

Student Name: \_\_\_\_\_

Term/Date: \_\_\_\_\_

**Clinical Requirements Checklist: Clinical Clearance Information (Documented through Castlebranch)**

Clinical Coordinator Initials	Requirements	Student Initials of Completion
	<p>Information to order through Castlebranch:</p> <ul style="list-style-type: none"> <li>• Initial Background check- will be repeated beginning of Junior and Senior years</li> <li>• Initial Urine drug screen – must be 12 panel with opiate screening. Will be repeated beginning of Junior and Senior years.</li> </ul>	
	<p><b>The following information will be obtained by the student and loaded into Castlebranch:</b></p> <ol style="list-style-type: none"> <li>1. <b>Annual Physical</b> examination by qualified health care provider (MD, NP, PA) using the required USCB Department of Nursing physical form.</li> <li>2. <b>CPR Card:</b> BLS through American Heart Association, must be healthcare provider program which includes adults/children/AED. Card must be signed by student and instructor of CPR program. This certification must be kept up to date throughout the program. Must be valid for the entire semester. Friends and Family CPR is not acceptable. If in doubt, please check with clinical coordinator.</li> <li>3. <b>TB Testing:</b> Two-step PPD upon entry, and a one-step PPD each fall thereafter; Quantiferon TB-Gold may serve as an alternative however the TB Spot is not accepted. A two-step PPD requires administration of a PPD that is read 48-72h after placement. Readings beyond 72h are not acceptable. The second PPD should be placed within 1-3 weeks of the first PPD, as recommended by the CDC TB Guidelines. Please note select clinical agencies require PPD testing as frequently as every 90 days. PPD testing is obtained through private healthcare providers and/or health clinics.</li> <li>4. Evidence of <b>quantifiable</b> IgG titers demonstrating immunity to: 1. Hepatitis B; 2. Measles (Rubeola); 3. Mumps; 4. Rubella; 5. Varicella. <b>Equivocal results are not accepted.</b> Providers are expected to follow CDC Guidelines for repeat vaccination and follow-up titers post-vaccination.</li> <li>5. Students are required to provide proof from the healthcare provider of vaccination in the absence of immunity and comply with CDC healthcare worker immunization schedules for re-vaccination.</li> <li>6. A <b>waiver</b> form for non-immunity is required to be signed and maintained on file as indicated.</li> <li>7. Evidence of up-to-date <b>Td vaccine</b> (every 10 years) with a one-time adult dose of <b>Tdap</b> (Whooping cough portion).</li> <li>8. Clinical agency vaccination requirements as per site (<b>covid, influenza</b> and any other pertinent vaccinations as required by agency)</li> <li>9. <b>Personal Health Insurance</b> is required. If a student is covered under the plan of a parent with a different last name, provide proof from the employer that the student is insured under this plan. Students may present employer sponsored health insurance, private health insurance. Insurance obtained through the Affordable Care Act and/or public health insurance programs to meet this requirement.</li> <li>10. Signed Statement of Acknowledgement for review of the BSN Student Handbook, which must be updated annually.</li> </ol>	