Western Connecticut State University

Adult-Gerontology Nurse Practitioner/Clinical Nurse Specialist: Health, Background Check & Malpractice Requirements

I. I certify that I have evidence of:

1. A physical examination within ONE YEAR prior to the start of the program, including a health statement that states that there is no physical or emotional impediments to participation in clinical nursing activities and assignments;
2. A negative PPD within one year prior to the start of the program, or documentation of follow-up to a positive PPD;
3. A history of chicken pox or appropriate titer;
4. Hepatitis B immunization series, or statement of declination;
5. Tdap Immunization within 10 years of start of program
6. Annual influenza by October 1 each year of clinical rotations
7. Compliance with Department Requirement for Background check through CLN prior to start of clinical rotations.

I decline hepatitis immunization:

Signature ______________________ Date _______________________________

II. I also hereby agree to comply with any additional requirement(s) of agency (ies) in which clinical placement(s) for the Adult-Gerontology Nurse Practitioner/Clinical Nurse Specialist program may occur, including, but not limited to:

- Additional documentation of health status
- Annual review of OSHA content, including Universal Precautions
- Current CPR certification

III. Proof of valid advanced practice student malpractice insurance policy: include a copy of the face-sheet as documentation.

IV. Copy of all current Registered Nurse licenses.

Signature on this form certifies that all requirements have been met and can be provided in hard copy at any time.

Signature _________________________________ Date ____________________

Please return to:

The MSN Coordinator, Department of Nursing, 181 White Street, Danbury CT 06810

May 2014