

**WELCOME TO THE
BACHELOR OF SCIENCE
IN NURSING**

ORIENTATION



SUMMER 2015

RN - BSN ORIENTATION **SUMMER 2015**

TO: RN-BSN STUDENTS

RE: IMPORTANT INFORMATION & DATES

Please complete and submit the information noted below to Nursing, 244 Swarts Hall, 300 Campus Drive, Bradford, PA 16701, paying attention to specific deadlines.

ALL MATERIALS MUST BE SUBMITTED PRIOR TO THE START OF THE FALL TERM. ONLY COPIES WILL BE ACCEPTED. STUDENTS MUST RETAIN ALL ORIGINAL FORMS AND MAY BE REQUIRED TO PRODUCE ORIGINAL FORMS AS REQUESTED BY THE CLINICAL SITE(S).

Health Requirements Report Form

A completed health requirements report form must be received by **no later than August 7, 2015**.

Students who are not graduates of the Pitt-Bradford ASN program or ASN students without continuous enrollment at Pitt-Bradford since the time of ASN graduation should complete the **Initial Health Requirements Report Form for New Students** (pg 9).

Students continuing to the RN-BSN program from the ASN program without a break in enrollment should complete the **Health Requirements Report Form for Continuing Students** (pg 10).

Cardiopulmonary Resuscitation (CPR) Certification

All students are required to have American Heart Association Basic Life Support for the Healthcare Provider Certification (2-year certification). A CPR card must be received **no later than August 7, 2015**.

If you need assistance finding a CPR course please call the University of Pittsburgh at Bradford, Department of Nursing.

Background Clearances and Checks

All nursing students are required to submit the following three clearances*:

PA Child Abuse History Clearance
PA State Police Criminal Record Check
FBI Federal Criminal Background Check

All Background Clearances must be received **no later than August 7, 2015**.

*If you are a student continuing to the RN-BSN program from the University of Pittsburgh at Bradford ASN program without a break in academic enrollment, you may submit copies of your background clearances obtained within the last two years.

Information and forms related to Child Abuse History Clearances are available on the Pennsylvania Department of Public Welfare website: <http://www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm>

1) PA Child Abuse History Clearance (Fee \$10)

Print the form (see link on website above and noted below) and complete; mail with a \$10 money order.

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf

2) PA State Police Criminal Record Check

Pennsylvania residents (Fee \$10), please use the following website: <https://epatch.state.pa.us>

Click on the 'SUBMIT A NEW RECORD CHECK' to obtain your Criminal Background. You can print the processed form immediately.

Non-Pennsylvania residents or PA residents less than 2-years (Fee \$34.25) must complete the Pennsylvania Department of Aging FBI *Criminal History Background Check*.

Fingerprint-based background check - To complete this clearance, you must first register online for the background check at: https://www.pa.cogentid.com/index_pdaNew.htm

Cogent Fingerprint locations in the State of Pennsylvania are located under the *Find a Print Location* link. The closest site to Bradford is the Intermediate Unit 9 in Smethport, PA.

3) FBI Federal Criminal Background Check (Fee \$27.50)

Fingerprint-based background check - To complete the PA Department of Public Welfare FBI *Criminal History Background Check*, you must first register online for the fingerprint service at:

https://www.pa.cogentid.com/index_dpw.htm

Please carefully read the *Registration Procedures* and *Register Online* links. Cogent Fingerprint locations in the State of Pennsylvania are located under the *Print Locations and Hours* link. The closest site to Bradford is the Intermediate Unit 9 in Smethport, PA.

IMPORTANT REMINDER: This FBI clearance must be obtained through the PA Department of Public Welfare – **DO NOT COMPLETE THIS PROCESS THROUGH THE DEPARTMENT OF EDUCATION.**

*** Note:** For **Non-Pennsylvania residents or PA residents less than 2-years**, you can use the same set of fingerprints for each of the FBI *Criminal History Background Checks*.

AT A MINIMUM, please plan 4 - 6 weeks to complete the background clearances and checks. Incomplete forms and errors will delay the process further. Do NOT wait until the semester begins to complete the clearances and checks!

Please contact the Unit in Nursing, University of Pittsburgh at Bradford, or the Human Resources Office at the Bradford Regional Medical Center, 362-8575, if you have any questions about the applications for clearances.

Liability Insurance

All students are required to participate in blanket professional liability coverage offered through the University. The annual cost has been \$12.00 per year. The cost of the policy will appear on your student account in the fall term.

**UNIVERSITY OF PITTSBURGH at BRADFORD
NURSING & RADIOLOGICAL SCIENCE**

HEALTH REQUIREMENTS REPORT FORM

The University of Pittsburgh at Bradford, in keeping with the rules and regulations of the State Board of Nursing and health care agencies, requires all nursing students to complete certain health screening procedures. If you have any questions relating to the requirements, please call the Nursing Unit (244 Swarts Hall) at 814-362-7640.

- 1) Students are required to have a health evaluation upon admission to a Nursing Unit program. The health evaluation must be completed within three months prior to attending the first clinical class.
- 2) Health evaluations may be done either by a private physician or a certified registered nurse practitioner (CRNP-Certified by the Commonwealth of Pennsylvania to provide adult primary health care).
- 3) The Hepatitis B Vaccine Series must be **completed** six months after entering the program (March 1, 2016). Failure to comply will prohibit the individual from progressing in the program.
- 4) Students are responsible for seeing that health evaluations are completed and on file at the University of Pittsburgh at Bradford **no later than August 7, 2015**.
- 5) Only the health evaluation form supplied by the university is acceptable.
- 6) Please check the health form for completeness, including signatures, before you leave your doctors office and **make a copy for your records before returning the form to the university**.

PITT BRADFORD NURSING HEPATITIS B REQUIREMENT

Hepatitis B is one of the major infectious occupational hazards for health care workers.

The Hepatitis B Vaccine Series must be completed six months after entering the program (March 1, 2016). Failure to comply will prohibit the individual from progressing in the program.

The Center for Disease Control (CDC) recommends that workers, who perform tasks that involve exposure to blood or blood-contaminated body fluids, should be vaccinated. Consequently, health care agencies are increasingly requiring all workers who may be at risk to be vaccinated. In addition, health care agencies used as clinical practice sites increasingly require Hepatitis B immunity for students.

Since Hepatitis B is preventable by immunization, Nursing is implementing the requirement that all students should be immunized for Hepatitis B. If for some medical or other reason you have decided not to be immunized against Hepatitis B, please contact the Program Coordinator to sign the **REFUSAL OF IMMUNIZATION AGAINST HEPATITIS B** form.

RN-BSN ORIENTATION
SUMMER 2015

TO: INCOMING NURSING STUDENTS

DATE: SUMMER 2015

RE: HEALTH INSURANCE VERIFICATION

According to the University Health and Safety policy related to bloodborne pathogens, the University is committed to limiting or preventing student exposure to blood and other potentially infectious materials. This policy clarifies the University's program for education, prevention, post-exposure medical treatment and follow-up provided for employees and students who have been exposed to bloodborne pathogens as a part of work place or other programmed activity.

Students will have access to appropriate evaluation and treatment of exposures at the student's or student's health insurer's expense. Consequently, according to the policy, **nursing students, as well as other students who enroll in a University programmed activity which may involve exposure to blood or other potentially infectious materials, must now carry medical/hospitalization insurance validated each term that would cover payment of treatment and follow-up procedures.**

Therefore beginning with Fall Term, all nursing and radiological science students must verify that they have health (medical/hospitalization) insurance coverage by signing the Health Insurance Verification area on the bottom of the Health Evaluation form.

Any student who does not maintain current insurance coverage will not be able to attend any clinical courses or be involved in any educational activity with a clinical component.

In determining whether your policy offers such coverage, you should ask your agent if coverage in the form of treatment and follow-up is provided in the event of exposure to a needle stick or bloodborne pathogen.

We realize that this requirement can present a financial hardship for some students. If you have applied or are applying for financial aid and now must purchase health insurance as a condition of enrollment, you have the opportunity to request that the University Office of Admissions and Financial Aid include the cost of mandatory health insurance in your financial aid budget. Please contact the Financial Aid Office for assistance with this matter.

If you wish to have a brochure on the University of Pittsburgh endorsed Student Health Insurance Policy (available to all full-time students at a supplemental cost), please contact Pitt-Bradford's Student Health Services Located at 226 Frame-Westerberg Commons, 814-362-5272.

POLICY 40 : HIPAA TRAINING & CERTIFICATION REQUIREMENTS

The Programs in Nursing and Radiological Science require that all students, faculty, and staff within the Unit complete online training and certification related to the *HIPAA Privacy and Security*.

The online training module required by the University of Pittsburgh can be accessed at the link below. If you do not have an account, you must create one in order to access the required online training module.

Please use the link below to create an account:

<https://www.hsconnect.pitt.edu/HSC/home/create-account.do>

Once you have created an account, access the HIPAA Modules folder. The required training module is noted below. Upon completion of the online training, print the respective certificate, and forward to the Unit in Nursing.

UPMC Information Privacy and Security Awareness Training for

Physicians and non-physician practitioners who provide clinical services, or staff and students who are not employed by UPMC but encounter protected health information at UPMC facilities.

<https://cme.hs.pitt.edu/ISER/servlet/IteachControllerServlet?actiontotake=loadmodule&moduleid=13921>

STUDENTS WILL NOT BE PERMITTED IN THE CLINICAL AREA WITHOUT HAVING COMPLETED THE ONLINE TRAINING AND SUBMITTED CERTIFICATION OF COMPLETION.

Students are expected to comply with HIPAA and the policies and procedures of the affiliating clinical agencies. Any violation of this policy is subject to disciplinary action and may include suspension or dismissal from the program.

Certificates of completion are due by **Friday, August 7, 2015**.

RN-BSN ORIENTATION
SUMMER 2015

TO: RN-BSN STUDENTS

RE: ANTICIPATED EXPENSES FOR RN-BSN STUDENTS

In addition to costs related to tuition, fees, and textbooks, the following list depicts anticipated expenses for RN-BSN students. Costs are estimated based on the previous year, thus subject to change.

Health Evaluation Fees

Physical Examination (includes PPD)	\$124.00
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The physical examination and tests can be obtained through Drs. D. Singh or V.R. Nadella, 6 N. Center St., Bradford, 814-368-7000. Call for an appointment. Payment is due at the time the services are rendered in the form of cash, check or money order.

Criminal Background Check

PA Child Abuse History Clearance (Fee \$10)

Print the form (see link on website above and noted below) and complete; mail with a \$10 money order.

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf

PA State Police Criminal Record Check

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FBI Federal Criminal Background Check (Fee \$27.50)

Fingerprint-based background check - To complete the PA Department of Public Welfare *FBI Criminal History Background Check*, you must first register online for the fingerprint service at:

https://www.pa.cogentid.com//index_dpw.htm

<u>Liability Insurance Fee</u>	\$12.00
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This fee will appear on your student account for the fall semester.

Uniform Fees

Required uniforms include:

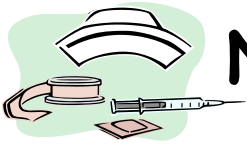
- University of Pittsburgh at Bradford lab coat
- University of Pittsburgh at Bradford name pin

Please refer to the *Nursing Scrub Order Form* on page 8 for pricing

Graduation Fees

Regalia	\$60.00
Graduation Announcements	\$1.20 each
BSN Program Pin (estimates)	\$ 69.96-246.98

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Nursing Scrub Order Form

Deadline: Friday, August 14, 2015.

These are special order items; see size chart on back of form.

#	Item Description for REQUIRED items:	Size	Qty	Price	Total
1	Magnetic Photo ID Tag	Price Includes Tax		\$ 5.30	
3	#4350 Snap Front Cherokee Jacket	XS-XL		\$ 29.00	
	#4350 Snap Front Cherokee Jacket	2XL-3XL		\$ 31.00	
				Grand Total:	

Name:						
Phone #						

Please return this form with payment to The Panther Shop by Aug. 14, 2015.

Space Below for Store Use Only

Date Paid:	Trans. #	Clerks Initials:
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University of Pittsburgh at Bradford
Nursing Unit – RN-BSN Program
Initial Health Requirements Report Form for New Students

Name _____ PeopleSoft ID# _____ Date of Birth ___/___/___
(Day/month/year)

LABORATORY AND IMMUNIZATION INFORMATION (to be completed by student or healthcare provider)

Tuberculosis Screening

2-step Tuberculin Skin Test (step 1 within 11 months, step 2 within 3 months, testing must be at least 7 days apart. Mantoux required)

Date read ___/___/___ Negative / Positive
(Day/month/year) (circle one)

Date read ___/___/___ Negative / Positive
(Day/month/year) (circle one)

Chest X-Ray (Required if tuberculin skin test is Positive)

X-Ray date ___/___/___ Normal / Abnormal
(Day/month/year) (circle one)

Hepatitis B

**HBsAb titer to be drawn at least 6 weeks after series*

Vaccine

Dose 1 ___/___/___
Dose 2 ___/___/___
Dose 3 ___/___/___
(Day/month/year)

*Titer Date ___/___/___ Immune / Non-Immune
(Day/month/year) (circle one)

If non-immune provide series / booster date ___/___/___
(Day/month/year) (circle one)

Varicella

Vaccine

Dose 1 ___/___/___
Dose 2 ___/___/___
(Day/month/year)

Titer Date ___/___/___ Immune / Non-Immune
(Day/month/year) (circle one)

Measles, Mumps, Rubella

Vaccine

Dose 1 ___/___/___
Dose 2 ___/___/___
(Day/month/year)

Rubella Titer ___/___/___ Immune / Non-Immune*
(Day/month/year) (circle one)

*If non-immune provide booster date ___/___/___
(Day/month/year)

Tetanus-Diphtheria (TDaP) Booster Immunization Date ___/___/___
(Day/month/year)

PHYSICAL EXAMINATION AND EVALUATION (to be completed by healthcare provider)

I have obtained a health history, performed a physical examination and reviewed the student's immunization status and required laboratory tests. In my opinion this student is able to fully participate in the UPB Nursing Program.

Date ___/___/___ _____ _____
(Day/month/year) Signature of MD/CRNP/DO/PA Phone Number of MD/CRNP/DO/PA

Limitations/Recommendations: _____

HEALTH INSURANCE VERIFICATION (to be completed by student)

I verify that ***I carry, and will carry for the entire duration of my program***, health insurance that will cover payment of treatment and follow-up procedures related to bloodborne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.

Date ___/___/___ _____
(Day/month/year) Signature of Student

University of Pittsburgh at Bradford
Nursing Unit – RN-BSN Program
Health Requirements Report Form for Continuing Students

Name _____ PeopleSoft ID# _____ Date of Birth ___/___/___
(Day/month/year)

LABORATORY INFORMATION (to be completed by student or healthcare provider)

Tuberculosis Screening

Tuberculin Skin Test (within 1 year, Mantoux required)

Date read ___/___/___ Negative / Positive
(Day/month/year) (circle one)

Chest X-Ray (Required if tuberculin skin test is Positive)

X-Ray date ___/___/___ Normal / Abnormal
(Day/month/year) (circle one)

Hepatitis B

Vaccine Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3 ___/___/___
(Day/month/year) (Day/month/year) (Day/month/year)

†Titer Date ___/___/___ Immune / Non-Immune
(Day/month/year) (circle one)

†HBsAb titer to be drawn at least 6 weeks after series

PHYSICAL EXAMINATION AND EVALUATION (to be completed by healthcare provider)

I have obtained a health history, performed a physical examination and reviewed the student's immunization status and required laboratory tests. In my opinion this student is able to fully participate in the UPB Nursing Program.

Date ___/___/___ _____ _____
(Day/month/year) Signature of MD/CRNP/DO/PA Phone Number of MD/CRNP/DO/PA

Limitations/Recommendations: _____

HEALTH INSURANCE VERIFICATION (to be completed by student)

I verify that ***I carry, and will carry for the entire duration of my program***, health insurance that will cover payment of treatment and follow-up procedures related to bloodborne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.

Date ___/___/___ _____
(Day/month/year) Signature of Student