

# OAKLAND UNIVERSITY SCHOOL OF NURSING

**MSN** (FNP, AGNP, AGACNP, CNL, FN, DNP-NA)

**STUDENT REQUIREMENTS TO PARTICIPATE IN CLINICAL NURSING COURSES**

|  |  |
| --- | --- |
| **Semester Admitted** | **Deadline Dates** |
| Fall | August 1st |
| Winter | December 1st |

## Admission Clinical Requirements

1. Students must complete all clinical health requirements. The Health Requirement Packet is also found at [Forms - School of Nursing - Oakland University](https://wwwp.oakland.edu/nursing/student-resources/forms/) under the health requirements tab.Included in your packet and listed below, are the Clinical Health Requirements Submission Checklist, indicating the required clinical health requirements and guidelines. The checklist does not need to be submitted. Students who do not submit the clinical health requirements by the deadline will forfeit their seat and will need to re-apply (refer to the SON website). Students admitted to the SON must have a clean criminal background check and urine drug screen. Students who do not have a clean criminal background check and/or urine drug screen may be required to forfeit their seat. If you have any concerns related to this, please contact the SON Dean’s Office at (248) 364-8787. **The clinical health requirements are listed below:**
   1. Proof of current **Tdap** vaccine.
   2. **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.
   3. **Skin testing for tuberculosis** (or normal chest x-ray result if TB skin test is positive; the student must also complete the **Health Screening Questionnaire for History of Positive TB Skin Test**); the form can be found at [Forms - School of Nursing - Oakland University](https://wwwp.oakland.edu/nursing/student-resources/forms/) for TB questionnaire.
   4. **Proof of immunity to:**
      * Measles, Mumps, Rubella (MMR)
      * Varicella
      * Hepatitis B (If astudent 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).
   5. **Flu immunization** (required after October 1st of each year). Proof must be submitted to the School of Nursing by October 31st each year.
   6. **American Heart Association (AHA) Healthcare Provider**. ***BLS+ ACLS+PALS are required for DNP-NA students****.* AGACNP requires BLS + ACLS. Please, see the checklist.
   7. **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.
   8. The student has a health examination performed by a qualified health care provider (HCP) (e.g., physician, nurse practitioner, physician's assistant). The HCP must complete, sign and date 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.
   9. **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 annual 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.
   10. **Student Core Performance Standards** form must be reviewed and signed by the student.
   11. **Student Clinical Clearance Form** must be signed and dated by a qualified healthcare provider (HCP) (e.g., physician, nurse practitioner, physician’s assistant). See section 2 below.
   12. **Site Specific Requirements**: After you receive your placement in ACEMAPP for clinical each semester, any additional site-specific requirements will become available (ex: modules, e-signature documents, etc.). These requirements 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 the clinical rotation which will affect your ability to progress in the program. Clinical sites may also add additional requirements sent via email (ex: HealthStream modules). Students must follow clinical site deadlines for those additional requirements.
   13. **Criminal background result** (completed through **American Databank**, only).
   14. **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://www.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, they 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

1. Please ensure the documents are a clean copy with all sections completed properly when uploading 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.***
2. **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.
3. **FN, CNL, and AGACNP** students are to upload required health documents into ACEMAPP. Students will receive a link to register an ACEMAPP account.
4. Students may submit health requirements using the following methods:
   * Upload documents directly into Typhon at https:/[/www.typhongroup.net](http://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 clinical health requirements, please email the SON Clinical Department at 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, AGACNP, CNL,CRNA, FN, DNP-NA (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

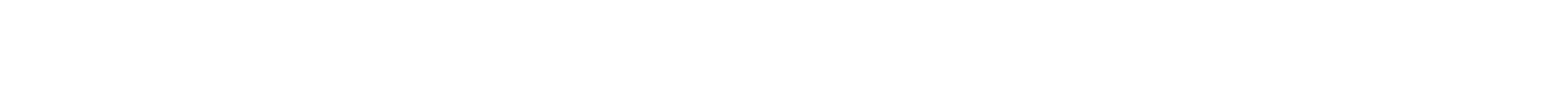
If yes, are you under treatment? With whom Diagnosis\_

## 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,CNL, DNP-NA, FN) Students***



**Students who have not submitted all 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)  ***Required every two years*** | Copy of BLS course completion card listing expiration date. The course must be **American Heart Association** (**BLS**- **Provider**) **ONLY.**   * **DNP-NA students also are required to have ACLS + PALS certification** * **AGACNP requires ACLS.** |  |
| TB (PPD) **Test**  *T****his is required yearly.*** | Date **and** Results of PPD (***If PPD expires during the school year, you are responsible for sending updated test prior to expiration****)* **OR** normal chest x-ray results **and** completed ***Health Screening Questionnaire*** for History of Positive TB test. *(This form can be downloaded from the nursing website)* **This is required yearly.** |  |
| Health Assessment | Health Assessment **completed** by a healthcare provider within 4 months of the admission year. **Have health care provider complete, sign and date Student Clinical Clearance Form** |  |
| Hepatitis B | Hepatitis B titer indicating immunity **OR** documented dates of 3 Hepatitis B vaccinations  **OR** formal refusal and signed ***Hepatitis B Vaccine Refusal and Acknowledgement of Risk and Release***  if **Hepatitis B series not complete by Health Requirements due date** |  |
| Measles (Rubeola), Mumps and Rubella | IGG titer indicating immunity (***include lab work from Titer if not done at Graham Health Center)* or** documented dates of 2 MMR vaccinations |  |
| 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 for information and deadline for submission |  |
| Core Performance Standards Form | Completed by the student |  |
| Tdap | Documentation of current Tdap injection. (Expires after 10 years.) |  |
| Varicella | IGG titer indicating immunity (***include lab work from Titer if not done at Graham Health Center)***  **OR** documented dates of 2 Varicella vaccinations. ***(Note: Having a history of chickenpox is not sufficient)*** |  |
| Urine Drug Screen | Follow directions provided for obtaining through **American Databank** – [www.oaklandunivcompliance.com .](http://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](http://www.oaklandunivcompliance.com/) Be sure to provide proof as outlined in instructions. (select graduate student search) |  |

Updated 10/2021 ksa



# 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.

### By signing this form, I understand that I may be subject to exclusion from clinical placements if the clinical agency advises exclusion as a disease control measure. This may affect the timing of and/or my ability to graduate from the School of Nursing program. In consideration for being allowed to participate in the clinical experience without the Hepatitis B vaccination, I fully, unconditionally and forever release and discharge, and agree to, indemnify (including without limitation attorney’s fees and costs of litigation) and hold harmless, Oakland University, its trustees, officers, employees, representative and agents, in their official and personal capacities, and the facility where I receive my clinical education, from any and all costs, liabilities, expenses, claims, demands, or causes of action of any kind, nature or description, actually or allegedly arising out of or resulting from my declining the Hepatitis vaccination, including without limitation those relating to bodily injury, emotional injury, risk associated with exposure to and/or potential contraction of infectious/contagious diseases and/or conditions, and death.

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

|  |  |
| --- | --- |
| **Competency** | **Standard** |
| 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