Directions for students.

The following items must be completed:


2. Keep a copy of all uploaded documentation for your records. Placement sites may request proof and you will be required to produce proof within 24 hours.

3. Fingerprinting. Do NOT Use CastleBranch.com. Fingerprinting will now be done on campus for those entering community nursing rotation at a preset date. See Dr. Palladino/Dr. Lupinacci for details.

It is your responsibility to make sure this information does not expire.

Reviewed 12-1-17
WESTERN CONNECTICUT STATE UNIVERSITY
DEPARTMENT OF NURSING
Clinical Credentialing Requirements

Directions for Junior and Senior Nursing Students:

The following requirements pertain only to junior and senior nursing students AND are required for WCSU clinical placements. Students will not be allowed to start their clinical area experience until this credentialing process is complete.

The student is responsible for obtaining and uploading all the required documentation to their CastleBranch.com Account.

**NO DOCUMENTATION WILL BE ACCEPTED IN THE NURSING OFFICE.**

Inaccurate and/or incomplete documentation uploaded to the CastleBranch.com Account could impact the student’s eligibility to participate in clinical.

Below is a check list of the documents to be loaded to your CastleBranch.com Account

<table>
<thead>
<tr>
<th>Student Check List</th>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Renew Release Statement <strong>Must be uploaded each year</strong> (page 3 of packet)</td>
</tr>
<tr>
<td></td>
<td>Renew Technical Standards <strong>Must be uploaded each year</strong> (page 4 of packet)</td>
</tr>
<tr>
<td></td>
<td>Completed TB and PPD health screening form <strong>This is a yearly requirement</strong> Must be up to date to attend clinical (page 5 of packet)</td>
</tr>
<tr>
<td></td>
<td>Please check your T-Dap, it’s good for 10 years only, must be current to go to clinical.</td>
</tr>
<tr>
<td></td>
<td>Physical Exam for Health Clearance (page 6 of packet) Physical exam is good for 2 years. An attestation from a health care provider will also work.</td>
</tr>
<tr>
<td></td>
<td>Current Healthcare Provider BLS CPR Card (i.e.: AHA or Red Cross) must be valid. ADULT, CHILD and INFANT, with DEFIBRILLATOR. <strong>Front &amp; Back, signatures must be visible.</strong></td>
</tr>
<tr>
<td></td>
<td>Please note students will be also required to get a flu vaccination. The flu vaccination must be for the 2018-2019 season and it is usually available Aug/Sept 2018. You will receive an email from the Department of Nursing when flu vaccines are available and the date when it’s due. <strong>Check your WCSU email during the summer.</strong> Proof must be uploaded to CastleBranch.com as soon as it’s available.</td>
</tr>
</tbody>
</table>

In addition, the student needs **Proof of Current Comprehensive Health Insurance. It does not need to be uploaded, however, if asked to show proof student must show they are compliant.**

You must check CastleBranch.com regularly for updates. Failure to be compliant with updating CastleBranch.com may necessitate a Classroom/Lab/Clinical warning – you may also be withheld from clinical.
STATEMENT OF RELEASE

Students who fail to provide documentation that they have met the above stated requirements will not be allowed in the clinical areas. A criminal background check is required prior to placement in a clinical assignment, direct cost to be incurred by the students. In certain circumstances, evidence of a criminal record may prevent a student from fulfilling clinical requirements and/or requirements for professional licensure.

I certify that I have complied with all health requirements and policies. I understand that by signing this document that I accept all responsibility for having met all contractual health requirements by the Department of Nursing, University, and agencies in which I may be assigned to do clinical.

I certify that I have documentation of all the above and that I will produce such documentation at the request of the Nursing Department within 24 hours of such request.

I understand that failure to meet and maintain clinical requirements will mean that I am not allowed into the clinical areas and I will not meet the program requirements.

I am aware that if during the course of the academic year(s) while participating in clinical experiences, if my health status should change in a way that would impact my ability to perform in clinical, I am required to notify the Nursing Department Chair and the Nursing Undergraduate Program Coordinator. I acknowledge that I may need additional clearance which would be determined at that time.

STUDENT PRINT NAME: __________________________

STUDENT SIGNATURE: __________________________ DATE:__________________

Is The Student Allergic To Latex? Yes No
In order to be successful in the Western CT State University Nursing program, students should be aware that the ability to meet the following technical standards is continuously assessed. Students in the nursing program need the ability and skills in the following domains:

- observational/communication ability,
- motor ability
- intellectual/conceptual ability
- behavioral, interpersonal, and emotional ability.

Students must be able to perform independently, with or without accommodation, to meet the following technical standards:

**Observation/Communication Ability – Nursing students must be able to:**
- effectively communicate both verbally and non-verbally with patients, peers, faculty, and other healthcare professionals
- use senses of vision, touch, hearing, and smell in order to interpret data
- demonstrate abilities with speech, hearing, reading, writing, English language, and computer literacy

**Motor Ability – Nursing students must be able to:**
- display gross and fine motor skills, physical endurance, strength, and mobility to carry out nursing procedures
- possess physical and mental stamina to meet demands associated with excessive periods of standing, moving, physical exertion, and sitting
- perform and/or assist with procedures, treatments, administration of medications, operate medical equipment, and assist with patient care activities such as lifting, wheelchair guidance, and mobility

**Intellectual/Conceptual Ability – Nursing students must be able to:**
- problem solve, measure, calculate, reason, analyze, and synthesize data in order to make decisions, often in a time urgent environment
- incorporate new information from teachers, peers, and the nursing literature
- interpret data from electronic and other monitoring devices

**Behavioral, Interpersonal, and Emotional Ability – Nursing students must be able to:**
- tolerate physically taxing workloads and function effectively during stressful situations
- display flexibility and adaptability in the work environment
- function in cases of uncertainty that are inherent in clinical situations involving patients/clients
- possess the skills required for full utilization of the student's intellectual abilities
- exercise stable, sound judgment
- establish rapport and maintain sensitive, interpersonal relationships with others from a variety of social, emotional, cultural, and intellectual backgrounds
- accept and integrate constructive criticism given in the classroom and clinical setting

I (student) attest that I have read, understood, and agree that I am able to carry out the above mentioned Technical Standards.

**STUDENT PRINT NAME:** ________________________________

**STUDENT SIGNATURE:** ________________________________ **DATE:** ________________
Name (Please print): Last: ________________________ First: ________________________ Date of Birth: ___/___/___
Address: ________________________________________________________________
City: _____________________ State: _____ Zip Code: _________ Telephone: ( ) ______ - ________

**PLEASE CHECK “YES” OR “NO” FOR EACH QUESTION**

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you ever had a positive tuberculosis test?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If so, did you have a chest x-ray? ______ Date: ______ Were you treated with medication? ______ How long? _____ Did you ever receive BCG? ______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Were you born in the United States?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If not, What country were you born in?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Have you traveled or lived outside of the U.S. for more than 3 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If so where?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Are you taking steroids, chemotherapy, radiation or drugs that affect your immune system?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Do you have any medical condition(s) that affect the immune system?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td><strong>WOMEN</strong>: Is there any possibility that you are pregnant today?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td><strong>Do you have any of the following symptoms:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cough, Fever, chills; night sweats and/or weight loss longer than 2 weeks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Have you received any ‘live’ vaccines in the past 6 weeks, i.e. MMR, Varivax, Zoster or FluMist?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_I hereby acknowledge that I have received and read the information sheet entitled “Tuberculosis and the Tuberculin Skin Test: What you Should Know, and I have had the opportunity to ask questions about the testing procedure. I understand that if the results of my TB test are positive, that I will need to follow-up with a healthcare provider._

**Patient signature: ___________________________ Date: ___________________________**

**Mantoux Purified Protein Derivative (PPD) 5 test units (0.1 ml)**

**Tuberculin Product (Circle One): TUBERSOL or APLISOL**

Lot Number: ____________ Expiration Date: ___/___/___

PPD #1 Date Planted: ___/___/___ Site: LEFT or RIGHT forearm

PPD #1 Date Read: ___/___/___ Result: _____mm POSITIVE NEGATIVE

*Or QuantiFEROn Gold Blood Test*

Result: _____ Date________

This test must be done if you have received BCG.

**Healthcare Provider Sign:** _______________ **Healthcare Provider Name:** _______________ **Title:** _______________

**Healthcare Provider Sign:** _______________ **Healthcare Provider Name:** _______________ **Title:** _______________

**DISPOSITION:** __________________________________________

**STUDENT PRINT NAME:** __________________________________________

**STUDENT SIGNATURE:** __________________________________________ Date: ___________________________
Physical Exam for Health Clearance:
(Needs to be completed by Healthcare Provider to show proof of updated physical)

Junior/Senior Nursing Student: ________________________________

On the basis of my health assessment and physical examination the above nursing student is free of communicable diseases and is cleared to participate in all clinical nursing activities without restrictions (please circle) Yes No

If NO, please explain the nature of the restrictions/limitations related to the delivery of patient care:
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________

Date of Physical Examination: _____________ Is The Student Allergic To Latex? Yes No

Today’s Date: ________________________________

Healthcare Provider Signature: ________________________________

Healthcare Provider Name/Title: ________________________________

License Number: ____________________________________________

Office Address: _____________________________________________

Office Telephone: ___________________________________________

Please note that the physical exam cannot be more than two years old.