

## *Clinical Requirements Submission Checklist – MSN - (FNP, AGNP, CRNA, FN) students*

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 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- <b>Health Care Provider</b> ) <b>OR</b> American Red Cross ( <b>Professional Rescuer</b> ) <b>ONLY</b> . CRNA students also are required to have ACLS + PALS certification.	
TB (PPD)	Date <b>and</b> Results of PPD ( <i>If PPD expires during school year, you are responsible for sending updated test prior to expiration</i> ) <b>OR</b> negative chest x-ray <b>and</b> completed <i>Health Screening Questionnaire</i> for History of Positive TB test. ( <i>This form can be downloaded from nursing website</i> ) <b>This is required yearly.</b>	
	<b>Items listed below are due to the School of Nursing upon admission to the program .</b>	
Health Assessment	Health Assessment <b>completed</b> by primary care provider within 4 months of admission year. <b>Signature of Health Care Provider is required. (Do not write “see attached” on form – dates of immunization/titer are required)</b>	
Hepatitis B* + *refusal info	Hepatitis B titer indicating immunity <b>OR</b> documented dates of 3 Hepatitis B vaccinations <b>OR</b> formal refusal and signed <i>Hepatitis B Vaccine Refusal and Acknowledgement of Risk and Release if Hepatitis B series not complete by Health Requirements due date</i> (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> ) <b>OR</b> 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> ) <b>OR</b> 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> ) <b>OR</b> documented dates of 2 Rubeola vaccinations.	
Tetanus* ( <b>T-dap only</b> )	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> ) <b>OR</b> 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 <b>American Databank</b> – <a href="http://www.oaklandunivcompliance.com">www.oaklandunivcompliance.com</a>	
Criminal Background Check	Follow directions provided for obtaining through <b>American Databank</b> – <a href="http://www.oaklandunivcompliance.com">www.oaklandunivcompliance.com</a> (select graduate student search)	