

NURSE REACTIVATION

for RNs & LPNs

Program Requirements Checklist & Forms

In order to participate in the Nurse Reactivation course, participants must complete the following requirements prior to the first day of class.

Requirements Checklist *(Must be completed prior to the first class)*

All forms are included in this electronic packet. Bring completed forms to the first class.

- State nursing license. If your license is inactive, please contact the State Board of Nursing at (717) 783-7142 or www.dos.state.pa.us/nurse. Please bring a copy of your most current nursing license.
- Background checks are required by law. Please complete a Pennsylvania Criminal Background Check, FBI Clearance, Child Abuse Clearance and Child Abuse Mandated Reporter. **All clearances must be dated within 60 days of the educational experience.** You must also complete a signed Felony disclosure form.
- Proof of malpractice insurance. If needed, please contact Nurses Service Organization at nso.com or 1-800-247-1500 or another malpractice insurance provider.
- Proof of personal health insurance. For those not currently enrolled in a healthcare plan, short-term, personal health insurance, may be available at www.cirstudenthealth.com/Northampton.
- Current BLS certification. If you require certification, please visit www.northampton.edu/cpr.
- Complete NCC Health Form, Student Information Form and Student Emergency Contact Form.
- Instructions will be provided the first day of class for submissions of clinical requirements and LVHN orientation modules.
- Uniform: solid white uniform, uniform shoes or white leather/vinyl sneakers & stethoscope. *(Uniform required for clinical)*
- Purchase textbook. Please note: the following textbook needs to be purchased prior to the start of class and **will not** be available in the College bookstore.
 - **RN:** Saunders Comprehensive Review for the NCLEX-RN® Examination, 8th Edition, 2019, Silvestri, Linda Anne, ISBN: 978-0323358415
 - **LPN:** Saunders Comprehensive Review for the NCLEX-PN® Examination, 7th Edition, 2018, Silvestri, Linda Anne, ISBN: 978-0323484886
- Enroll in the course. Register online at northampton.edu/lifelearn or by calling 1-877-543-0998. **When registering for the RN course**, please reference course code NURSE100. **When registering for the LPN course**, please reference course code NURSE102. Course fee is due at the time of registration via credit card.

ALL REQUIREMENTS MUST BE COMPLETED PRIOR TO THE FIRST CLASS.

You must bring all completed documents to the first class.

Refund Policy & Questions

Please visit northampton.edu/NoncreditRefund to view refund policy. To obtain a full refund, participants must withdraw at least five days prior to the first day of class. Formal withdrawal should be requested through your LifeLearn account or by emailing lifelearn@northampton.edu. For questions, call 610-332-6585 or e-mail healthcare@northampton.edu.



Northampton Community College
Fowler Family Southside Center
511 East Third Street
Bethlehem, PA 18015
www.northampton.edu/cbi

One source. Countless solutions.



NURSING REACTIVATION/REVIEW PROGRAM
Student Information Sheet

PLEASE PRINT

Name: _____

Preferred or Chosen Name: _____

Address: _____

City/State/Zip: _____

County: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Social Security No: _____

[] Please check here if we may send you periodic email updates about our classes and programs.

Date of Birth: _____ Marital Status: [] S [] M [] W [] D [] SEP

Gender: [] Male [] Female [] Other: _____

Preferred Pronoun: [] He/Him [] She/Her [] They/Them

NURSING BACKGROUND

1. [] RN [] LPN Original State/Country of Licensure: _____

2. What is the status of your Pennsylvania Nursing License? [] Active [] Inactive [] No License

3. PA License #: _____ Other State/Country License #: _____

WORK EXPERIENCE

1. Are you currently employed in healthcare? [] Yes [] No

2. If yes, name and location of employer: _____

3. What is your job title? _____

4. If no, length of time out of practice _____

5. Last nursing position _____

MINORITY INFORMATION

The following information is requested to monitor the compliance posture of the institution and will be used only to collect and maintain data on the race, sex, and ethnic identity of all students. This information may be requested on national and state statistical reports. Please check all that apply to you. (OPTIONAL)

- [] American Indian [] Asian
[] Black/African American [] Caucasian
[] Hispanic/Latino [] Native Hawaiian or Other Pacific Islander
[] Other

Primary Language Spoken: _____

Have you taken ESL courses?

Secondary Language Spoken: _____

[] Yes [] No



Healthcare Education

STUDENT EMERGENCY CONTACT INFORMATION

Please print clearly:

Student Name: _____

Preferred or Chosen Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT(S):

Name: _____

Relationship to Student: _____

Phone: _____ Alternate Phone: _____

Name: _____

Relationship to Student: _____

Phone: _____ Alternate Phone: _____

MEDICAL INFORMATION:

Medical Conditions: _____

Known Allergies to Medications: _____

Other Conditions to be aware of: _____

Hospital Preference: _____

In the event of an emergency, please contact:

Eileen Truscott
Associate Director, Healthcare Education
Northampton Community College

Office Phone: 610-332-6585
Cell Phone: 610-217-6049
E-mail: etruscott@northampton.edu

Allied Health Abuse Prevention Training Act 14 of 1997 (P.L. 169)

Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved Allied Health program be approved for admission into such program if the applicant's criminal history record information indicates the applicant has been convicted of any of the following offenses:

- (1) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.)¹
- (2) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2501	Criminal Homicide	Any
CC2502	Murder	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Criminal Homicide of Law Enforcement Officer	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	----- 2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3934	Theft From a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C or D	Obscene and Other Sexual Materials and Performances	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Any (1) F or (2) M's within the 3900 Series (CC3901-CC3934)

- (3) A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) above.

¹ These offenses could be designated as "CS" on a criminal rap sheet.
294 (Rev 5/2011, 7/8/2014)



****IMPORTANT BACKGROUND CHECK INFORMATION****

A Pennsylvania State Police Criminal History Report, FBI Criminal History Record Report, and Pennsylvania Child Abuse History Clearance must be completed by all Allied Health students by the deadline noted on their Acceptance Checklist in order to comply with clinical facility requirements. Acceptance is considered conditional until the criminal background check requirement is met. The timeline is established to allow adequate time for the Allied Health Review Committee to review the report and make a recommendation to the Program Director regarding full acceptance into the program. Acceptance will be rescinded if the documents are not received by the deadline.

Students with three (3) reports reflecting “no record” (no convictions) can consider themselves fully accepted.

If there is a criminal record, entry into clinical education will be dependent on the decision of the Allied Health Review Committee after the **original clearances, including the RAP sheet**, together with a written, detailed explanation is received from the student. Upon receipt of the statement, the Allied Health Review Committee will review the report and make a recommendation to the Program Director regarding the student’s acceptance into the program. Students will be notified of their status within three (3) days of the committee’s review. The student may appeal the decision in writing to the Vice President for Academic Affairs (VPAA) within five (5) working days of notification receipt. The decision of the VPAA is final. The records related to the criminal background process for students will be secured in the Dean’s office.

Clinical agencies have the right to deny access to any student with a criminal record based on that site’s own criteria. In the event that a student is denied clinical placement based on their criminal record, their acceptance may be rescinded.

Submitting a Request for PA Criminal History Record Check (PATCH)

A Pennsylvania Criminal Background Check is required of all NCC Allied Health students. To obtain your record follow the steps below:

1. Go to <https://epatch.state.pa.us/Home.jsp>.
2. Select the **Submit a New Record Check** option. **Do NOT use the gold box titled “New Record Check (Volunteers only)” option.**
3. Read the **Terms and Conditions** surrounding use of the system in order to proceed with record check request submission. Click on **Accept**.
4. Complete the **Personal Information** form.
 - a. Select **Other** from the drop down list as **Reason for Request**.
 - b. Name, address and telephone number are required fields.
5. Click **Next** and screen will display the personal details entered in the last step. Review details and click the **Proceed** button.
6. Complete the **Record Check Request Form**.
 - a. Name, Social Security Number, Date of Birth, Sex, & Race.
 - b. List all aliases and/or Maiden Names.
 - c. Click **Enter this Request**
7. Confirm the **Record Check Request Review** and click on **Submit**. The charge is **\$22.00** per request.
8. Complete the **Credit Card Information** form. PATCH accepts Visa, Discover, Master Card, and American Express.

Required information:

 - a. Name and address
 - b. Credit Card Type and Credit Card Number
 - c. Card Verification Method (CVM) number
 - d. Expiration Date
9. Click **Next** once the form has been completed.
10. PATCH will display the credit card information entered in the last step. Review the details. Click **Back** if any of the information needs to be changed. Otherwise, click **Submit**.
11. At this point, PATCH will charge the credit card entered for the amount shown. Once the submit button is clicked, this transaction will be processed. This cannot be undone.
12. PATCH will display a summary listing of the Record Check Results.
 - a. Details on the record check result can be reviewed by clicking on your name.
 - b. Click on the Invoice Number in the Record.
 - c. Check Details page to access a printable invoice.
 - d. Click on blue link titled **Certification Form** in the Record. This will bring up the record with the State seal.
Please print multiple copies, as you may need this for employment or licensure purposes.
13. PATCH report will either show:
 - a. **No Record** status if there are no records found for the request, *or*
 - b. **Request Under Review**. A “Request Under Review” response **does not** necessarily indicate a criminal record. If this occurs, log on to the website daily to check status. You will not be notified when the results are updated. Once the results are in, follow Step 12d. above to access and print the report, including the RAP sheet if the response indicates a criminal record.
14. Upload results of your PATCH Clearance to your student account at <https://www.myrecordtracker.com>.
15. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you must submit the **original**, including the accompanying Rap Sheet, together with a letter of explanation of the charges to the Program Director, since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

Submitting a Request for an FBI Criminal Background Clearance

The NCC Allied Health Programs require Federal Bureau of Investigation (FBI) criminal background checks on all students. The fingerprint-based background check is a multiple-step process. Please complete the following steps of the process promptly to assure you meet the **firm deadline** for submitting results. **Please be advised that failure to comply with this requirement by the established deadline will result in cancellation of your acceptance and/or removal from the Allied Health Program.**

- 1. Registration:** The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com>. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering online, an applicant must use the appropriate agency specific Service Code to ensure they are processed for the correct agency and/or applicant type. Using the correct service code ensures the background check is submitted for the correct purpose.

Enter Service Code: 1KG756

- 2. Payment:** The applicant will pay a fee of **\$23.85** for the fingerprint service and to secure an official copy of the Criminal History Record. Major Credit Cards as well as Money orders or cashier’s checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. **No cash transactions or personal checks are allowed.**
- 3. Fingerprint Locations:** After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://uenroll.identogo.com>. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location.

LOCATION	DAYS	HOURS
HELLERTOWN		
IdentoGO 1866 Leithsville Road Creekside Marketplace Hellertown, PA 18055-2505	Monday - Friday Saturday	09:00 AM - 05:00 PM 09:00 AM - 01:00 PM
ALLENTOWN		
IdentoGO 1382 Hanover Avenue Allentown Commons Plaza Allentown, PA 18109-2019	Monday - Friday	09:00 AM - 12:00 PM <i>and</i> 12:30 PM - 04:30 PM
EAST STROUDSBURG		
IdentoGO 5224 Milford Road Suite 155 East Stroudsburg, PA 18302-9671	Monday - Friday Saturday	09:30 AM - 06:30 PM 09:30 AM - 02:30 PM

- 4. Fingerprinting:** At the fingerprint site, the Enrollment Agent (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant’s qualified State or Federal photo ID before processing the applicant’s transaction. A list of approved ID types may be found on the IDEMIA website at

<https://uenroll.identogo.com>. **Applicants will not be processed if they cannot produce an acceptable photo ID.**

After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.

ACCEPTABLE DOCUMENTS

- Canadian Commercial Driver's License (CDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Department of Defense Common Access Card
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License issued by a State or outlying possession of the U.S.
- Employment Authorization Card/Document (I-766) with Photo
- Enhanced Tribal Card (ETC)
- Foreign Driver's License (Mexico and Canada Only)
- Foreign Passport
- Merchant Mariner Document (MMD)
- Military Dependent's Card
- Military ID Card
- Passport Book or Card
- Permanent Resident Card / Green Card (I-551)
- Photo ID Waiver for Minors
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Uniformed Services Identification Card (Form DD-1172-2)
- Visa

5. Upload results of your FBI Clearance PRIOR TO THE DUE DATE given to your student account at <https://www.myrecordtracker.com>.
6. Once uploaded, check with your Program Director to determine if you are required to submit the **original** document to the College as part of fulfilling your clinical requirement.
7. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you are **REQUIRED** to submit the **original** to the Program Director, including the accompanying Rap Sheet, together with a letter of explanation of the charges. Please contact the Program Director immediately if you feel there is something that will come up on your background clearance since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

Submitting a Request for Child Abuse Clearance

A Child Abuse History Clearance is required of all NCC Allied Health students. **Child Abuse Clearances can now be requested online, but it may still take several weeks to receive the results.**

Please note: Failure to follow the instructions below may cause a considerable delay in processing of your application and could affect your ability to meet the deadline for submitting results. Please be advised that failure to comply with this requirement by the established deadline will result in cancellation of your acceptance and/or removal from the Allied Health Program.

1. Please go to the **PA Child Welfare Information Solution Portal** at <https://www.compass.state.pa.us/CWIS>.
2. Select **"Create Individual Account"** and follow the instructions to create a Keystone ID account. You will be asked to provide some personal information and answer security questions.
 - A. Creation of your Keystone ID will prompt their system to send you two e-mails. One will contain confirmation of your recently created Keystone ID and the other will provide you with a temporary password.
 - B. Go back to the Child Welfare Portal website at <https://www.compass.state.pa.us/CWIS> and choose the **"Individual Login."** Choose **"Access my Clearance"**. Read **"Learn More"** and scroll down to **"continue"** in order to login.
 - C. Login by using your Keystone ID using the temporary password copied and pasted from the email sent to you.
 - D. Once logged in, the system will require you to immediately change the password. Set permanent password and click **"Submit"**. The website will then tell you to click on **"Close Window"** button.
 - E. Login again to your application with your Keystone ID and newly created personal password.
3. Review **"My Child Welfare Account Terms & Conditions."**
 - a. Choose to accept the Terms & Conditions and click **"Next."**
 - b. On the "My PA Child Abuse History Clearances" screen choose **"Create Clearance Application."**
4. Review **"Getting Started"**, scroll to bottom and select **"Begin"**. Complete the Application Part I & Part II in full.
 - a. Part I consists of the following sections: Application Purpose, Application Info, Current Address, Previous Address, Household Members, & Application Summary. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief.
 - b. Part II consists of the following sections: eSignature and Application Payment.
5. Part I / Section I **"Application Purpose"**.
 - a. Choose the first option **"Volunteer Having Contact with Children"**
 - b. Below this a box will appear. Choose **"Other"** under the Voluntary Category. Type **"Northampton Community College"** under Agency Name.
6. Part II - Finish completing application process. Payment of \$13.00 is required at time of request. Debit or credit cards will be accepted. **If the system gives you the option to print the results out immediately as well as have one sent to you in the mail, please choose both options.**
7. Upload results of your Child Abuse Clearance to your student account at <https://www.myrecordtracker.com>. Keep a copy for your records.



FELONY DISCLOSURE FORM

The following information is very important for RN and LPN Nursing Reactivation students. Although this does not affect students until they complete their education and apply for licensure, Northampton Community College, Healthcare Education Department requires proof (by your signature) that you were notified of this law prior to starting the program. Please read this information carefully, sign, and return this document to: Northampton Community College, Healthcare Education, Fowler Center – Suite 350, 511 E. Third St., Bethlehem, PA, 18015, on the first day of class.

Act 1985-109 and Act 1985-110 known as the Professional Nursing Law and Practical Nursing Law of the Laws of Pennsylvania declares the following:

“...The Board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the act of April 14, 1972 (P.L. 233, no. 64) known as “The Controlled Substance, Drug, Device and Cosmetic Act”, or convicted of a felony relating to a controlled substance in a court of law of the United States or any other state, territory, or country unless:

- (1) at least ten (10) years have elapsed from the date of conviction;
- (2) the applicant satisfactorily demonstrates to the board that she/he has made significant progress in personal rehabilitation since the conviction such that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of patients or the public or a substantial risk of criminal violations; and
- (3) the applicant otherwise satisfies the qualifications contained in or authorized by this act.

As used in this section the term “convicted” shall include a judgment, an admission of guilt, or a plea of nolo contendere. An applicant’s statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of a non-conviction, unless the board has some evidence to the contrary.”

Your signature below indicates that you have read and understand the above excerpts from the Professional and Practical Nurse Laws known as Acts 1985-109 and 1985-110.

Print Name

Signature

Date

Child Abuse Mandated Report Training

The **FREE** online Child Abuse Mandated Reporter Training must be completed by all NCC Allied Health students.

1. The course is offered free of charge through the University of Pittsburgh.

2. Please access the course by copying and pasting the link below:

[https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_group_id= 2 1.](https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_group_id=21)

3. Click on the "Registration" link at the top of the page, and create an account. Be sure to save your login information for future use.

4. The course may take up to three hours to complete, but does not have to be done all at once. You may save your progress and return to it at another time using your login information.

5. At the end of the course, you will be prompted to print your Certificate of Completion. Be sure to print out multiple copies for your records since you may need it for licensure.

6. Upload your **Certificate of Completion** to myRecordTracker®, or submit it to the Credentialing Coordinator as instructed. Keep a copy for your records as you may need it for licensure or employment purposes.

- CHE Instructor
- Dental Assisting
- Nursing Reactivation
- Phlebotomy Technician
- Other _____



HEALTHCARE EDUCATION HEALTH FORM

For questions about health requirements, please contact:

Healthcare Education

Northampton Community College

Fowler Family Southside Center
511 E. Third Street, Suite 350
Bethlehem, PA 18015

Phone: 610-332-6585

Fax: 610-332-6556

PART I – REPORT OF MEDICAL HISTORY

Please complete (*print all sections*). **International students: please provide all health documents translated into English.**

Student Name: _____
Last First Middle

Student ID #: _____

Home Address: _____

Gender: Male Female Other _____

City/State/Zip: _____

Preferred: He/Him She/Her They/Them

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____ / _____ / _____

Program/Major: _____

On Campus Housing: Yes No

Semester: FA SP SU Year _____

Campus: Main Fowler Monroe

I. EMERGENCY NOTIFICATION

Name of Contact: _____

Relationship: _____

Home Address: _____

City/State/ Zip: _____

Primary Phone: _____

Alternate Phone: _____

II. MEDICAL HISTORY – Please answer yes or no to all questions and insert the year for all positive answers:

	Yes	No	Please Explain
Allergies			
Asthma			
Cardiac			
Chemical Dependency			
▪ Drugs			
▪ Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Vision Disorder			
Other (Specify)			

ACCIDENT AND HEALTH INSURANCE (Required) – Student must upload a copy of current health insurance card (front and back) to myRecordTracker®. Student is required to have valid health insurance for the duration of the program, and must notify the Credentialing Coordinator of any change in health insurance which occurs during the program, and upload a copy of the new insurance card.

If the above-named emergency contact cannot be reached at the time of an emergency, the College is authorized to send the above-named student to the nearest hospital and/or to administer necessary emergency care. In addition, I authorize the release of information regarding my health/medical status to the Program Director and appropriate designee(s), to the Northampton Community College Health and Wellness Center, to the appropriate health care agency in which I am completing clinical requirements, and/or to the above-named emergency contact.

Student signature (Parent/Guardian if under 18 years of age)

Date

PART II-REPORT OF MEDICAL EXAMINATION

A physical examination completed **within 6 months of the start of the clinical experience** by a licensed medical provider (MD, DO, CRNP, or PA-C) is **required** prior to entry into clinical practice. Clinical work is **PROHIBITED** until the required medical forms are uploaded and verified.

Name: _____ Student ID: _____ DOB: _____
Last First Middle

I. Height _____ Weight _____ Blood Pressure _____ Pulse _____

II. Vision Uncorrected R _____ L _____
 Corrected R _____ L _____

III. Clinical Examination: *Describe details of abnormalities* Date of Examination: _____

	Normal	Abnormal	Comments
Skin			
Head and scalp			
Eyes			
Ears/Hearing			
Mouth, Nose, Throat			
Neck			
Heart			
Lungs			
Abdomen			
Genitourinary			
Musculoskeletal			
Neurological			
Psychiatric			
Exposure to Hepatitis A, B, or C			<i>If positive for exposure, please submit titers.</i>

Allergies	
Medications taken on a regular basis	

IMPORTANT LICENSED PROVIDER, PLEASE INITIAL TO CERTIFY THE FOLLOWING:	Provider's Initials
I certify that the applicant is free from communicable diseases in the communicable state.	
I certify that the applicant is able to lift 40 pounds to waist level.	
I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accommodation, please note them in the comments section below.)	
Comments <i>(if applicant has any limitations, please explain)</i> :	

Please print, type or stamp:

Name of Licensed Provider _____

Address: _____

Phone _____

Signature of Licensed Provider _____ Date _____

CLINICAL REQUIREMENTS

To meet the requirements set forth by NCC, Clinical Sites and OSHA, you will need to obtain and upload to myRecordTracker® documentation for the following immunizations and tests before beginning your experience at Clinical Sites.

IMMUNIZATIONS (Vaccinations)

All students are required to **UPLOAD immunization records** to myRecordTracker® for the following:

- **Varicella** (Chickenpox) – 2 doses after age 12 months
- **MMR*** – 1st dose after age 12 months, and 2nd dose after age 4 years
- **Hepatitis B** – 3 doses
- **TDAP** – Tetanus Diphtheria Acellular Pertussis (*Dated within 10 years*)
- **Influenza** – Current Season (*Required if participating September – April*)

HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE TITER

- **All Students** are required to obtain the **Hepatitis B Surface Antibody, QUANTITATIVE Titer** to determine immunity status and **UPLOAD the lab report** to myRecordTracker®. **Titer results must be dated within the past 3 years.**

HEPATITIS B REPEAT SERIES OR BOOSTER (*Required if titer shows no or low immunity*)

- If the Hepatitis B Surface Antibody, Quantitative Titer shows no immunity, the repeat series of 3 doses should be started immediately.
- If the titer shows low immunity, a booster dose should be given immediately. The repeat titer should be given 1 month after the booster or last dose.
- Any repeat doses, booster, and titer reports must be uploaded to myRecordTracker® each time they are received.

TITERS (Bloodwork)

- **If immunization records are not available**, students are required to obtain titers to determine immunity status for the above listed requirements. **All titer results must be dated within 3 years.**
- Documentation of the Chickenpox disease is not considered acceptable for immunity, and a titer must be drawn.

SUPPORTING DOCUMENTATION OPTIONS

- Immunization records can include your childhood and/or school immunization records – or a print out from your medical provider.
- Lab reports must contain titer results **dated within the past 3 years** showing level of immunity.

Name: _____
Last
First
Middle

Student ID # _____

TUBERCULOSIS SCREENING REQUIREMENTS

In order for any student to observe in any area of the Clinical Site, Tuberculosis screening must be administered and documented and may be obtained by skin testing or blood test. **Two** TB skin tests are required **within 12 months, the most recent within 3 months, of the start of your Clinical Experience.** A QuantiFERON-TB Gold blood test may be administered **within 3 months of the start of your Clinical Experience,** in lieu of the 2 TB skin tests. **Document the results below and/or upload relevant documentation.**

**** If results are positive (greater than 10mm induration), or if there is any history of a previous positive TB test, either the QuantiFERON-TB Gold blood test or chest x-ray must be performed.**

A. **Two TB Skin Tests** - within 12 months, **the most recent within 3 months,** of the start of the clinical experience.

STEP 1	Date	Arm	Results (mm)	Signature
Administered				
Results Read			<input type="checkbox"/> (+) <input type="checkbox"/> (-) ____mm	

*** AND ***

STEP 2	Date	Arm	Results (mm)	Signature
Administered				
Results Read			<input type="checkbox"/> (+) <input type="checkbox"/> (-) ____mm	

- OR -

B. **QuantiFERON-TB Gold or T-SPOT-TB blood test** - within **3 months** of the start of the clinical experience:

MUST UPLOAD COPY OF LAB REPORT.

- OR -

C. **Chest X-Ray** - within **6 months** of the start of the clinical experience:

MUST UPLOAD COPY OF CHEST X-RAY REPORT.

NOTE: TB testing can be administered at the location of the student's choice (i.e., private physician's office, NCC Health and Wellness Center, or at any clinic.) The student is responsible for any and all charges.

To be completed by medical provider when TB results are verified:

Please print, type or stamp:	
Name of Licensed Provider _____	
Address: _____	
Phone _____	
Signature of Licensed Provider _____	Date _____