

OAKLAND UNIVERSITY SCHOOL OF NURSING
2200 N. SQUIRREL RD, 3016 HUMAN HEALTH BUILDING, ROCHESTER HILLS, MI 48309

**MSN (FNP, AGNP, CRNA, FN (Forensic Nursing) STUDENT
REQUIREMENTS TO PARTICIPATE IN CLINICAL NURSING COURSES**

Semester Admitted to Begin	Deadline Dates
Fall	July 1st

Admission Clinical Requirements

1. Student completes all of the clinical health requirements (refer to **Clinical Requirements Submission Checklist**), marks that they were completed, and signs the form. Student then enters the actual dates that the clinical health requirements were satisfied on the **Student Health Requirements Satisfied form**, signs the form, and attaches a copy of all clinical health requirements. The clinical health requirements that each students needs to submit are:

- A. Proof of inoculation for tetanus (T-DAP); skin testing for tuberculosis (possibly chest x-ray if TB skin test is positive and then student will need to also submit **Health Screening Questionnaire for History of Positive TB Skin Test**); and proof of immunity to Rubella, Rubeola, Mumps (MMR), Varicella, and Hepatitis B. If student elects to **not** take the Hepatitis B vaccines, (or the series is **not complete** by the deadline) then he/she will need to submit the **Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release** form.
- B. Documented completion of an approved CPR course (AHA Healthcare Provider - (**BLS + ACLS + PALS required for CRNA students.**) Copy of card required
- C. Documented completion of Flu immunization (required after October 1st of each year). Proof must be submitted to School of Nursing by October 31st each year.)

The following are required by clinical agencies where students are placed for clinical courses:

- 1. Criminal background check
- 2. Urine drug screen (testing for illicit drugs)

NOTE: Background checks and drug screens must be done within 45 days of the deadline date. Drug Screens and Background Checks will be done through American Databank. Student must contact American Databank at oaklandunivcompliance.com or click on the link*, and follow directions provided for Graduate (FNP, AGNP, CRNA, FN) students. A receipt with results showing that a drug screen and background check were performed must be included in your packet, so be sure to allow adequate time for this. This **one page shows “no flags at this time”. Please do not include payment information. The University DOES NOT receive notification from American Databank.**

Students starting classes in the School of Nursing must submit proof of **all** the above requirements according to the published deadlines (see above)- Complete packets must be submitted via **trackable** mail or courier service only. Trackable (**certified, registered or priority mail**) mail includes the US Postal Service, United Parcel Service (UPS) or Fed-Ex. Faxes, walk-ins, 1st class mail and incomplete packets will not be accepted.

According to the published deadlines (see above), students in the nursing program must supply proof of the following:

- 1. Skin testing for tuberculosis and/or chest x-ray result, if positive (*along with completed questionnaire – found on our nursing website*).
- 2. Documented completion of an approved CPR course (**ACLS + PALS for CRNA students**)
- 3. Documented completion of Flu immunization (required after October 1st of each year). Proof must be submitted to School of Nursing)
- 4. Proof of completed Drug Screen and Criminal Background Check through American Databank.
- 5. Nursing license

Requirements Submission Process

- 1. Student gathers acceptable proofs that requirements are met. Student should keep original documents and **submit copies** of documents including student signature, Grizzly ID #, and **statement** “*This is a true copy of the original*” on **each document**. **Note: Please do not attempt to complete health requirements (background check and drug screen) more than 45 days prior to the deadline.** **DO NOT SUBMIT PACKET UNTIL ALL REQUIREMENTS ARE INCLUDED.**

2. Student sends documents and completed/signed **Submission Checklist** to **Andrea Patton at the Oakland University School of Nursing, 2200 N. Squirrel Road, 3016 Human Health Building, Rochester, MI 48309** by **Trackable** US mail. **FAX COPIES, walk-ins or incomplete packets will not be accepted.**
3. Questions regarding clinical requirements are to be directed to Andrea Patton at patton@oakland.edu (*preferred method of contact*) or (248-364-8706) (*emergencies only*). **Please do not call or email to inquire if the school has received your packet. Communication regarding your health requirements will always be done through Oakland email only.**

*If a student has a current TB test and/or CPR card, he/she can choose to use either of those documents as part of their clinical health requirements. The student will be responsible for submitting proof of updated test/card results prior to the current one's expiration date. If your updates do not arrive prior to the expiration date, your clinical attendance will be affected. Updates can be scanned/email or faxed to 248-364-8760 to the attention of Andrea Patton. Please identify yourself as an MSN student.

4. Student has a health examination performed by a qualified health care provider (HCP) (e.g. physician, nurse practitioner, physician's assistant). **Have the HCP complete the Clinical Experience Student Clearance Form.** Health examinations may be obtained through your own HCP or at the Oakland University Graham Health Center (GHC). To schedule an appointment at the GHC, call (248) 370-2341; identify yourself as a nursing student when you make the appointment.

Liability Insurance

OU covers all students with liability insurance through Marsh USA, Inc. Coverage is 2 million per occurrence and 4 million aggregate. A copy of this insurance policy is located in the nursing office.

NOTE: PLEASE DO NOT REQUEST DELIVERY CONFIRMATION VIA PHONE OR EMAIL

For submissions after the first year in the program

The requirement for students who are already in the nursing program is a yearly submission of a completed and signed MSN (FNP, AGNP, CRNA, FN) completed **Clinical Requirements Submission Checklist**, updated nursing license, CPR and TB.

Clinical Requirements Submission Checklist – MSN - (FNP, AGNP, CRNA, FN) students (circle one)

 Student Name (Oakland) email address phone (cell or home) TB test date CPR Exp. date G# nursing license exp.

Authorization to release this medical record to the OU School of Nursing Student Signature _____ (required)

Students who have not submitted all of the requirements prior to the deadline will be disenrolled from the clinical course and may not re-enroll for the course for that semester. Students will be notified of disenrollment via their OU email address and trackable letter to the permanent address for the student on file at OU. Continuing students who are not registered for the clinical course and do not meet requirements by the deadline will not be allowed to enroll in clinical courses. Individual clinical assignments will be made available to students after health requirements are complete and when clinical assignments are finalized.

Note: This form must be completed and included with all submissions

REQUIREMENT	ACCEPTABLE PROOF REQUIREMENT MET – FOR CONTINUING STUDENTS	COMPLETED
CPR Course	Copy of CPR course completion card listing expiration date. Course must be American Heart Association (BLS- Health Care Provider) OR American Red Cross (Professional Rescuer) ONLY . CRNA students also are required to have ACLS + PALS certification.	
TB (PPD)	Date and Results of PPD (<i>If PPD expires during school year, you are responsible for sending updated test prior to expiration</i>) OR negative chest x-ray and completed Health Screening Questionnaire for History of Positive TB test. (<i>This form can be downloaded from nursing website</i>) This is required yearly.	
	Items listed below are due to the School of Nursing upon admission to the program .	
Health Assessment	Health Assessment completed by primary care provider within 4 months of admission year. Signature of Health Care Provider is required. (Do not write “see attached” on form – dates of immunization/titer are required)	
Hepatitis B* + *refusal info	Hepatitis B titer indicating immunity OR documented dates of 3 Hepatitis B vaccinations OR formal refusal and signed <u>Hepatitis B Vaccine Refusal and Acknowledgement of Risk and Release</u> if Hepatitis B series not complete by Health Requirements due date (This form can be downloaded from website).	
Mumps*	IGG titer indicating immunity (<i>include lab work from Titer if not done at Graham Health Center</i>) OR documented dates of 2 Mumps vaccinations.	
Rubella*	IGG titer indicating immunity (<i>include lab work from Titer if not done at Graham Health Center</i>) OR documented dates of 2 Rubella vaccinations.	
Rubeola*	IGG titer indicating immunity (<i>include lab work from Titer if not done at Graham Health Center</i>) OR documented dates of 2 Rubeola vaccinations.	
Tetanus* (T-dap only)	Documentation of T-dap injection. (Expires after 10 years.)	
Varicella* <i>Titer or vaccination needed – disease history is not proof</i>	IGG titer indicating immunity (<i>include lab work from Titer if not done at Graham Health Center</i>) OR documented dates of 1 (one) Varicella vaccination. (<i>Note: Having had disease is not proof enough</i>)	
Urine Drug Screen (<i>not urinalysis</i>)	Follow directions provided for obtaining through American Databank – www.oaklandunivcompliance.com . Be sure to provide proof as outlined in instructions. (select graduate student search)	
Criminal Background Check	Follow directions provided for obtaining through American Databank – www.oaklandunivcompliance.com Be sure to provide proof as outlined in instructions. (select graduate student search)	

Oakland University School of Nursing
Student Clinical Experience Clearance Form

Student name

who is a student in the Oakland University School of Nursing Graduate program

has been cleared/has not been cleared (**circle one**) to participate in School of Nursing clinical experiences.

Health care provider signature

Date

Restrictions/Comments:
