



**OAKLAND UNIVERSITY SCHOOL OF NURSING**  
**MSN (FNP, AGNP, AGACNP, CNL, FN, DNP-NA) STUDENT**  
**REQUIREMENTS TO PARTICIPATE IN CLINICAL NURSING**  
**COURSES**

<b>Semester Admitted</b>	<b>Deadline Dates</b>
Fall	September 1st
Winter	January 1st

**Admission Clinical Requirements**

1. Students must complete all of the School of Nursing (SON) clinical health requirements. The Health Requirement Packet is also found at <https://www.oakland.edu/nursing/student-resources/forms/>, under the health requirements tab. Included in the packet and listed below are the **Clinical Requirements Submission Checklist**, indicating the required health requirements and guidelines. The checklist does not need to be submitted. The **Student Core Performance Standards** form must be reviewed and signed by the student. The **Student Clinical Clearance Form** must be signed by a health care provider (HCP). The **School of Nursing clinical health requirements is listed below:**
  - A. Proof of inoculation for tetanus (**T-DAP**).
  - B. **COVID-19 vaccination** – proof of completed series or approved exemption. If a student is requesting a religious or medical exemption, they must email [sonclinical@oakland.edu](mailto:sonclinical@oakland.edu) for information and deadline for submission. Exemption through Oakland University and OU SON are separate processes; an approved exemption through OU does not guarantee an approved exemption by the clinical sites. Clinical site requirements are subject to change at any time.
  - C. **Skin testing for tuberculosis** (or chest x-ray if TB skin test is positive; the student must complete the **Health Screening Questionnaire for History of Positive TB Skin Test**); please log onto <https://www.oakland.edu/nursing/student-resources/forms/>, for TB questionnaire.
  - D. **Proof of immunity to:**
    - Rubella, Rubeola, Mumps (MMR)
    - Varicella
    - Hepatitis B (If student elects not to receive the Hepatitis B vaccines or has not completed the Hepatitis B series prior to the deadline date, the student must submit the **Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release** form).
  - E. **Flu immunization** (required after October 1st of each year). Proof must be submitted to the School of Nursing by October 31st each year.
  - F. **American Heart Association (AHA) Healthcare Provider. BLS+ ACLS+PALS are required for DNP-NA students.** AGACNP requires BLS + ACLS. Please, see the checklist.
  - G. **Copy of current RN license** (student must provide an original copy of license initially, subsequent verification will be performed using LARA). Please note, students with a current out of state RN license must obtain a Michigan RN license after one year in the program.
  - H. The 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 **Student Clinical Clearance Form**. Health examinations may be obtained through an 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.

- I. **ACEMAPP Assessments (FOR FN, AGACNP, CNL, and FNP /Students in ACEMAPP only):** (Bloodborne Pathogens, HIPAA, OSHA) must be completed by health requirement deadline with passing score. There is a \$50 fee for ACEMAPP to be paid by the student. Assessments are not available once the student registers and pays the necessary expense. The clinical department will send an email with a link to register the ACEMAPP account directly to the Oakland email. The ACEMAPP membership is renewed annually. Assessments must be re-taken when membership is renewed.
  - AGACNP students will submit health requirements to Typhon on admission: however, they will require an ACEMAPP account for clinical placement.
- J. **Site-Specific Requirements (FOR FN, FNP, and AGACNP STUDENTS IN ACEMAPP only):** After placement in ACEMAPP for clinical, any site-specific requirements will become available (ex: modules, e-signature documents, etc.). These must be completed a minimum of 3 weeks prior to the start of clinical rotation. Failure to complete these requirements will result in removal from clinical rotation.
- K. Criminal background result (completed through **American Databank**, only).
- L. Urine drug screen result (completed through **American Databank**, only).

*NOTE: Background checks and drug screens must be done within 45 days of the deadline date. The student must contact American Databank at [oaklandunivcompliance.com](http://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 the 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.*

\*\*If a student has a current TB test and/or BLS 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. Updates should be uploaded into Typhon ( FNP, AGNP, CRNA students), or ACEMAPP (FN, CNL and AGACNP students).\*\*

### **Requirement Submission Process**

2. Please ensure the documents are a clean copy with all sections completed properly when uploaded health requirement documents to ACEMAPP or Typhon. Student name must be visible. Uploads with no name visible or sections incomplete will not be accepted. Students are responsible for maintaining a copy of all records; therefore, **retain a copy of all records and documents submitted.**
3. **FNP, AGNP and CRNA** students are to upload required health documents into Typhon. Please be advised some clinical sites may require FNP and AGNP students to have an ACEMAPP account in the future for specific placements. Student(s) will receive an email with login information for the Typhon account.
4. **FN, CNL, and AGACNP** students are to upload required health documents into ACEMAPP. Student(s) will receive a link to register an ACEMAPP account.
5. Students may submit health requirements using the following methods:
  - Upload documents directly into Typhon at <https://www.typhongroup.net>
  - Upload documents directly into ACEMAPP. Please, visit for instructions on how to

upload documents please visit <https://acemapp.org> or call 844.223.4292 for assistance.

*\*\*Students starting classes in the School of Nursing must submit proof of **all** the above requirements according to the published deadlines (see above). \*\**

### **Required submissions after the first year in the program**

The requirements for students who are already in the nursing program MSN (FNP, CNL, AGACNP, AGNP, DNP-NA, FN) for a year include; Michigan RN license, TB test or questionnaire, influenza vaccine proof, and BLS card (BLS, ACLS, and PALS for DNP- NA students).

### **Liability Insurance**

Oakland University covers all students with liability insurance through Marsh USA, Inc. Coverage is 1 million per occurrence and 3 million aggregate. A copy of this insurance policy is located in the nursing office.

**\*\*All students in the Oakland University SON must have active health insurance during the entire program. Failure to have active coverage will prevent placement with the affiliating institutions. \*\***

**If there are any questions regarding the SON clinical health requirements, please email the SON Clinical Department at [SONClinical@oakland.edu](mailto:SONClinical@oakland.edu)**



Oakland University School of Nursing

Health Screening Questionnaire for History of Positive TB Skin Test

The current CDC guidelines do not require biannual chest x-ray screening. It is believed that once a normal chest x-ray has been achieved and documented, it is more important to review common signs and symptoms of pulmonary tuberculosis and assess for risk factors.

Student Name: \_\_\_\_\_ G# \_\_\_\_\_

Date: \_\_\_\_\_ Program: FNP, AGNP, CRNA, FN (circle one)

When did you convert to a positive PPD? \_\_\_\_\_

When was your last chest x-ray? \_\_\_\_\_ Result: \_\_\_\_\_

Have you previously been treated for active or inactive TB? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Are you experiencing any of the following:

Ongoing night sweats: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you under treatment? \_\_\_\_\_ With whom \_\_\_\_\_ Diagnosis \_\_\_\_\_

Unexplained weight loss: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you under treatment? \_\_\_\_\_ With whom \_\_\_\_\_ Diagnosis \_\_\_\_\_

Chronic fatigue: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you under treatment? \_\_\_\_\_ With whom \_\_\_\_\_ Diagnosis \_\_\_\_\_

Persistent Cough: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you under treatment? \_\_\_\_\_ With whom \_\_\_\_\_ Diagnosis \_\_\_\_\_

I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form was developed jointly by the Oakland University School of Nursing, Graham Health Center, and the Oakland County Health Department.

## *Clinical Requirements Submission Checklist – MSN - (FNP, AGACNP, AGNP, DNP-NA, FN) Students*

**Students who have not submitted all of the requirements prior to the deadline will be unenrolled 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.

**This form is not required for submission – keep this for your records and to track the completion of requirements.**

REQUIREMENT	ACCEPTABLE PROOF REQUIREMENT(s)	COMPLETED
Certification(s) <i>Required every two years</i>	Copy of BLS course completion card listing expiration date. The course must be American Heart Association (BLS- <b>Provider) ONLY.</b> <ul style="list-style-type: none"> <li>• <b>DNP-NA students also are required to have ACLS + PALS certification</b></li> <li>• <b>AGACNP requires ACLS.</b></li> </ul>	
TB (PPD) T <i>This is required yearly.</i>	Date <b>and</b> Results of PPD ( <i>If PPD expires during the 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 the nursing website</i> ) <b>This is required yearly.</b>	
Health Assessment	Health Assessment <b>completed</b> by a primary care provider within 4 months of the admission year. <b>Have health care provider complete and sign Student Clinical Clearance Form</b>	
Hepatitis B* + <i>*refusal info</i>	Hepatitis B titer indicating immunity <b>OR</b> documented dates of 3 Hepatitis B vaccinations <b>OR</b> formal refusal and signed <u><i>Hepatitis B Vaccine Refusal and Acknowledgement of Risk and Release</i></u> <b>if Hepatitis B series not complete by Health Requirements due date</b>	
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*	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 Varicella vaccinations. ( <i>Note: Having a history of chickenpox is not sufficient</i> )	
Urine Drug Screen	Follow directions provided for obtaining through <b>American Databank</b> – <a href="http://www.oaklandunivcompliance.com">www.oaklandunivcompliance.com</a> . Be sure to provide proof as outlined in instructions. (select graduate student search)	
Criminal Background Check	Follow directions provided for obtaining through <b>American Databank</b> – <a href="http://www.oaklandunivcompliance.com">www.oaklandunivcompliance.com</a> Be sure to provide proof as outlined in instructions. (select graduate student search)	



## **Oakland University School of Nursing**

### **Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release**

I understand that as part of my clinical experiences as a nursing student at Oakland University, I may be exposed to blood or other potentially infectious materials and that, as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a severe and potentially life threatening illness and that taking the Hepatitis B vaccination series would significantly reduce my risk of being infected by the Hepatitis B virus. Nevertheless, I have elected not to take the Hepatitis B vaccination series and assume responsibility for all arrangements, costs, and complications arising from not taking the Hepatitis B vaccination series. I agree to release, discharge, indemnify and hold harmless Oakland University, its trustees, officers, employees, representative and agents, and the facility where I receive my clinical education, from any and all costs, liabilities, expenses, claims, demands, or causes of action arising out of or resulting from my declining the Hepatitis B vaccination series.

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Student Clinical Clearance Form

**TO BE FILLED OUT BY THE STUDENT**

First Name	Last Name	Exam Date	
Email	Phone Number	DOB	Sex
Address	City	State	Zip

**TO BE FILLED OUT BY HEALTHCARE PROVIDER**

EXAMINATION	NORMAL	ABNORMAL	COMMENTS
Head, Neck, Thyroid			
Nose and Sinuses			
Mouth, Throat, Teeth, and Gums			
Eyes and Vision			
Ears			
Skin			
Chest and Lungs			
Heart and Vascular System			
Gastrointestinal System and Abdomen			
Musculoskeletal System and Extremities			
Neurological			
Mental Health			

I have given the student a complete physical examination. I feel that the student is physically and mentally capable of participating in practice without hazard in clinical settings for the Oakland University School of Nursing.

\_\_\_\_\_  
**Healthcare Provider's Name and Title (Please Print)**

\_\_\_\_\_  
**Healthcare Center/Facility**

\_\_\_\_\_  
**Healthcare Provider's Signature**

\_\_\_\_\_  
**Address, City, State, Zip**

\_\_\_\_\_  
**Exam Date**



**Oakland University School of Nursing  
Student Core Performance Standards**

<b>Competency</b>	<b>Standard</b>
Critical Thinking	Inductive/deductive reasoning sufficient for clinical judgment and decision making
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, spiritual, and intellectual backgrounds
Emotional Stability	Emotional stability sufficient to assume responsibility/accountability for actions
Communication	Communication abilities sufficient for interaction with others in verbal and written form
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care
Mobility	Physical abilities sufficient to move from place to place and maneuver in small places
Visual	Visual ability sufficient to provide safe and effective nursing care
Hearing	Auditory ability sufficient to provide safe and effective nursing care
Tactile	Tactile ability sufficient for assessment and implementation of care
Health	Characteristics that would not compromise the health and safety of clients

Students must be able to demonstrate the above requirements while a student in the SON. Any undergraduate student who believes that he/she may need assistance meeting the Core Performance Standards should contact the OU Office of Disability Support Services (DSS), 103A North Foundation Hall, phone: (248)370-3266; TTY (248)370-3268.

I certify that I am capable of demonstrating the School of Nursing Student Core Performance Standards on a regular basis, with or without reasonable accommodation. If I experience difficulties in performing the essential Student Core Performance Standards listed above, I agree to notify the Director of Clinical Services and Oakland University Office of Disability Support Services.

\_\_\_\_\_  
**Student Printed Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**