MASTER OF SCIENCE IN NURSING
PROGRAM AND HEALTH REQUIREMENTS

This packet contains information and forms which <u>must be</u> completed and loaded into Exxat by week 12 of first semester.

- **Student Handbook:**
  - Go to the School of Nursing Home page at www.csuohio.edu/nursing
  - Download the Graduate Student Handbook and read completely

- **Program and Health Requirement Documentation:**
  - Medical Reports and Forms:
    - Student Information and Medical Requirement
    - Hepatitis B Immunization
    - Measles Mumps Rubella (MMR) Immunization
    - Varicella (Chicken Pox) Immunization
    - Tuberculin Mantoux Skin Test, QuantiFERON TB Gold or Chest X-Ray Verification
    - Tetanus, diphtheria, an pertussis Booster (Tdap)
    - Seasonal Influenza Vaccination
    - An Official Letter from the Physician/Nurse Practitioner detailing the above, or results from your electronic medical record information system may be substituted for a validation stamp.
    - Keep a copy of your documents for your records

  - Insurance & RN License Requirements and Forms:
    - Student Liability Insurance Information
    - Health Insurance Verification
    - RN License and Registration Verification

  - Additional Clinical Practicum Agency Onboarding Requirements:
    - Fingerprinting and Background Check Information
    - CPR Certification Information

Ways to Submit Your Documents:

The management of your program and health data required for your clinical experiences will be done using Exxat APPROVE. There is an annual fee of $36 (to be paid by each student). Exxat is built to collect and share HIPAA and FERPA protected information. Documentation that is uploaded to your Exxat profile will be verified by the Exxat team of medical professionals. Exxat is not a health provider. Exxat is a platform that enables health professional schools to manage internships for its students at clinical sites. Please know that any personal information relating to your health, diagnosis, vaccination status, health insurance card, or physical examination will only be shared with third parties (ie., internship site) with your explicit permission.

You will be invited to purchase and create a profile and upload all program and health data. Each student is responsible for maintaining compliance with all program and health requirements. Your profile must remain current for the duration of the program. Both scheduled and random audits will be performed to ensure compliance.

STUDENT INFORMATION

This information is strictly confidential. Please print legibly:

Last	First	M. I.	CSU I.D. Number

Street Address:				
	(City)		*(State)*	*(Zip)*

( )	( )	____/____/____
(Home Phone with Area Code)	*(Cell Phone with Area Code)*	*(Birth Date)*

RN License and Registration Verification:

All students enrolled in a CSU Master of Science in Nursing Program are required to maintain a valid active unencumbered RN License from their state of residence. A valid active RN License Number must be on file in the School of Nursing at all times; the current date must be within the 'Issue' and 'Expiration' date range to be considered active. Please document below information related to your license and update accordingly.

RN License #	State Issued	Date Issued	Expiration Date

Student Liability Insurance - Cleveland State University covers students through a **blanket student liability insurance plan** when they are enrolled in the nursing program while participating in clinical experiences under the direction, supervision, and control of the Cleveland State University School of Nursing. The limits of liability are $1,000,000 each claim, $3,000,000 aggregate. All students enrolled in a CSU Master of Science in Nursing Program will be covered with this insurance when the Semester registration is paid.

Health Insurance Verification - Each student must carry some form of health insurance for thier own protection.

All students are automatically enrolled in the CSU health insurance. If they have their own private insurance, they will need to OPT OUT of the CSU insurance and upload their private insurance to Exxat.

- Please document below information related to your Health Insurance coverage.

    Policy Holder's Name (if different from Student): _____

    Company Name: _____   Dates of Coverage: _____

    Policy Number: _____   Group Number: _____

IMMUNIZATION STATUS – Students must provide adequate documentation of satisfactory immunization status as listed below or by using the following forms:

- Hepatitis B – The School of Nursing strongly recommends that all nursing students receive the Hepatitis B Vaccine. This is to be administered as a series of three injections. The date of each dose is to be recorded on the **Verification of Completed Hepatitis B Immunization** form and load into Exxat system. The vaccine is also available at the CSU Health & Wellness Services Department. Proof from a physician or health institution of having a positive titer for Hepatitis B is also acceptable. If you have received a vaccine and have negative titer you will need an additional booster, if the titer remains negative, student will need to obtain a letter from their provider stating they are a non-converter.

- MMR (Measles, Mumps, Rubella) –Students must show proof of a **positive titer**. If titer is negative, student must be re-immunized and retested with blood titer results showing immunity recorded on the **Measles, Mumps, Rubella Form**.

  - Rubella also known as German Measles
  - Rubeola also known as English Measles

- Varicella - Students are required to submit proof from a physician or health institution of having a positive titer for varicella (chicken pox) or the vaccination. Proof of immunity must be recorded on the **Verification of Varicella (Chicken Pox) Illness, Immunization or Blood Titer Test Form**.

  Please note, if the titer is negative, the provider will need to determine follow up as appropriate.

- Tetanus-Diphtheria (TDap) - Students must show proof of booster **within the past ten years** from a physician or health institution. If the student is due for a TD booster at this time, he/she should have it **administered at least two month prior to classes**, with the scheduled date of the immunization noted on the form. Proof of immunity must be recorded on the **Verification of Tetanus-Diphtheria (TDap) Booster Form**.

- Tuberculosis Test Results – A negative TB Mantoux/Two-Step Test report or QuantiFERON TB Gold is required for all students admitted to the Nursing Program with a TB Mantoux/One-Step Test or QuantiFERON TB Gold performed and documentation must be loaded ANNUALLY into the Exxat system. A physician will determine the appropriate follow-up for positive results. **The results of the TB Mantox Test or Chest X-Ray should be indicated on the TB Mantoux Skin Test or Chest X-Ray Form**.
  - o The PPD and/or chest x-ray can be administered by your private physician or at the County Tuberculosis Clinic located on the ground floor of the Bell Greve Building at MetroHealth Medical Center, Cleveland, Ohio the telephone number is (216) 778-8305. An appointment is required. The PPD is also available at the CSU Health & Wellness Services Department.

Seasonal Influenza (Flu Shot) Vaccination - The Centers for Disease Control established the requirement that anyone working in any health care setting must receive a Flu Shot every year. Documentation must be recorded on the **Seasonal Influenza (Flu Shot) Vaccination Form** and submitted by October 15th ANNUALLY to be qualified to continue or begin clinical practicum.

- COVID-19 Vaccine - Students are required to be vaccinated prior to the start of any practicum clinical rotation. Proof of COVID-19 vaccine documentation must be uploaded into the Exxat system prior to the start of the clinical rotation. COVID-19 VACCINATON All students are required to receive the COVID-19 vaccine. Acceptable forms of documentation: copy of COVID vaccination card or copy of immunization record from physician's office.
  - o Students who do not follow these health and safety requirements will not be allowed to participate in practicum clinical courses. A nursing student's inability to complete direct patient care assignments and meet course learning objectives or required clinical hours established in the program plan with the Ohio Board of Nursing may impact their progression in the major or graduate on schedule. Please note, exemptions can be requested through the Office for Institutional Equity (OIE) or the Office of Disability Services (ODS). Contact csuschoolofnursing@csuohio.edu for more information. Clinical or fieldwork assignments will be pending the availability of a facility/site that allows Covid-19 vaccine exemptions for students.

Student Name: _____ CSU ID Number: _____

HEPATITIS B IMMUNIZATION

Have you completed a series of Hepatitis B immunization or have a positive titer? If so, complete one of the following:

1. Series of Hepatitis B immunization. If in progress, submit each injection as it is received.

		Place Physician's Stamp in this Box for Validation*
1st Vaccination Date	Physician/Nurse Practitioner Signature	Place Physician's Stamp in the Above Box for Validation*
		Place Physician's Stamp in this Box For Validation*
2nd Vaccination Date	Physician/Nurse Practitioner Signature	Place Physician's Stamp in the Above Box for Validation*
		Place Physician's Stamp in this Box For Validation*
3rd Vaccination Date	Physician/Nurse Practitioner Signature	Place Physician's Stamp in the Above Box for Validation*

2. **Titer drawn** and complete the following:

Titer Result: ☐ Positive ☐ Negative	Physician/Nurse Practitioner Name & Credentials (Please Print):	Place Physician's Stamp in this Box For Validation*
(Date of Titer)	(Physician/Nurse Practitioner Signature)	Place Physician's Stamp in the Above Box for Validation*

*An Official Letter from the Physician/Nurse Practitioner detailing the above, or **results from your electronic medical record information system** may be substituted for a validation stamp.

MEASLES MUMPS RUBELLA (MMR) IMMUNIZATION

Have you received your MMR immunization or have a positive titer? If so, complete one of the following:

1. Proof of Vaccination

Measles Mumps Rubella (MMR) Booster		Place Physician's Stamp in this Box for Validation*
Physician/Nurse Practitioner Name & Credentials (Please Print):		
(Date of MMR Booster)	(Physician/Nurse Practitioner Signature)	Place Physician's Stamp in the Above Box for Validation*

2. Proof of Titer Results:

Measles (Rubeola)	Mumps	Rubella (Measles)	Place Physician's Stamp in this Box for Validation*
Titer Result: ☐ Positive ☐ Negative	Titer Result: ☐ Positive ☐ Negative	Titer Result: ☐ Positive ☐ Negative	
Physician/Nurse Practitioner Name & Credentials (Please Print):			
(Date of Titer)	(Physician/Nurse Practitioner Signature)		Place Physician's Stamp in the Above Box for Validation*

Student Name: _____ CSU ID Number: _____

VARICELLA (CHICKEN POX) IMMUNIZATION

Have you received your Varicella immunization or have a positive titer? If so, complete one of the following:

1. Proof of Vaccination

Varicella (Chicken Pox) Booster		Place Physician's Stamp in this Box for Validation*
Physician/Nurse Practitioner Name & Credentials (Please Print):		
(Date of Varicella Booster)	(Physician/Nurse Practitioner Signature)	Place Physician's Stamp in the Above Box for Validation*

2. Proof of Titer Results:

Titer Result: ☐ Positive ☐ Negative	Physician/Nurse Practitioner Name & Credentials (Please Print):	Place Physician's Stamp in this Box for Validation*
(Date of Titer)	(Physician/Nurse Practitioner Signature)	Place Physician's Stamp in the Above Box for Validation*

*An Official Letter from the Physician/Nurse Practitioner detailing the above, or **results from your electronic medical record information system** may be substituted for a validation stamp.

TETANUS-DIPHTHERIA (TDAP) BOOSTER
Must be administered every ten (10) years

Date Administered _____

Lot # _____ Exp. Date _____

Site of Injection: ☐ Left Deltoid ☐ Right Deltoid

Administered by _____
(Signature)

_____
(Please Print Name & Professional Credentials)

_____
Office Address: City, State   Zip Code

This information must be legible and include professional credentials

Place Physician's Office Stamp in the Box on the Right for Validation*:
*An Official Letter from the Physician/Nurse Practitioner detailing the above, or **results from your electronic medical record information system** may be substituted for a validation stamp.

Student Name: _____ CSU ID Number: _____

<table>
<tr><td colspan="2" align="center">**TUBERCULIN QUANTIFERON OR MANTOUX SKIN TEST**
(OR CHEST X-RAY WHEN NECESSARY)</td></tr>
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Mantoux Skin Test/Step One:

Date administered: _____

Site of Injection: ☐ Left Arm ☐ Right Arm

Date read: _____

Results: ☐ Positive ☐ Negative

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To be performed 1 – 3 weeks after Step One when applicable.

Mantoux Skin Test/Step Two:

Date administered: _____

Site of Injection: ☐ Left Arm ☐ Right Arm

Date read: _____

Results: ☐ Positive ☐ Negative

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QuantiFERON

Collection Date: _____   Date Result Received: _____

TB Result Value: ☐ Positive   ☐ Negative

This information must be legible and include professional credentials:

Administered/Collected by: _____
<div align="center">(Signature)</div>

Place Physician's Office Stamp in the Box on the Right for Validation*:
*An Official Letter from the Physician/Nurse Practitioner detailing the above or **results from your electronic medical record information system** may be substituted for a validation stamp.

SEASONAL INFLUENZA VACCINATION (FLU SHOT)

Flu Season begins Mid- September through April 30th. Vaccinations should be administered within this time period each year.

Date Administered: _____   Site of Injection:

Lot # _____

Exp. Date _____

☐ Left Deltoid   ☐ Right Deltoid

Administered by _____
<div align="center">(Signature)</div>

_____   _____
(Please Print Name & Professional Credentials)   (Office Address   City, State   Zip Code)

Place Physician's Office Stamp in the Box on the Right for Validation*:
*An Official Letter from the Physician/Nurse Practitioner detailing the above or **results from your electronic medical record information system** may be substituted for a validation stamp.

Background Check

Every student must complete a criminal records check. Students may need to be fingerprinted for site requirements – it is not required up front.

Criminal records check must upload to Exxat by the student and must state no convictions on file for this applicant. If convictions are on file, must be reviewed with OBN guidelines by SON Director or designee.

The current Exxat deadline is 12 weeks after the invitation is sent – and it is sent 1 week prior to class starting. Students will submit all health and program requirements through Exxat. Students should be advised that Exxat can take 14 days to review submissions, and should, therefore, not wait until the last minute to submit requirements. An annual fee is required to use Exxat (paid directly by student to Exxat prior to uploading health data).

Exxat invite sent to students to begin clearances. For Graduate Nursing students, this invite will be sent the Monday before the first term starts. **The deadline to submit requirements is 12 weeks after the invitation is sent.** All documents will be reviewed on a rolling basis, but everything will be reviewed by the last day of classes of the first semester of the program.

Cardiopulmonary Resuscitation

All students are required to maintain CPR certification – Basic Life Support (BLS) for the *Healthcare Provider*. You may complete the course through any provider authorized by the **American Heart Association.** *No other certification is acceptable.* Two sources are listed below for your convenience:
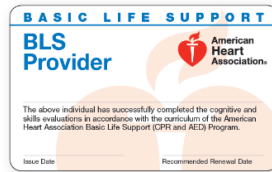
o   You must submit documentation of <u>current</u> CPR certification.

o   **If you have already completed the correct course within the past twelve months, please provide documentation.**

o   Your CPR certification for Healthcare Provider MUST BE renewed every **twenty-four (24) months throughout the program**. A copy (front & back) of your two-year re-certification must be submitted via US Mail to the School of Nursing upon completion of the course.

CPR Course Locations
On CSU Campus – Sigma Theta Tau, International
Nu Delta Chapter
* www.csuohio.edu/nursing/progandhealth.html
* (216) 875-9874

Off Campus (Ohio) – CPR Ohio
* Register online or by phone:
  ➢ www.cprohio.com
  ➢ (216) 251-0747
* East: Landerwood Plaza North, 30539 Pinetree, Suite 225, Pepper Pike, OH 44124
* West: Emerald Crossing, 4760 Grayton Road, Suite 3, Cleveland, OH 44135

Off Campus (Outside Ohio)

- Contact any local provider authorized by the American Heart Association.

Clinical Practicum Agency Onboarding Requirements:
Students are responsible for completing all clinical practicum agency onboarding requirements prior to the start of any clinical practicum experience.