

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.

IMPORTANT INFORMATION: Please visit the ALL Card Office in the Musketeer Mezzanine (**no Later than then end of July**) to have your photo taken and obtain your Student ID Card (ALL CARD). See the link provided for a campus map. <http://www.xavier.edu/about/documents/campusmap.pdf>. Please visit www.xavier.edu/allcard for information on obtaining your ALL Card.

NOTE: if you are a video conference student please contact the ALL Card Center at 513-745-3374 for instructions on sending an electronic photo for processing. Badges will be mailed to video conference students.

You will need a photo Clinical Name Badge which we will order for you and will distribute to you the first week of class. (The same photo from your All-Card will be used for your clinical name badge). 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 call 513-745-3134.

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 FNP NURSING STUDENT IN CLINICAL COURSES

Xavier University upholds and values high quality and safe health care delivery. Included in this value is the health of students who interact with patients and families across health care settings. Faculty/Students may have inapparent or pre-clinical infections or diseases that they are not aware of having. Therefore, it is required of all Xavier students who will be attending a clinical site to be screened and receive vaccinations for meeting quality and safety concerns.

All FNP graduate students must meet the specific requirements outlined below prior to going to practicum sites. Requirements are revised based on contracts with clinical sites. Students are notified in ample time to comply with changes in or additional requirements.

You will find the instructions for criminal records check (BCI & FBI background check) for FNP students in this packet.

HIPAA - sign the page in the handbook and complete any HIPAA requirements specific through the practicum site.

OSHA and Drug Testing will be completed per practicum site requirements and will be the student's responsibility to coordinate with the site.

--FNP Students cannot go to the practicum site until ALL requirements are met—Due dates will vary

PHYSICAL EXAMINATION FORM

Physical Examination. Students are required to provide proof from a physician or nurse practitioner that they are in good health prior to the beginning of practicum courses as an FNP student. Faculty/Students are required to notify the School of Nursing if there is a change in health status that may affect their participation in the practicum experience. Annual physical exams may be required.

IMMUNIZATION RECORD

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

- Measles, mumps, rubella: evidence of receiving two (2) doses of MMR vaccine after the age of 12 months. If you cannot provide documentation of previous vaccination, then EITHER a blood test must be done to confirm immunity OR provide proof of receiving another MMR vaccine.
- Tetanus, diphtheria, pertussis (Tdap Adacel vaccine): Evidence of receiving proof of Tdap booster within the last 10 years as required by current CDC recommendations.
- Hepatitis B: evidence of receiving three (3) doses of the Hepatitis B vaccine. If you do not have proof of all 3, you must take the steps to get proof of completing the 3 shot series.
- (NOTE: Hepatitis B series requires 5-6 months to complete. Start ASAP if you have not had it.)
- Varicella (chicken pox); evidence of receiving 2 doses of varicella vaccine (VZV). History of disease is not sufficient to meet the requirement. If you cannot provide documentation of previous vaccination, then a blood test must be done to confirm immunity
- TB (Tuberculosis) - A One-step TST (TB skin test) is required for FNP students.

CPR/AED CERTIFICATION: Verification required first year and renewal is required upon expiration
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).

CPR/AED: Submit the BOTH SIDES of CPR/AED card upon renewal (must be AHA Healthcare Provider or ARC Professional Rescuer and Health Care Provider).

HEALTH INSURANCE (Copy of BOTH SIDES of card required annually) Students must maintain health insurance throughout program.

FLU VACCINE Current flu season vaccination verification is due by Oct. 15th of each year.

Xavier University maintains a blanket liability insurance policy on all nursing students which covers students during their participation in practicum 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.

This policy applies to all faculty and / or students who will be participating in a practicum experience. If non-compliant, the faculty or student will be ineligible to participate in the clinical experience.

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. Annually thereafter, I will submit Page 2 to verify my health status for clinicals and will notify the School of Nursing if changes at any other time.

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: _____
Month Day Year_____
Signature (physician/nurse practitioner verifying information) Printed name Date signed

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

The healthcare provider signature and contact information must be provided or this form will be rejected.

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.

Disease	HCW Requirements for Immunity
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Measles Positive serology – Date _____ (lab results required) <input type="checkbox"/> Mumps Positive serology – Date _____ <input type="checkbox"/> Rubella Positive serology – Date _____ OR <input type="checkbox"/> 2 MMR vaccines - Dates 1. _____ 2. _____
Hepatitis B	<input type="checkbox"/> Positive serology – Date _____ (lab results required) OR <input type="checkbox"/> Three doses of Hepatitis B vaccine; the first 2 doses given at least one month apart, and 3 rd given at least 4 months after the 2 nd Dates of Hepatitis B Vaccine: 1. _____ 2. _____ 3. _____
Tetanus, Diphtheria, Pertussis	<input type="checkbox"/> 1 dose of Tdap (Adacel) (NOTE: Neither Td nor DTaP meet this requirement). Date of Tdap Vaccine: 1. _____ If Tdap is older than 10 years, also provide date of subsequent Td Vaccine: _____
Varicella (Chicken pox)	<input type="checkbox"/> History of varicella (Chickenpox) or zoster (Shingles) Date or year: _____ OR <input type="checkbox"/> Positive serology – Date _____ (lab results required) OR <input type="checkbox"/> 2 doses of VZV vaccine, 4-8 weeks apart. Prior recipients of 1 dose of vaccine must receive a 2 nd vaccine dose. Dates of Chicken pox Vaccine: 1. _____ 2. _____

 Signature (physician/nurse practitioner verifying information) Printed name Date signed
 NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

NOTE TO STUDENT: A copy of an electronic immunization record from your healthcare provider will satisfy this requirement if the document includes all necessary information.



School of Nursing
3800 Victory Parkway
Cincinnati, OH 45207-7351
513 745-3814

TB (Tuberculosis) TEST VERIFICATION FORM

Page 2: BSN Juniors, BSN Seniors, Year 2 MIDAS Students and FNP students

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. 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. The TB Symptom Check form is available at www.xavier.edu/nursing/Current-Students.cfm.

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).

Student signature _____ Date _____

Student printed name _____ DOB _____

HEALTH PROFESSIONAL: COMPLETE THIS SECTION

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

Date Given _____ Given by _____
Signature Credentials

Date Read _____ Read by _____ Result _____ record as MM induration
Signature Credentials

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

ALTERNATE FORMS OF VERIFICATION OF ABSENCE OF TB

Provide results of a negative blood test for TB

OR

Provide (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):



SCHOOL OF NURSING
3800 Victory Parkway
Cincinnati, Ohio 45207-7351
www.xavier.edu/nursing

CRIMINAL RECORDS CHECK FOR FNP STUDENTS

Xavier University FNP students, in order to participate in clinical experiences at off-campus sites, you must meet documentation requirements specified in Xavier University's contracts with those sites. In addition to health-related documentation, **FNP 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 1648 Musketeer Drive near the Cintas Center entry drive).

POLICE WILL DO FINGERPRINTING:

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

When should I get my background check?

FNP students must get their background check 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