



School of Nursing  
Rutgers, The State University of New Jersey  
180 University Avenue  
Newark, NJ 07102-1897

p: 973-353-5418  
f: 973-353-2741  
<http://nursing.rutgers.edu>

Date

Inside Address

Dear Prof. \_\_\_\_\_:

In line with regulatory requirements and contractual agreement with healthcare organizations that we have arranged to serve as clinical sites for the practicum of our students, *we request that as faculty who are teaching clinical courses*, you provide the Office of Faculty and Staff Resources with copies of the following basic documents:

1. NJ RN Registration
2. Current BLS Medical Clearance Work
3. Specialty or advanced practice (APN) certification
4. Malpractice insurance
5. Medical clearance to work
6. A signed attestation of compliance to these requirements.

If you previously provided us any of these documents and these are still current, you do not need to resubmit them. However, certain documents expire and your Faculty File in the Office of Faculty and Staff Resources should have these documents current and up-to-date for regulatory and compliance purposes.

RN registrations expire every two years, as well as BLS certifications. Malpractice insurance is renewed annually, and specialty or APN certifications vary depending on the awarding organization (*can be yearly, every two years, or every five years*). Health clearance is also an annual requirement.

Faculties who are not teaching clinical courses are required to submit the following minimum requirements: NJ RN registration, specialty or APN certifications (when applicable), and health clearance (annually).

Please submit these documents to N. Taylor-Porter, Office of Faculty and Staff Resources, 180 University Avenue, Ackerson Hall Room 316, Newark, NJ 07102.

Should you have any questions, please feel free to call (973) 353-3694 or email [taylor.porter@rutgers.edu](mailto:taylor.porter@rutgers.edu).

Thank you very much for your cooperation and attention to this important requirement.

Sincerely

Johanna Stephenson, MLER  
*Director of Faculty and Staff Resources*



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**Johanna Stephenson, MLER**  
• **Director of Faculty and Staff Resources**  
**School of Nursing**

\_\_\_\_\_  
Date

This is to certify that \_\_\_\_\_  
was examined by me and was found to be in good health and is medically  
cleared for academic year \_\_\_\_\_. The examination included the  
following (as appropriate): (1) health history, (2) physical examination , (3)  
laboratory studies, (4) immunizations and (5) Mantoux test or chest x-ray.

Provider's Full Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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