive serology (lab report required) for the following:

- Measles, mumps, rubella 2 doses of MMR vaccine
- Tetanus, diphtheria, pertussis (Tdap Adacel vaccine) 1 dose. The Tdap vaccine was licensed in 2005 and is the first vaccine for adolescents and adults that protects against all three diseases.
- Hepatitis B 3 doses. If recommended vaccination schedule was not followed, proof of positive serology may be required.
- Varicella (chicken pox) 2 doses (VZV). A 3rd option for verification of chicken pox immunity is history of disease.

TB (Tuberculosis) - Two-step req’d. for BSN sophomores & Yr. 1 MIDAS. One-step req’d. for FNP students.

Tuberculin Two-Step Skin Test. Students are required to obtain a two-step TB test. In two-step testing (given/read and 1-3 weeks later, given/read again. A chest x-ray is required if TB test is or has been positive in the past. The TB GOLD blood test, approved by the CDC, is an accepted form of tuberculin screening. NOTE: Practicing registered nurses may provide verification of their two most recent negative TB tests in lieu of a two-step TB test.

CPR/AED CERTIFICATION (Verification required first year and upon renewal)

CPR/AED Certification MUST be the American Heart Association BLS Healthcare Provider course (www.heart.org) or the American Red Cross BLS Healthcare Provider course (www.redcross.org). The AHA course is offered at XU on a Saturday in late August or early September for undergraduates and in mid-late September for MIDAS students.

HEALTH INSURANCE (Copy of both sides of card required annually) Students must maintain insurance throughout program.

FLU VACCINE. Current flu season verification due by Oct. 15 – students will be informed of due date.

REQUIREMENTS (Continuing Students)

STUDENT ANNUAL HEALTH AND TB (Tuberculosis)

Health Status Update Form, complete/sign top section. One Step TB Form or other verification. Skin test, TB GOLD blood test, or if tested positive, a symptom check (form on current student web page). Health care professional completes the bottom section.

CPR/AED & HEALTH INSURANCE: Submit both sides of CPR/AED card upon renewal (must be AHA Healthcare Provider or ARC Professional Rescuer and Health Care Provider) & both sides of health insurance card.

FLU VACCINE. Verification of current season flu vaccination required each flu season – students will be informed of due date.

Xavier University maintains a blanket liability insurance policy on all nursing students which covers students during their participation in clinical experiences directly related to the nursing program. A small fee is charged on the bursar bill for each clinical course to cover the insurance cost.

Required Documentation for Clinicals, 5/9/2015
PHYSICAL EXAMINATION FORM

STUDENT: COMPLETE THIS SECTION

I understand that a certification of physical health is required in order to attend clinical courses and that if my health status changes such that restrictions are required for clinicals, I must notify the School of Nursing and provide appropriate documentation as outlined in the nursing student handbook under compromised or altered health status.

I understand that I am not permitted in the clinical area until this completed form and all other required documentation has been submitted as instructed. I will maintain documentation for my records. I understand that I may need to provide it for a future clinical experience/employer and that the School of Nursing is not responsible for providing it to me in the future.

Student signature __________________________ Date __________
Student printed name ________________________ DOB __________________________

HEALTH PROFESSIONAL: COMPLETE THIS SECTION – student must use this form

The student named above has had a complete physical examination and has:

____ no restrictions    ____ restrictions – see attached information

Note to physician: If restrictions do exist, please attach explanation.

Date of this physical examination was: __________________________

Signature (physician/nurse practitioner verifying information) __________________________
Printed name __________________________ Date signed __________________________

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

__________________________________________
__________________________________________
__________________________________________

The physician/nurse practitioner signature and contact information must be provided or this form will be returned to the student for completion.

Instructions for submission of documentation are at www.xavier.edu/nursing/Current-Students.cfm
STUDENT IMMUNIZATION RECORD

I understand that my immunization record and other documentation is required in order to attend clinical courses, that it may be required for a future clinical experience/employer and that the School of Nursing is not responsible for providing submitted documentation to me. I will keep a record of my immunizations.

Student signature ___________________ Student name ___________________ DOB ___________________

HEALTH PROFESSIONAL: COMPLETE THIS SECTION

Please √ the appropriate box to signify that the requirement has been met. Provide additional documentation/explanation if appropriate. Documentation of additional vaccination will be required for negative serology results.

<table>
<thead>
<tr>
<th>Disease</th>
<th>HCW Requirements for Immunity</th>
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<tbody>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>□ Measles Positive serology – Date ___________ (lab results required)</td>
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<td>□ Mumps Positive serology – Date ___________</td>
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<td>□ Rubella Positive serology – Date ___________ OR</td>
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<td>□ 2 MMR vaccines - Dates 1. ___________ 2. ___________</td>
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<td>Hepatitis B</td>
<td>□ Positive serology – Date ___________ (lab results required) OR</td>
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<td>□ Three doses of Hepatitis B vaccine; the first 2 doses given at least one month apart, and 3rd given at least 4 months after the 2nd</td>
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<td>Dates of Hepatitis B Vaccine: 1. ___________ 2. ___________ 3. ___________</td>
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<tr>
<td>Tetanus, Diphtheria, Pertussis</td>
<td>□ 1 dose of Tdap (Adacel) (NOTE: Neither TD nor DTaP meet this requirement).</td>
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<td>Date of Tdap Vaccine: 1. ___________</td>
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<tr>
<td>Varicella (Chicken pox)</td>
<td>□ History of varicella (Chickenpox) or zoster (Shingles) Date or year: ___________ OR</td>
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<td>□ Positive serology – Date ___________ (lab results required) OR</td>
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<td>□ 2 doses of VZV vaccine, 6-8 weeks apart. Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose.</td>
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<td>Dates of Chicken pox Vaccine: 1. ___________ 2. ___________</td>
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Signature (physician/nurse practitioner verifying information) ___________________ Printed name ___________________ Date signed ___________

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER
________________________________________________________
________________________________________________________
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NOTE TO STUDENT: An immunization record from your healthcare provider will satisfy this requirement if the document includes all necessary information.
**TB (Tuberculosis) FORM**
BSN Juniors, BSN Seniors, Year 2 MIDAS Students and FNP students in practicums

**STUDENT: COMPLETE THIS SECTION**

I understand that **annually** I must obtain and submit proof of absence of tuberculosis. The usual method of meeting this requirement is verification of negative tuberculin skin testing (two-step in first clinical year and one-step annually thereafter). Alternately, submission annually of negative results of a blood test for TB meets this requirement. If a chest X-ray is warranted, results of the chest X-ray followed by annual symptom checks are required.

If my health status changes, I will inform the School of Nursing (SON) and my instructor to avoid putting my health and academic status at risk. It is my responsibility to maintain copies (future employers, etc. may require records).

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<tr>
<th>Student signature</th>
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**HEALTH PROFESSIONAL: COMPLETE THIS SECTION**

Mantoux Skin Test (THE 1 STEP TB TEST IS REQUIRED IN YEAR 2 OF CLINICAL COURSES.)

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<th>Given by</th>
<th>Signature</th>
<th>Credentials</th>
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<th>Read by</th>
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**NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER**

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**ALTERNATE FORMS OF VERIFICATION OF ABSENCE OF TB**

Attach results of a negative blood test for TB

OR

Attach (if Year 1 verification was a chest x-ray), a Symptom Checklist completed by a health professional verifying absence of TB symptoms (form at www.xavier.edu/nursing/Current-Students.cfm).

**NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER (if not on attached verification):**

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Instructions for submission of documentation are at www.xavier.edu/nursing/Current-Students.cfm
CRIMINAL RECORDS CHECK

Select Xavier University students, in order to participate in clinical experiences at off-campus sites, must meet documentation requirements specified in Xavier University’s contracts with those sites. In addition to health-related documentation, ALL BSN SENIORS, MSN MIDAS STUDENTS AND FIRST YEAR FAMILY NURSE PRACTITIONER STUDENTS ARE REQUIRED TO GET FINGERPRINTED AND HAVE A CRIMINAL BACKGROUND CHECK, BOTH BCI AND FBI, PRIOR TO THE START OF CLINICAL COURSES AND ANNUALLY THEREAFTER WHILE IN THE PROGRAM.

We highly recommend that your background check and fingerprinting be obtained at the Xavier University Campus Police Office to ensure proper processing. The Xavier Campus Police Office is in Flynn Hall (the flat-roofed single-story building on Cleneay/Herald near the Cintas Center entry drive).

POLICE WILL DO FINGERPRINTING, New Hours beginning August 1, 2016:
Mondays 1:00-4:00
Tuesdays 9:00-12:00 and 2:00-5:00
Wednesdays 9:00-12:00
Fridays 1:00-5:00

Excluding home basketball game days, Manresa, and holidays.
Bring your driver’s license and XU ALL CARD. There is a charge of $60.00.

Make sure the police request that your report is to be sent to:
Xavier University School of Nursing
Attn: Dr. Susan Schmidt
3800 Victory Parkway
Cincinnati, OH 45207-7351

AND, IF YOU ARE A BSN OR MIDAS STUDENT, ADVISE THE POLICE TO ALSO HAVE YOUR REPORT SENT TO:
Ohio Board of Nursing
17 South High Street Suite 400
Columbus, Ohio 43215

When should I get my background check?
BSN Seniors and Year 2 MIDAS: August. It will then still be valid when you take the NCLEX
YEAR 1 MSN MIDAS: September 1-15 (1st year MIDAS start clinicals in Oct.)
FNP: Prior to NURS 770 The campus police phone number is (513) 745-2000.
XU Police Fingerprinting web page: http://www.xavier.edu/police/Civilian-Background-Check-or-Fingerprinting.cfm
Xavier University School of Nursing: (513) 745-3814