We are glad you are joining the College of Nursing (CON) community, and our faculty and staff are very excited that you are here! We want to assist you in making a smooth transition from Health Profession Nursing Interest to the CON Undergraduate Programs. This packet contains very important information/requirements for all newly accepted BSN students. Please read carefully.

**Nursing Student Welcome**
A mandatory orientation (Nursing Student Welcome) will be provided for each newly accepted cohort. This is separate from the University Orientation. Students are required to attend the Nursing Student Welcome in order to learn about the College of Nursing BSN program and about nursing as a profession. Refreshments will be provided.

<table>
<thead>
<tr>
<th>LPN-BSN</th>
<th>Tuesday, January 14, 2020</th>
<th>5pm EST to 9pm EST 4pm CST to 8pm CST</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Campus</td>
<td>Tuesday, January 21, 2020</td>
<td>8:15am-12:15 pm</td>
<td>Nicks Hall, Room 1-110</td>
</tr>
<tr>
<td>ETSU-HVMC</td>
<td>Tuesday, January 21, 2020</td>
<td>8:15am-12:15 pm</td>
<td>Allandale, Room 335</td>
</tr>
<tr>
<td>ETSU-Sevierville</td>
<td>Tuesday, January 21, 2020</td>
<td>8:30am-12:30 pm</td>
<td>Sevierville, Room 127A</td>
</tr>
</tbody>
</table>

**TEAS Scoring and Remediation Information (NRSE 3300, NRSE 3005)**
(This does not apply to LPN to BSN or RN to BSN students.)
TEAS tests are used as part of the criteria for admission to the College of Nursing. These tests also assist faculty to identify students who may need additional support.

1. Students, who score less than 75% in reading comprehension or the cumulative score, will be required to register for and successfully complete NRSE 3300: Promoting Academic Success (1 credit hour) during the first semester in the College of Nursing.
2. Students, who score less than the 75% in math, will be required to register for and successfully complete NRSE 3005: Dosage and Calculations (1 credit hour) prior to enrolling in NRSE 3501: Patient Centered Care 2 Practicum.

**NRSE 3005 Dosage Calculations (1 credit) Elective**
In addition to the above, any student may choose to take NRSE 3005 Dosage Calculations (1 credit) as an elective.

**Hepatitis B Immunization Requirement**
Any student enrolled in a higher education institution who is a health science student and is expected to have patient contact shall present proof of protection against Hepatitis B before patient contact begins. If you have not received the Hepatitis B Vaccine Series, or cannot provide a lab report confirming the Hepatitis B surface antibody titer, you may wish to choose the two-step Hepatitis B option as compared to the three-step Hepatitis B option – whichever is chosen, the series must be started IMMEDIATELY if you intend to enroll in our program.

**Assessment Technologies Institute (ATI)**
(Not Required For RN to BSN Students)
Information will be forthcoming from Ms. Denise Bowser. The payment deadline date is January 14, 2020. If you do not receive the information from Ms. Bowser or have questions upon receipt, please contact Ms. Bowser at 423.439.4262.

**Communication**
Nursing students must use official ETSU email, as this is the only email the CON will use.
Clinical Health Care Requirements

Students are required to meet agency clinical health care requirements for the fulfillment of clinical contracts as well as for the protection of students and those they assist and/or work with during their clinical placements. Clinical requirements are enforced by clinical affiliates, Occupational Safety and Health Administration (OSHA), and Center for Disease Control (CDC) regulations. Clinical requirements may be added or changed based on current information regarding communicable diseases and/or revisions/additions of new health care agency requirements. Students will be informed of new requirements and deadlines for new requirements. In the event of a documented shortage of vaccinations, the policy of the clinical agency will be followed.

Please be aware that clinical affiliates may refuse clinical rotation access to students who fail to obtain the required immunizations; thus, negatively affecting a student's ability to successfully meet course requirements. Therefore, after admission to the BSN program and before beginning any clinical, students must furnish evidence of having met clinical health care requirements. Please note that the CON may require additional information. Any student enrolled in a CON course or program may be asked to present evidence of physical or mental health at any time during the nursing program and program continuance may be contingent upon this evidence.

As specified in this packet, BSN students are required to provide proof of all immunizations/vaccinations/positive titers, or documentation supporting one or more of the valid exemptions. Valid exemptions include medical and/or religious:

**Medical Exemption:** Physician, health department, or health care provider provides documentation indicating medical exemption from specific vaccinations due to risk of harm stating one of the following as a contraindication for the vaccination: (1) the individual meets the criteria for contraindication set forth in the manufacturer’s vaccine package insert; (2) the individual meets the criteria for contraindication published by the U.S. Centers for Disease Control; or (3) in the best professional judgment of the health care provider, based on the individual’s medical condition and history, the risk of harm from the vaccine outweighs the potential benefit. Please see page 33

**Religious Exemption:** Where a parent or guardian, or in the case of an adult student, the student, provides to the school a written statement, affirmed under penalties of perjury, that vaccination conflicts with the religious tenets and practices of the parent or guardian, or in the case of an adult student, the student. Please see page 34

Clinical Health Care Requirements are submitted by scanning documentation into the **Project Concert** website. (Instructions for Project Concert start on page 37 of this packet. In addition, a tutorial video can be viewed at [https://youtu.be/CkYWjLrtU8o](https://youtu.be/CkYWjLrtU8o).)

To avoid misplacement or inaccurate recording, all documentation is to be submitted with student name and student E Number on each page. Please ensure documents are submitted under the “Documents” tab and NOT the “Portfolio” tab.

Use the forms in this packet to assist in gathering documentation.

Submission deadline for clinical health care requirements is **Tuesday, February 4, 2020. Students will not be allowed to attend clinical if they have not submitted documentation.** Obtaining documentation of clinical health care requirements may take several weeks. Students are encouraged to begin this process upon receipt of this packet.

Documentation submitted to the University Health Center or to ETSU Records or Admissions, must also be provided to the CON as instructed in this packet. College of Nursing requirements are more extensive than the requirements for enrollment at ETSU.
Clinical Health Care Requirements:

1. **Liability Insurance** – (renewed annually)
   a. Current individual professional liability policy (not a group policy) with coverage of $1,000,000/$6,000,000 is required.
   b. Students who are already licensed as an RN or LPN must buy the appropriate liability insurance coverage and request to be insured also as a student. Verification that the additional student coverage is in effect must be submitted to Project Concert.
   c. A copy of the declaration page of the policy (Certificate of Insurance or Policy Face Sheet) with policy number, expiration date, and liability amounts must be uploaded to the Project Concert website.
   d. Resources for liability insurance providers:
      - Nurses Service Organization (NSO)
        Phone: 1-800-247-1500
        Fax: 1-800-739-8818
        Web site: www.nso.com
        159 E County Line Rd.
        Hatboro, PA 19040-1218
      - Chicago Insurance Company
        Phone: 1-800-503-9230
        Web site: www.Proliability.com
        1440 Renaissance Dr.
        Park Ridge, IL 60068-1400
   e. Submission deadlines for liability insurance are prior to beginning the first semester in the program.
   f. Students have the option of requesting an effective date. In order to avoid insurance lapsing during the middle of a semester, students should request effective dates based on the following list:
      - August 15th if first clinical course will be Fall semester
      - April 15th if first clinical course will be Summer semester
      - January 1st if first clinical course will be Spring semester
      - If you can’t get the date above, get the next available date

2. **Tennessee Licensure** (Requirement only for LPNs and RNs)
   LPN/RN must submit a copy of their active, non-encumbered TN, or compact state, license.
   RECEIPT OF PAYMENT IS NOT ACCEPTABLE.

3. **Basic Life Support (BLS) CPR for Health Care Providers** – Student must renew upon/before expiration.
   a. Course must be a face-to-face course offered through and approved by the American Heart Association. **Online courses are not acceptable.**
   b. Certification must be kept current.
   c. Course must include information and practice for:
      - One-and two-person BLS
      - Infant/child BLS
      - The Choking Victim
      - Automatic External Defibrillator
   d. Totally online BLS courses are not acceptable. Red Cross is not accepted by all agencies, so please do not submit a Red Cross card.
   e. Resources for BLS
      - https://www.heart.org/en/cpr

4. **Physical Examination**
   The ETSU CON Physical Examination form, starting on page 9, must be signed by a licensed health care provider (HCP), i.e., a physician, nurse practitioner, or physician assistant. **The hearing test is mandatory.** A whisper test is not acceptable. Students should make sure the hearing test is documented on the ETSU physical form. University Health Center conducts physicals by appointment. There is a fee for this service. Students are not required to use the University Health Center. Before you leave the health care provider’s office, check to make sure the form is filled out completely and accurately.

5. The **Health Verification Form** starting on page 11 is completed by the student.

6. **Tuberculosis Screening** – Renewed Annually
   All students are required to have proof of an initial Two-Step Screen, Chest X-Ray, or IGRA results. Annual screening assessment tools are not acceptable.
All nursing students are required to have yearly tuberculosis (Tb) screening to participate in patient care in health care facilities.

Acceptable screening options include a Mantoux Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) blood test. **A Tine test is not acceptable.**

- **Interferon Gamma Release Assay (IGRA)** - Students born in high incidence countries (according to the World Health Organization), including most countries in Asia, Africa, Central America, South America, Eastern Europe and other countries, or who have received the immunization BCG (Bacille Calmette-Guerin) should preferably have IGRA testing (i.e. Quantiferon Gold or T spot), to avoid a possible false positive result for tuberculosis. Any student may choose to have interferon testing especially if they have had a previous positive TST.

- **Mantoux Tuberculin Skin Test (TST)** - nursing students choosing TST, testing must initially have a two-step TST, then yearly one-step screening. Two-step tuberculin screening requires a second intradermal injection, 1-3 weeks after the first injection.
  - A positive test usually indicates the person has the tuberculosis bacteria or latent tuberculosis, and will require further testing which includes a chest x-ray to rule out active tuberculosis.
  - Latent tuberculosis cannot be spread to others; but can convert to active disease at any time. Preventive medications are usually recommended to prevent the infection from becoming active and communicable.
  - Students who have had previous two-step testing must submit documentation and should not have a repeat two-step test.
  - Individuals who have had a past positive TST should never have a repeat TST.

A TST or IGRA may be given on the same day as all immunizations; however, students obtaining live virus immunizations (e.g. MMR, varicella) must wait four weeks before receiving tuberculin screening. Immunizations may be given any time after Tb screening.

Students who have had a chest x-ray for tuberculosis screening should not have another chest x-ray to screen for Tb unless symptoms of Tb are present. Symptoms of tuberculosis may include cough, chest pain with breathing, chills, unexplained weight loss, fatigue, night sweats or coughing up blood. A yearly review of symptoms and assessment by a health care provider will be required for those with past positive Tb screening. A copy of this exam signed by a health care provider will be required yearly instead of other types of tuberculosis screening.

**Procedure for TST screening:**

**A. Two Step (Please use the tuberculosis form included in this packet on page 13.)**

**Step One of Two Step**

1. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.

2. Any induration (raised area, not redness) must be measured in millimeters within 48-72 hours. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. Acceptable results are measured in millimeters with a negative test recorded as 0 mm. Tuberculosis screening results will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Results must be interpreted considering the risk factors of the individual for tuberculosis. (World Health Organization)

**Step Two of Two Step (Please use the tuberculosis form included in this packet on page 13.)**

1. Second tuberculin skin test administered 1-3 weeks after step 1 is read.

2. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.

3. Any induration (raised area, not redness) must be measured in millimeters within 48-72 hours. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. Acceptable results are measured in millimeters with a negative test recorded as 0 mm. Tuberculosis screening results
will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Results must be interpreted considering the risk factors of the individual for tuberculosis (World Health Organization).

B. One Step (Please use the tuberculosis form included in this packet on page 14.)
1. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.
2. Any induration (raised area, not redness) must be measured in millimeters within 48-72 hours. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. Acceptable results are measured in millimeters with a negative test recorded as 0 mm. Tuberculosis screening results will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Results must be interpreted considering the risk factors of the individual for tuberculosis (World Health Organization).

Classification of TST Reactions (Results for two and one step)
Interpretation of TST results is based on measurement in millimeters, the person’s risk of acquiring Tb infection, or the risk of progression to disease if infected.

- **A TST reaction of ≥ 5 mm of induration is considered positive in:**
  - HIV – infected persons
  - Recent contact with a person with infectious Tb disease
  - Persons with fibrotic changes on chest x-ray consistent with prior Tb
  - Patients with organ transplants and/or immunosuppressed patients, including patients taking equivalent of ≥ 15mg/day of prednisone for one month or longer, or taking TNF-α antagonists.

- **A TST reaction of ≥ 10 mm of induration is considered positive in:**
  - Recent arrivals to the United States (within last 5 years) from high-prevalence areas (See WHO list)
  - Injection drug users
  - Residents or employees of high-risk congregate settings (e.g. correctional facilities, long-term care facilities, hospitals and other health care facilities, residential facilities for patients with HIV infection/AIDS and homeless shelters)
  - Mycobacteriology laboratory personnel
  - Persons with clinical conditions that increase the risk for progression to Tb disease
  - Children younger than 5 years of age
  - Infants, children and adolescents exposed to adults in high risk categories

- **A TST reaction of ≥ 15 mm of induration is considered positive in the following individuals:**
  - Persons with no known risk factors for Tb

C. IGRA (Please use the IGRA form included in this packet on page 15.)
Results may be positive, negative or indeterminate.
1. A positive IGRA indicates infection with tuberculosis. A chest x-ray will be performed to determine if person has latent or active disease.
2. A negative IGRA indicates that infection with tuberculosis is unlikely.
3. An indeterminate result must be repeated in two weeks.

Tuberculosis screening is available at University Health Center by appointment, from 8:30 am – 3:30 pm, Monday – Friday. There is a fee for this service.

7. Hepatitis B Vaccine
To meet this requirement, students must provide proof of a positive antibody titer, proof of the two-dose series, or proof of the three-dose series.

Any student enrolled in a higher education institution who is a health science student and is expected to have patient contact shall present proof of protection against Hepatitis B before patient contact begins. For purposes of this paragraph adequate immunization is defined as:
1. A complete Hepatitis B vaccination series or
2. Laboratory evidence of immunity via a Hb Titer.
An individual may be exempted from the requirements of this section only under the following circumstances:

Where physician is licensed by the Board of Medical Examiners, the Board of Osteopathic Examiners or a Health Department determines that a particular vaccine is contraindicated for one of the following reasons:

1. the individual meets the criteria for contraindication set forth in the manufacturer’s vaccine package insert; or
2. the individual meets the criteria for contraindication published by the U.S. Centers for Disease Control or the Advisory Committee on Immunization Practices;
3. in the best professional judgment of the physician, based upon the individual’s medical condition and history, the risk of harm from the vaccine outweighs the potential benefit.

Should the student present a report for a blood test for antibody to Hepatitis B (Hb, Ab) and the result shows that the individual did not respond adequately to the vaccine series, the three-dose series must be repeated.

Hepatitis B vaccines and antibody titers (serology for immunity) are available at the University Health Center on an appointment only basis and for a fee. University Health Center Appointment Schedule is Monday – Friday 8:30 am - 3:30 pm.

8. MMR (Measles, Mumps, Rubella)
   a. Submit one of the following:
      • Documentation of two doses of MMR vaccine administered at least 30 days apart with the first dose given at 12 months of age or later.
      • Documentation of 2 doses each of separate measles, mumps and rubella vaccines given at least 30 days apart with the 1st doses given at 12 months of age or later. If first doses were separate vaccines, second dose may be MMR combined vaccine.
      • Documentation of positive serological immunity to measles, mumps and rubella.
      • Licensed health care provider documented history of each of the diseases. Self or parent-reported disease history is not acceptable.
      • Documented allergy to any component of the vaccine.
   b. MMR vaccine and titers for immunity documentation are available at University Health Center on an appointment only basis and for a fee. University Health Center Appointment Schedule is Monday – Friday 8:30 am - 3:30 pm.

9. Tdap (Tetanus, Diphtheria, Acellular Pertussis)
   Tetanus immunization must be documented within the last 10 years. To reduce pertussis morbidity among adults and maintain the standard of care for tetanus and diphtheria prevention and to reduce the transmission of pertussis to infants and in health care settings, the advisory Committee on Immunization Practices recommends that health care personnel who work in the hospitals or ambulatory care settings and have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. An interval as short as 2 years from the last dose of Td is recommended; shorter intervals may be used. Other varieties of tetanus will not be accepted.

10. Varicella (Chickenpox) – Evidence of one of the following:
    a. 2 doses of Varicella vaccine at least 1 month apart
    b. Positive antibody titer.
    c. University Health Center does not keep Varicella vaccine on hand in the clinic. Call for the current price. Varicella titers are available on an appointment only basis and for a fee. University Health Center Appointment Schedule is Monday – Friday 8:30 am - 3:30 pm.

11. Annual Influenza (Flu) Vaccination – Documentation of influenza vaccination must be submitted during “flu season” – September 1 through March 31. Specific due dates for documentation will be identified/communicated by ETSU CON at a later date. The vaccination lot number, expiration date, and health care provider signature with signature stamp or electronic stamp, and the health care agency/facility in which the vaccination was administered must be visible on the proof of vaccination.
12. Annual infection control (OSHA) and Hazardous Materials Training must be documented in each student’s file. Students will complete an exam over this material annually. This exam can be taken on the Project Concert site. (Please see page 44 of this packet.) The exam will automatically be submitted so you do not need to scan a copy of the exam. No paper/hard copy will be accepted.

13. Substance Abuse Policy
Policy starts on page 16. Read and complete as indicated, if in agreement.

14. Release of Liability for Drug and Alcohol Testing
Policy starts on page 18. Read and complete as indicated, if in agreement. Students will obtain the drug screen after receiving instructions at Nursing Student Welcome.

15. Student Drug Screening Policy and Release Form Drug Testing Investigations of Students
Policy starts on page 20. Read and complete form on page 21 as indicated, if in agreement. Students will obtain the drug screen pages (22-24) after receiving instructions at Nursing Student Welcome. Do not obtain drug screen until after attending Nursing Student Welcome.

16. Workforce Confidentiality
Policy starts on page 25. Read and complete form on page 26 as indicated, if in agreement.

17. Tennessee Nurses Foundation (TNF) Fee
The mission of the Tennessee Professional Assistance Program is to assist in the rehabilitation of impaired health care professionals by providing consultation, referral, and monitoring services to facilitate a safe return to practice. The Peer Assistance Program (PAP) was established by the Tennessee Nurses Association in 1981 and subsequently placed under the Tennessee Nurses Foundation (TNF) in 1982 (link to http://www.tnpap.org/) to assist in the rehabilitation of nurses who were impaired from the abuse of drugs or alcohol. From 1981 to 1994, the program was staffed with nurse volunteers who contacted the chemically dependent nurses and urged him/her to acknowledge the problem and seek treatment. Failure of the chemically dependent nurse to seek treatment after adequate contacts necessitated reporting the individual to the Tennessee Board of Nursing. Determination of facts and disciplinary action has always been, and will continue to be, the responsibility of the Tennessee Department of Health’s Division of Health Related Boards.

   a. Unlicensed students
   TNPAP payment is **$15.00**. Money Order is the only acceptable method of payment. Make payment to TNF (write TNF for the “To” on the money order.) Be sure to write Student’s E number on Money Order. You do not have to place any addresses on the money order. You can mail money order to Office of Student Services, to the attention of Susan Diddle, PO Box 70664, Johnson City, TN 37614 or personally bring to Susan Diddle in Nicks Hall, Office of Student Services room 2-230. Do **NOT** mail money order anywhere else! Please make sure you keep a copy for your records. Please do not send blank money order! Again, money order is required - NO checks and NO cash!

   b. LPNs and RNs
   • LPNs, RNs, Nurse Practitioner, Physical Therapist, Respiratory Therapist, Occupational Therapist, Medical Lab Technologist, Physician’s Assistant, and Emergency Medical Technicians do not have to pay the TNF fee.
   • A copy of LPN/RN current, unencumbered professional license must be submitted with the admission packet.

18. Health Insurance Portability and Accountability Act (HIPAA)
   • HIPAA — All nursing students are required to complete training on the Health Insurance Portability and Accountability Act (HIPAA) offered by the ETSU HIPAA Compliance Office. To ensure our students receive the most up-to-date information on how to protect the health information of our patients, outside HIPAA training
will **not** be accepted. ETSU HIPAA Training consists of two parts and should take approximately 1 hour to complete.

- To access the HIPAA training click here: [https://etsu-hipaa.nexustrainer.com/](https://etsu-hipaa.nexustrainer.com/)
- Login with your ETSU username (do NOT include @etsu.edu) and password. East Tennessee State University should be selected from the Organization drop down menu.
- Once you are logged in, scroll down to view the “Assigned Training Modules”. HIPAA Part One and HIPAA Part Two should be listed. Click “Take the Training” under actions when you are ready to begin.
- Part One and Part Two do not have to be completed in one sitting, but both parts (including the quizzes) must be completed by the deadline. After you submit the quiz for each module, a certificate of completion will be populated. You must print and upload both certificates to the Clinical Health Requirement Project Concert. You must achieve a score of 80% to pass. The modules can be repeated as many times as necessary.
- To reprint your HIPAA certificates of completion login to the training site.
- Scroll down. Under “Available Certifications” you should see the HIPAA Part One and HIPAA Part Two modules listed. On the right side, under column “Actions” click “View Results”. This will allow you to reprint your completion certificate for each module.
- Please do not take the Google HIPAA quiz found on the internet. You are to use your ETSU email address to log on to the HIPAA site. The Google quiz will not be counted.

19. **Background Checks**
   East Tennessee State University requires background checks for all students entering programs in the Health Sciences. This is to ensure a safe clinical environment for both students and the public and to meet the contractual requirements of area health care facilities. This is a **mandatory** requirement before beginning nursing classes. East Tennessee State University has collaborated with Truescreen to manage this requirement. Instructions for completing the background check are on page 22-24.

20. **Student Signature Form**
   This form on, page 27, contains statements that require reading of additional documents. Please read and complete as indicated, if in agreement.

21. **Core Performance Standards**
   This form is on page 28. Please read and complete as indicated, if in agreement.

22. **Visual/Audio Image Release Form**
   This form is on page 29. Please read and complete as indicated, if in agreement.

23. **Student Acknowledgement of Understanding Nursing Skills Lab Kit**
   This form is on page 30. Please read and complete as indicated, if in agreement.

24. **Student Consent to Release Information Form**
   Policy starts on page 31. Read and complete form on page 32 as indicated, if in agreement.

25. **Attestation of Healthcare Insurance**
   Read and complete form on page 35 as indicated, if in agreement.
PHYSICAL EXAMINATION
(To be completed and signed by a licensed Health Care Provider, e.g., physician, certified nurse practitioner, physician assistant)

Each section must be completed.

Laboratory Reports (as Health Care Provider determines need): CBC UA

Weight ____________ Height ____________ Vision: R _______ L _______
B.P. _______________ Pulse _______________

Hearing: Welch Allyn / AudioScope Screening

***Hearing Test IS REQUIRED***

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<th>500</th>
<th>1000</th>
<th>2000</th>
<th>4000</th>
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<tbody>
<tr>
<td>Right Ear</td>
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<td>Left Ear</td>
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General: ________________________________________________________________

Skin: ________________________________________________________________

Heart: ________________________________________________________________

Lungs: ________________________________________________________________

Abdomen: ________________________________________________________________

Does patient have hernia? ________________________________________________

Extremities and Back: ______________________________________________________

Neurological: ________________________________________________________________
The following performance standards are used to assist students in determining whether accommodations or modifications are necessary and provide an objective measure upon which informed decisions can be based about whether students can meet requirements.

Is the patient able to perform the following performance standards without accommodations?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Performance Standard</th>
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<td>Critical thinking ability sufficient for clinical judgment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communications abilities sufficient for interactions with others in verbal and written form.</td>
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<td>Physical abilities sufficient to move from room to room and maneuver in small places.</td>
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<td>Gross and fine motor abilities sufficient to provide safe and effective nursing care.</td>
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<td>Auditory abilities sufficient to monitor and assess health needs.</td>
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<td></td>
<td></td>
<td>Visual abilities sufficient for observation and assessment necessary in nursing care.</td>
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<tr>
<td></td>
<td></td>
<td>Tactical ability sufficient for physical assessment.</td>
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**Health Care Provider - Please mark one of the following:**

- [ ] The student is able to perform all duties expected of a health care provider without accommodations
- [ ] The student is able to perform duties expected of a health care provider with the following accommodations:

  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

__________________________ M.D., D.O., N.P., P.A.,
Health Care Provider’s Name (Please Print) (Circle one or fill in blank)
__________________________
Health Care Provider’s Signature

__________________________ Address:

__________________________ Phone: (_______) - Date: ____________________
HEALTH VERIFICATION FORM

Instructions: This form is to be completed by student and appropriate documentation attached after acceptance into the nursing major and before any nursing courses. Please do not leave any line blank. If something does not pertain to you simply put N/A or none.

Student is to complete the following sections.

Full Name: ___________________________ E# ___________________________

Birthdate: ________________ Telephone #: ________________ Cell#: ________________

Address: ____________________________________________
          Street or Route City State Zip

ETSU Email: ____________________________

HEALTH HISTORY

Allergies (include drugs): ____________________________

Please be sure to complete the allergy line. Incomplete forms will cause delays in processing.

Please check if you have or have had a problem related to any of the following:

Asthma: _____Yes _____No Cancer: _____Yes _____No

Cold Sores: _____Yes _____No Depression/Anxiety: _____Yes _____No

Diabetes: _____Yes _____No Emphysema: _____Yes _____No

Endometriosis: _____Yes _____No Eye Problems: _____Yes _____No

Hearing Problems: _____Yes _____No Hepatitis: _____Yes _____No

Hernias: _____Yes _____No High Blood Pressure: _____Yes _____No

Irritable Bowel Syndrome: _____Yes _____No Kidney Disease: _____Yes _____No

Neurological Disorders: _____Yes _____No Rheumatoid Arthritis: _____Yes _____No
Stomach Ulcers: _____Yes      _____No  
Thyroid Disease: _____Yes      _____No

Tuberculosis: _____Yes      _____No

Please answer the questions below. Incomplete forms will cause delays in processing.
Additional Illnesses: _________________________________________________________________

Surgeries: _________________________________________________________________________

Date & Types: _______________________________________________________________________

Are you currently under treatment for any medical illness? If so, please explain:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Are you taking any medication(s)? If so, please list all:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

List any emotional or chemical dependency problems (past and/or present) and treatment for such:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

_________________________________________________________________________________

Student Signature   Date

Please make sure to answer every question on this form. Do not leave anything blank. This form must be complete before submitting to the Project Concert.
Record of Tuberculosis Screening: Two Step

Student Name: ____________________________ D.O.B.: ____________________________

Country of Birth: ____________________________ Date Arrived in U.S.: ____________

*Type of Screening (circle one): Tuberculin Skin Test (TST) IGRA

TST testing:
If initial testing for tuberculosis, student must have a two-step TST once. **Results must be recorded in millimeters WITH interpretation as negative or positive. Positive, negative or +/- are not acceptable: Results must be read in 48-72 hours.

**Step 1:**
Date/Time Administered: ____________________ Administered by: _______________________

Date/Time TST read: ____________________ Read by: _______________________

Results in mm: ____________________ Interpretation: ○ Negative ○ Positive

**Step 2 (repeat in 1-3 weeks):**

Date/Time Administered: ____________________ Administered by: _______________________

Date/Time TST read: ____________________ Read by: _______________________

Results in mm: ____________________ Interpretation: ○ Negative ○ Positive

IGRA testing (recommended if immunized with BCG or a previous positive TST test):

Results: ____________________ A copy of lab result must be included with this form.

*Students with a history of a previous positive TST or IGRA test should not have these tests repeated. Students who have had a chest x-ray following positive screening tests for tuberculosis should not have a repeat chest x-ray. Documentation of previous positive testing should be included with this form. Students should be screened annually by a health care provider including a symptom assessment.

**See guidelines in admission packet for further instructions on interpretation of TST results. Results are based on measurement in millimeters, the person’s risk of acquiring Tb infection, or the risk of progression to disease if infected.
Record of Tuberculosis Screening: Annual One Step

Student Name: ___________________________________ D.O.B.: _________________________

Country of Birth: ________________________________ Date Arrived in U.S.: ____________

*Type of Screening (circle one):             Tuberculin Skin Test (TST)  IGRA

TST testing:

If initial testing for tuberculosis, student must have a two-step TST once. **Results must be recorded in millimeters WITH interpretation as negative or positive. Positive, negative or +/- are not acceptable: Results must be read in 48-72 hours.

**Step 1:**

Date/Time Administered: ___________________ Administered by: _______________________

Date/Time TST read: ________________________ Read by: ________________________

Results in mm: _______________________ Interpretation: o Negative o Positive
Record of Tuberculosis Screening: IGRA Testing

IGRA testing (recommended if immunized with BCG or a previous positive TST test):

Results: ___________________ A copy of lab result must be included with this form.

*Students with a history of a previous positive TST or IGRA test should not have these tests repeated. Students who have had a chest x-ray following positive screening tests for tuberculosis should not have a repeat chest x-ray. Documentation of previous positive testing should be included with this form. Students should be screened annually by a health care provider including a symptom assessment.

**See guidelines in admission packet for further instructions on interpretation of TST results. Results are based on measurement in millimeters, the person’s risk of acquiring Tb infection, or the risk of progression to disease if infected.
Students will obtain the drug screen after receiving instructions at Nursing Student Welcome. As listed on page 1.

Substance Abuse Policy

Student Name: ________________________  E Number: ________________________

RULES AND REGULATIONS RELATED TO UNPROFESSIONAL CONDUCT

Students at East Tennessee State University who have chosen to prepare for a career in nursing have placed themselves into a relationship where there is a special concern relative to the possession or use of drugs or controlled substances.

The impairment of nurses as a result of alcohol and substance abuse has been recognized as a growing nationwide problem. Substance abuse is a disease process and treatment options are available. Of primary importance to the college is that a large percentage of impaired nurses are identified within the first five years of licensing. In an effort to help lessen this growing problem, the college will proceed in the following manner.

All students will be responsible for compliance with:


- Rules of the Tennessee Board of Nursing, Chapter 1000-1-.13 Unprofessional Conduct and Negligence (https://publications.tnsosfiles.com/rules/1000/1000-01.20150622.pdf) (Copy and Paste into Browser.)


1. If a student appears to be under the influence of alcohol or drugs, functioning in any impaired manner, exhibiting inappropriate behavior in the classroom or clinical setting, or demonstrating any unprofessional conduct or negligence, the faculty or clinical affiliate personnel responsible for that student will use professional judgment and document the unprofessional conduct of the student. Such written communication shall convey the specific nature of alleged involvement with drugs or controlled substances by the student, including any supportive facts or documentation: time, places, circumstances, witnesses or other persons who possess knowledge of the alleged student involvement. (See attachment “Suggested Information to Include When Reporting Reasonable Suspicion of Drug/Alcohol Use”) A determination of functioning in an unprofessional manner will be established by the opinion of the professional responsible for the student. The student will sign that he/she has read the documentation regarding his/her behavior.

2. The student will be dismissed from clinical experience that day or removed from the classroom. The student may not return to class or clinical until reviewed by the college dean or designee.

3. The documentation of unprofessional conduct will be forwarded to the dean or designee for review. The documentation will become part of the student’s record in the dean’s office.

4. The dean or designee will evaluate the substance of the documentation presented within one week and shall

- Arrange a conference with the student.

- Inform the student of the alleged charges and shall provide the student with an opportunity to respond verbally and/or in writing to such charges.
• Based upon the conference proceedings, review the charges with the Vice President for Student Affairs.

5. Any student charged with misconduct may be required to appear before the Vice President for Student Affairs Discipline Committee. Such action may be in lieu of or in addition to action taken by the nursing program. Sanctions which may be recommended are listed under Institutional/School Sanctions in the Drug-Free Campus/Workplace Policy Statement and in the Institutional Policy Statement and Disciplinary Rules as directed by TBR Policy No. 3:02:00:01.

All cases which may result in suspension or expulsion of a student from the college or an allied health program for disciplinary reasons are subject to the contested case provisions of the Tennessee Uniform Administrative Procedures Act and shall be processed in accordance with the uniform contested case procedures adopted by the Tennessee Board of Regents unless the student waives those procedures in writing and elects to have his or her case disposed of in accordance with college procedures established by these rules. The Vice President for Student Affairs shall provide information to the student relative to the uniform contested case procedures. In each case, every effort will be made to assure that appropriate due process procedures are followed. The final on-campus appeal of any action is to the college President.

6. Violation of these policies can result in disciplinary action up to and including dismissal from the program of study, even for a first offense.

7. A specific plan for rehabilitation will be developed on an individual basis, and where appropriate, counseling and assistance services for students who are identified as needing help will be recommended. The plan for rehabilitation may include referral to and completion of Tennessee Professional Assistance Program (TNPAP) services or peer/professional assistance programs in other states.

8. Should a student be dismissed from a program of study for violation of these policies, a plan for rehabilitation will be devised which may include mandatory counseling, periodic drug/alcohol screening and periodic reporting, before a student could be considered for readmission into the nursing program. The student must assume the responsibility for compliance with this plan before a student’s request for readmission into the program of study can be considered.

9. Students have a right to, and may request, a formal hearing through due process. See Board of Regents Policy No. 3:02:01:00.

10. Failure of the student to comply with the decision as outlined will be considered grounds for dismissal from the program.

11. An affiliate used for student clinical experience can require drug screening without cause if such screenings are the policy for employees of that affiliate.

12. Licensed personnel and students in violation of professional conduct will be reported to TNPAP. Students who are licensed nurses through the Nurse Licensure Compact with privileges to practice in Tennessee will be reported to the professional-peer assistance program in their state of residence. Full reinstatement to the college and eligibility for readmission into the nursing program will be considered upon completion of a TNPAP approved rehabilitation program or the recommendation of the TNPAP, completion of a program approved by the professional-peer assistance program in the state of residence for students licensed through the Nurse Licensure Compact or the recommendation of that program, the recommendation of the Vice President for Student Affairs, and the recommendations of the Nursing Student Affairs Committee and the Dean.

Signature: ___________________________________________ Date: _________________________
Students will obtain the drug screen after receiving instructions at Nursing Student Welcome, as listed on page 1.

Release of Liability

I, ________________________________________ am enrolled in the College of Nursing at East Tennessee State University. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the College of Nursing Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff, and property. Accordingly, I understand that prior to participation in the clinical experience; I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from East Tennessee State University.

If I am a Tennessee licensed health professional, I understand that the Tennessee Professional Assistance Program (TNPAP) will be contacted if I refuse to submit to testing or if my test result is positive. If I am licensed to practice nursing in Tennessee through the Nurse Licensure Compact, I will be reported to the peer/professional assistance program in my state of residence. Full reinstatement of my license would be required for unrestricted return to the PhD program in the College of Nursing.

My signature below indicates that:

1.) I consent to drug/alcohol testing as required by clinical agencies or TNPAP or peer/professional assistance program, or as directed by the Office of Student Affairs, East Tennessee State University.

2.) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Dean of the College of Nursing, and others deemed to have a need to know.

3.) I understand that I will be required to pay a fee of $15.00 to TNPAP after admission to the major and that I am responsible for payment of any required drug or alcohol screens. Nurses licensed in Tennessee will not have to pay an additional fee to TNPAP. Nurses licensed through the Nurse Licensure Compact with privileges to practice in Tennessee will not have to pay an additional fee to TNPAP.

4.) I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of East Tennessee State University and the Policy Statement on Drug-Free Campus of East Tennessee State University, as well as, federal, state and local laws regarding drugs and alcohol.

5.) I hereby release and agree to hold harmless East Tennessee State University and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such
test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the College of Nursing.

___________________________________________
Student Signature     Date
STUDENT DRUG SCREENING POLICY

Criminal background checks and drug testing for students in clinical/practicum environments are standard requirements for many health care and community agencies prior to clinical placement. Students must meet the requirements of the clinical agency to which they are assigned as outlined in the clinical affiliation agreement contract. In order to comply with clinical agency contractual requirements, the College of Nursing requires all admitted students to consent to a mandatory drug screen. As student clinical rotations are incorporated into the curriculum over time, some hospitals or other clinical facilities require current drug screens (within 30 days) so the drug screen may need to be repeated at different intervals during the nursing degree program. The Office of Student Services communicates this requirement to students.

The required drug screen will be performed by a TruScreen provider of this service. All expenses for the drug screen will be covered directly by the student.

Drug test panels will include Amphetamines, Cocaine Metabolites, Marijuana, Metabolites, Opiates (Extended Panel), Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone, Phencyclidine, Barbiturates, Benzodiazepines, Methadone.

The particular drug screen tests required, and related costs, are subject to change and are beyond the control of the University or the College of Nursing.

The College of Nursing does not accept responsibility for any student being ineligible for coursework, continued enrollment in the college, or subsequent licensure for reasons associated with drug testing.

The student’s failure to consent to the drug screen may prevent the College of Nursing from securing suitable clinical placement for the student, thus rendering the admitted student unable to progress or to complete the nursing degree program.

In the case of multiple negative-dilute drug screenings, the College may require the student submit to a blood-based drug screening.

Adverse results of the drug screen may prevent the College of Nursing from securing suitable clinical placement for the student, thus rendering the admitted student unable to complete the nursing degree program.

Results of the drug screen(s) will be kept in a separate confidential file. Notification and release by the student will be required before results are released to health care or community agencies. The Office of Student Services will convey the status of the drug screen to the health care or community agency per contractual obligations.

Students who provide any false information regarding drug use in any documents relating to their attendance at the College of Nursing are subject to immediate dismissal from the College.

Students will obtain the drug screen after receiving instructions at Nursing Student Welcome, as stated on page 1.
Students will obtain the drug screen after receiving instructions at Nursing Student Welcome, as stated on page 1.

By signature below, I authorize the College of Nursing to conduct a Drug Screen for the purpose of complying with contractual requirements of clinical agencies seeking to identify and evaluate care providers failure to pass a drug test as detailed in that policy. I, ________________________________ (Student Name), understand and agree to the following:

- The student will be responsible for the ordering of and payment for the initial student drug test. Clinical sites may have additional requirements or other required vendors; the student will be responsible for these additional expenses. Results of previous drug tests will not be accepted by the College of Nursing;

- Drug test panels will include at a minimum: Amphetamines, Cocaine Metabolites, Marijuana, Metabolites, Opiates (Extended Panel), Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone, Phencyclidine, Barbiturates, Benzodiazepines, Methadone.

- The student’s failure to consent to the drug screen may prevent the College of Nursing from securing suitable clinical placement for the student, thus rendering the admitted student unable to progress or to complete the nursing degree program;

- The staff of Student Services will convey the status of the drug screen to the health care or community agency;

- Adverse results of the drug screen may prevent the College of Nursing from securing suitable clinical placement for the student, thus rendering the student unable to progress or to complete the nursing degree program;

- Students who provide any false information regarding drug use in any documents relating to their attendance at the College of Nursing are subject to immediate dismissal from the College.

I understand the above requirements and will follow and participate fully per ETSU College of Nursing’s Drug Testing Investigations of Students Policy.

______________________________  ________________________________  
Student Name (Please print)  Student Signature

______________________________  ________________________________  
Student E# number  Date
Student Background Investigation Instructions

Student Name (printed):_____________________________________ Student ID Number: ____________________

Student Signature: _________________________________________ Date: ________________________________

By my signature above, I acknowledge that I have received and read the information provided regarding the background check. I am aware that if I have questions about the material herein, it is my responsibility to seek assistance from any College of Nursing Program faculty member or Program Director.

A background investigation is a requirement of the clinical agencies for your program of study. Failure to complete these requirements will prevent you from completing clinical rotations.

STEP 1: What to do if you need a Background Investigation?

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation.

Instructions:

1. Click the link or paste it into your browser: http://applicationstation.truescreen.com.

2. If this is your first time using the Application Station site then please click “Sign Up” to create an account. Once your account has been created please click “Log In”. If you already have an account then you can click “Log In” right away.

3. Enter your Username and Password.

4. Enter the Code: ETSUCON176-CBC the Application Station Code field.

5. Follow the instructions on the Application Station web site to complete the application.

Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation report.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen’s Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

Background Investigations are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Truescreen, studentedition@truescreen.com. Follow the link in the email to access Application Station: Student Edition to view the report. To access the site use the same username and password created at the time you submitted your background check. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.
The initial background investigation consists of the search components listed below. All records are searched by primary name and all AKAs, a student’s primary address, and all addresses lived within the past seven years.

- Social Security Number Validation and Verification
- County Criminal Records Search – all counties of residence lived in the past 7 years
- National Sexual Offender Registry Search
- SanctionsBase Search (includes TN Abuse Registry)
- OIG/SAM

The cost of the Background Investigation is $24.50. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

**STEP 2: What to do if you need a Drug Screen?**

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a drug screen, as well as locate a specimen collection site. Drug screen collection facilities are listed on the final page of Application Station: Student Edition.

Instructions:

1. Click the link or paste it into your browser: [http://applicationstation.truescreen.com](http://applicationstation.truescreen.com).

2. If this is your first time using the Application Station site then please click “Sign Up” to create an account. Once your account has been created please click “Log In”. If you already have an account then you can click “Log In” right away.

3. Enter your Username and Password.

4. Enter the Code: **ETSCON176-15DS** the Application Station Code field.

5. Follow the instructions on the Application Station web site to complete the application.

*Note – you can use the same username and password created for the background investigation. Please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your drug screen report.*

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen’s Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

*If none of the collection sites listed are convenient (within 30 minute drive), please contact Truescreen’s Occupational Health Screening Department (i.e. TriTrack and Scheduling Hotline) for assistance with locating an alternate location; phone number 800-803-7859.*

If the initial drug screen is reported as positive/non-negative, you will receive a call from Truescreen’s Medical Review Officer (MRO). The MRO will obtain medical proof as to why you test positive. If you are taking any form of prescription medicine, it is wise to proactively proof from your physician to be provided to the MRO when contacted. This will speed up the process of reporting drug test results.
You will receive an email from Truescreen, studentedition@truescreen.com, once drug test results are available. Follow the link in the email to access Application Station: Student Edition to view the report.

The cost of the Drug Screen is $54.00. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

If the student receives a “REVIEW” (red X) or “FAIL” (solid red square) on either the background investigation or drug screen, the Nursing Program Director will communicate this information to the Clinical Education Director at the respective clinical facility. The Clinical Education Director will then determine if the student can enter clinical rotations. The student is to schedule an appointment with the Clinical Education Director at the appropriate facility. During the scheduled appointment, the student will provide the original background check documentation to the Director of Clinical Education for verification and review. The Director of Clinical Education will review the conviction record and determine “clearing/not clearing” of the student based on approved criteria.

If permitted, an electronic copy of the background investigation can be forwarded to the Director of Clinical Education via Report Deliver Manager.

**Report Delivery Manager**

Report Delivery Manager (RDM) allows students to distribute an electronic copy of your background check and drug screen results to a third party for clinical rotations. RDM can be found in Application Station: Student Edition. Reports are available to students for 36 months. If reports are needed beyond 36 months, students must print a copy to be distributed as needed.

1. Click the link below or paste it into your browser: [http://applicationstation.truescreen.com](http://applicationstation.truescreen.com)
2. To access the Report Delivery Manager, choose the "Returning user login" option on the right side of the home page and click “Log in.”
3. Enter the username and password created at the time of submitting your background investigation and/or drug screen.
4. Click “View Report Delivery Manager” at the bottom of the ApplicationStation code for the program/application you need to deliver. This can be found after you completely log in and provide your ApplicationStation code.
5. A new screen will appear. To authorize a new third party to view a background check, click “Create a New Delivery.”
6. Read the “Important Notice”, type your name and click “Agree.”
7. Supply the third party’s contact information: Last Name, First Name and Organization. Report Access Keys are generated, including an ApplicationStation Code and Access PIN.

*Truescreen recommends that the student contact the third party and provide the ApplicationStation website address, code and PIN to their contact verbally. This method provides the highest level of security.* However, the student can also authorize that an e-mail containing this information be sent to the contact at the clinical facility. If you wish to have an email containing the Access Keys to be sent directly to the clinical facility, follow steps 8 and 9.

8. To authorize an e-mail, locate “Other Delivery Options, Option 2” and click “here to send an email.”
9. Provide and confirm the recipient’s e-mail address, and then select either Option 1 or Option 2, which determines what information is sent to the recipient via e-mail.

The system provides confirmation that an e-mail has been sent, along with the ApplicationStation Code and Access PIN for future reference.
Workforce Confidentiality Agreement

I understand that ETSU College of Nursing, hereinafter referred to as ETSU, has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation at ETSU, I may see or hear other Confidential Information such as financial data and operational information pertaining to the practice that ETSU is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with ETSU, I understand that I must sign and comply with this agreement.

By signing this document, I understand and agree that:

- I will disclose Patient Information and/or Confidential Information only if such disclosure complies with ETSU policies, and is required for the performance of my job.

My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any Practice Information in public areas even if specifics such as a patient’s name are not used.

I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, modifications, or purging of Patient Information or Confidential Information. Such unauthorized transmission include, but are not limited to, removing and/or transferring Patient Information or Confidential Information from ETSU’s computer system to unauthorized locations (for instance, home).

Upon termination of my employment/assignment/affiliation with ETSU, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to ETSU.

I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my employment/assignment/affiliation with ETSU.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with ETSU and/or suspension, restriction or loss of privileges, in accordance with ETSU’s policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Patient Information that I access or view at ETSU does not belong to me.

ETSU and I acknowledge that this Agreement does not obligate ETSU to employ me for any particular length of time nor does it obligate me to work for ETSU for any particular length of time.

Further, if I should breach this agreement, ETSU is entitled to all available legal and equitable relief, including injunctive relief, and that I shall be liable for all attorneys’ fees, court costs incurred by ETSU in the event that ETSU is the prevailing party in an action brought to enforce this Agreement.
Workforce Confidentiality Form

PLEASE PRINT THIS FORM, COMPLETE IT, AND UPLOAD IT TO THE PROJECT CONCERT SITE.

Name _____________________________________________________
(Print)

Student E Number___________________________________________

I have read and understood the College of Nursing information and the Workforce Confidentiality Agreement for College of Nursing clinics. I agree to comply with all the terms of these documents as a condition of student clinical experiences.

Signature_______________________________________ Date_________
Student Signature Form

Name and Student E Number __________________________________________________________________________

(Please Print Name)

BSN Nursing Handbook
I have read all the information in the BSN Student Handbook of the College of Nursing, East Tennessee State University. I understand that I am responsible for abiding by all contents of the handbook and any published updates to the Handbook. I also understand that failure to abide by the BSN Student Handbook and any updates to the Handbook may result in disciplinary consequences, up to and including course failure or dismissal from the program. The BSN Nursing Student Handbook on the College of Nursing web page can be found at https://www.etsu.edu/nursing/undergrad_nursing/handbook.php.

Signature: _____________________________________________               Date: _________________

Universal Precautions/Hazardous Chemical Right-to-Know Law
I have read and understand the policy on universal precautions and the Hazardous Chemical Right-to-Know Law.

Signature: _____________________________________________               Date: _________________

Clinical Health Care Requirements
I am aware of the Clinical Health Care Requirements and understand that each clinical agency will also have security and orientation requirements. I understand that I am required to abide strictly by those requirements in order to participate in clinical experiences.

Signature: _____________________________________________               Date: _________________

Social Media, Confidentiality and Professionalism Policy
I have read and understand the College of Nursing Social Media Guidelines, Confidentiality and Professional Behavior policies with applicability to all College of Nursing activities. I understand that violation of those policies may result in disciplinary procedures up to and including course or clinical failure or dismissal from the program.

Signature: _____________________________________________               Date: _________________

Criminal Background Check
I understand that to progress clinically, I will be required to complete a Criminal Background Check at my own expense from a specified vendor. Unfavorable results may result in my inability to continue in clinical courses or meet program learning outcomes.

Signature: _____________________________________________               Date: _________________
Core Performance Standards

The performance standards are used to assist students in determining whether accommodations or modifications are necessary and provide an objective measure upon which informed decisions can be based about whether students can meet requirements.

* Critical thinking ability sufficient for clinical judgment.

* Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

* Communications abilities sufficient for interactions with others in verbal and written form.

* Physical abilities sufficient to move from room to room and maneuver in small places.

* Gross and fine motor abilities sufficient to provide safe and effective nursing care.

* Auditory abilities sufficient to monitor and assess health needs.

* Visual abilities sufficient for observation and assessment necessary in nursing care.

* Tactical ability sufficient for physical assessment.

If an otherwise qualified student believes that he or she cannot meet one or more of the standards without accommodation or modifications, the nursing program will determine, on an individual basis, whether or not the necessary modifications can be made reasonably. The following process will be used:

* Upon admission to the nursing major, all students will have information regarding Core Performance Standards. A copy is included with the clinical health requirement packet. The applicant is required to read, sign, date and submit to Project Concert.

* A student with disabilities who believes that he or she may need assistance in meeting the Core Performance Standards should contact Disabilities Services at ETSU, call 423-439-8346.

I have read and understand the College of Nursing Core Performance Standards. By submitting this form, applicant verifies that the information given is correct and complete.

Signature:__________________________________________________  Date:___________
Visual/Audio Image Release Form

I grant permission to East Tennessee State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to, photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. ETSU will not materially alter the original images. I agree that ETSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses, such as those by the ETSU Foundation and the Medical Education Assistance Corporation (Quillen ETSU Physicians). I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release ETSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability, which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impacts, and I freely accept the terms.

________________________________________________________________________ __________________________________________________________________________
Name (please print)                                                                 Date

________________________________________________________________________ __________________________________________________________________________
Signature                                                                                                                                   Telephone or E-mail address

________________________________________________________________________ __________________________________________________________________________
Signature of parent or guardian if under 18 years of age                                                                                   Address (optional)
Student Acknowledgement of Understanding
Nursing Skills Lab Kit

I understand that I will be provided a Nursing Skills Lab Kit first semester.

I understand the kit will be used in the Nursing Skills Lab setting with instructor assistance.

I understand the contents of the Nursing Skills Lab Kit are to be used only on manikins in the skills lab. No invasive procedures are to be practiced on family, friends, neighbors, allies, enemies, relations, or animals. This includes any organism, living or dead.

I understand the items in the Nursing Skills Lab Kit are not “play toys” or “play items” and that keeping the items secured in a safe place is my responsibility.

I understand the items in the kit are to be used throughout the nursing program.

__________________________________________ ___________________________________________
Student Name (Printed)     Student Signature

________________________________________
Date
STUDENT CONSENT TO RELEASE INFORMATION FORM

Family Educational Rights and Privacy Act (FERPA)
In compliance with the Family Educational Rights and Privacy Act (FERPA) and East Tennessee State University’s policy related to the disclosure of educational records, a student may grant the university the right to release confidential information such as grades, academic progress reports, class attendance records, to parent(s)/guardian(s)/spouse by completing the “Student Consent to Release Confidential Information Form” provided.

The release does not apply to information such as counseling and health records protected by the Family Educational Rights and Privacy Act (FERPA). Authorization is valid as long as the student is enrolled at East Tennessee State University or until receipt of a written statement from the student cancelling the request to release confidential information.

Disclosure of Educational Records
East Tennessee State University will disclose information from a student’s educational records only with the written consent of the student, except to school officials who have a legitimate educational interest in the records, certain government or other public officials, and parents of an eligible student who claim the student as dependent for income purposes. However, directory information so designated by the University or the results of any disciplinary proceeding conducted by the University, or the results of any disciplinary proceeding conducted by the University alleging a sex offense of the accused and the accuser may be released without the student’s consent.

Directory Information
East Tennessee State University designates the following items as Directory Information: student name, addresses (e-mail, mailing, and campus box), major, and phone number, enrollment status, dates of attendance, classification, previous institution(s) attended, awards, honors (including Dean’s List), degrees conferred (including dates), and sports participation information. The University may disclose any of those items without prior written consent, unless the student completes and submits to the Records Office the “Request to Prevent Disclosure of Directory Information Form” prior to the published last day to add a course for the fall term.

The student must compete and sign a “Student Consent to Release Confidential Information Form” authorizing the release of confidential information. The form must be submitted in person along with official identification (driver license, social security card, and/or University issued identification card) to: Records Office, 101 Burgin Dossett Hall.

Parental Disclosure Without Written Consent
Under FERPA, when a student turns 18 years of age, or enrolls at a postsecondary institution at any age, all parental FERPA rights are transferred to the student. However, FERPA does provide for some information to be shared by schools with parents or legal guardians without the student’s consent. Examples are: (1) disclosure of educational records if the student is a dependent for income tax purposes. This would apply to a student who was a dependent for the most recent tax year; (2) disclosure of educational records if a health or safety emergency involves their student; or (3) if the student is under the age of 21 and has violated any law or policy concerning the use or possession of alcohol or controlled substance.

Parents should discuss their intention to obtain confidential information with their student; request that the student share the information with them by providing access through First Mate or the student may complete the “Student Consent to Release Information Form” and submit the form to the Records Office. The student may cancel consent after it is given. To do so the student must submit a written, signed request to cancel the release in person to the Records Office.
East Tennessee State University
Student Consent to Release Information Form
Family Educational Rights and Privacy Act (FERPA)

I, ________________________________, hereby authorize East Tennessee State University and/or its employees in the Office of the Registrar, Records Office responsible for grades and transcript information to release confidential information such as clinical health care requirements, background check information, drug screen results, grades, academic progress reports, class attendance reports to the person(s) listed herein. I further understand that this release does not apply to information such as counseling and health records protected by the Family Educational Rights and Privacy Act (FERPA) and that authorization is valid as long as I am enrolled at East Tennessee State University or until a written statement from me requesting that the release of confidential information be cancelled. Finally, I understand that my confidential information will only be released upon receipt of a request for specific information and that I may cancel this “Student Consent to Release Confidential Information Form” by submitting a written statement in person at any time to:


Persons of whom my confidential information may be released (Please Print):

Name: ________________________________ Relationship: (Parent /Guardian /Spouse /Other)

Address: (City, State, Zip): ________________________________

Home Telephone/Work/Cell: (_____) __________ (_____) __________ (_____) __________

Driver’s License #: __________________________________________

Name: ________________________________ Relationship: (Parent /Guardian /Spouse /Other)

Address: (City, State, Zip): ________________________________

Home Telephone/Work/Cell: (_____) __________ (_____) __________ (_____) __________

Driver’s License #: __________________________________________

Student’s Required Information

Student’s E Number: __________________________________________

Student’s Name (Please Print): __________________________________________

Student’s Signature: ___________________________ Date: ________________

***All transactions must be made in person and identification is required.***
MEDICAL WAIVER FOR IMMUNIZATIONS

I understand that my State of Tennessee Immunization Requirements are not complete. I am not able to complete these requirements due to the following reasons:

☐ Allergic to vaccine

☐ Pregnancy: Due Date: ________

☐ Breastfeeding

☐ Medical condition: __________________________________________________________

I am requesting a medical exemption. Medical conditions, allergies, and pregnancy require medical documentation. A pregnancy exemption will terminate one month after the Due Date. Breastfeeding exemptions must be obtained each semester. Allergy and certain medical conditions will involve a total exemption.

Please complete this form. Bring or fax this form along with the necessary medical documentation to ETSU Student/University Health to obtain an immunization exemption.

Name: ___________________________  E#: ___________________________

(printed)

Signature: _______________________  Date: ___________________________
REQUEST FOR AN EXEMPTION FROM IMMUNIZATION REQUIREMENT:
RELIGIOUS REASONS

I understand that East Tennessee State University in accordance with Tennessee Code concerning Immunization Against Certain Diseases Prior to School attendance requires proof of immunization with two doses of **Measles, Mumps and Rubella** vaccines and two doses of **Varicella** vaccine administered on or after the first birthday.

I request, in accordance with State, TBR and ETSU policy, an exemption from this requirement on the grounds that such immunization conflicts with my religious beliefs and practices which I affirm under the penalty of perjury.

**THIS FORM MUST BE SIGNED BEFORE A NOTARY.**

Signature ___________________________ Name ___________________________

(please print)

Date ___________________________ Student ID# ___________________________

Parent or guardian signature ____________________________________________

(Signature of parent or guardian required only if student under 18 years of age)

Sworn and subscribed before me this ______ of _______________ 20_______.

Notary signature _______________________________________________________

Commission expires ____________________________________________________

NOTARY SEAL:
Attestation of Healthcare Insurance

Ballad Health shall provide emergency treatment to Instructors and Students if needed for illness or injuries suffered while participating in clinical experiences at the Clinical Sites. Such treatment shall be at the expense of the individual treated. School shall provide and maintain or shall ensure that each Student and Instructor carry and maintain health insurance. Ballad reserves the right in its sole discretion to allow or refuse a clinical rotation to any Student or Instructor without health insurance.

I understand I am responsible for medical bills for treatment I receive.

I attest I carry and maintain (or am otherwise covered by) health insurance during my educational experience at Ballad.

__________________________________________  _____________________________
Printed Student Name                          Student Signature

__________________________________________  _____________________________
Student Street Address                         City

__________________________________________  _____________________________
State                                          Zip Code

__________________________________________  _____________________________
Email Address                                  Phone Number with Area Code
**CLINICAL HEALTH CARE REQUIREMENT CHECK LIST**

The list below may be used to ensure you have uploaded/completed all requirements of this packet.

<table>
<thead>
<tr>
<th>Completed?</th>
<th>Requirement/Task</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Liability Insurance</td>
</tr>
<tr>
<td></td>
<td>2. LPN or RN TN License (Applicable for LPN to BSN and RN to BSN Students Only)</td>
</tr>
<tr>
<td></td>
<td>3. Basic Life Support CPR for Health Care Provider</td>
</tr>
<tr>
<td></td>
<td>4. Physical Examination (Completed by Health Care Provider)</td>
</tr>
<tr>
<td></td>
<td>5. Heath Verification Form (Completed by Student)</td>
</tr>
<tr>
<td></td>
<td>6. Two-Step Tb Screening, Chest X-Ray, or IGRA</td>
</tr>
<tr>
<td></td>
<td>7. Hepatitis B two dose series, three dose series or positive titer</td>
</tr>
<tr>
<td></td>
<td>8. MMR (Measles, Mumps, Rubella)</td>
</tr>
<tr>
<td></td>
<td>9. Tdap (Tetanus, Diphtheria, Acellular Pertussis)</td>
</tr>
<tr>
<td></td>
<td>10. Varicella</td>
</tr>
<tr>
<td></td>
<td>11. Annual Influenza (flu) Vaccination</td>
</tr>
<tr>
<td></td>
<td>12. Annual Infection Control (OSHA) and Hazardous Materials Training</td>
</tr>
</tbody>
</table>
|            | 13. Substance Abuse Policy  
  (Student will obtain the drug screen after receiving instructions at Nursing Student Welcome.) |
|            | 14. Release of Liability  
  (Student will obtain the drug screen after receiving instructions at Nursing Student Welcome.) |
|            | 15. Student Drug Screening Policy and Release Form Drug Testing Investigations of Students  
  (Student will obtain the drug screen after receiving instructions at Nursing Student Welcome.) |
|            | 16. Workforce Confidentiality |
|            | 17. Tennessee Nurses Foundation (TNF) $15.00 money order (Not required for LPN's or RN's) |
|            | 18. Health Insurance Portability and Accountability Act (HIPAA) |
|            | 19. Background Check |
|            | 20. Student Signature Form |
|            | 21. Core Performance Standards |
|            | 22. Visual/Audio Image Release Form |
|            | 23. Memorandum of Understanding Nursing Skills Lab Signature Page |
|            | 24. Student Consent to Release Information Form |
|            | 25. Attestation Healthcare Insurance |
**Project Concert**

(Please note that the screenshots displayed in this guide may appear slightly different depending on your school’s licensing of Project Concert and your individual access rights.)

**Logging into Project Concert:**

To log into Project Concert please use the following link: [https://secure.projectconcert.com/etsu](https://secure.projectconcert.com/etsu)

Your login credentials for Project Concert are the same as your ETSU Credentials, i.e. your ETSU username and password.

Please view the following video tutorial on how to access and get started in Project Concert:


This video will walk you through all of the steps that are required for you to complete. Project Concert will be the location where all of your Clinical Health Care Requirements will be tracked and stored. As you progress through the program, additional features and functionality will be added.

**NOTE:** Be sure to complete the Demographic Info Survey within your Student Information Tab. This survey is required of all incoming students.

**Student Guide to Uploading Documents:**

1. Log in to your school’s Project Concert website.

2. Once you are in the system, you will land on the welcome page that looks similar to this:
3. To access your personal information/student record, click on Information.

4. As you see, you have now been directed to a new page that will display your name, ID, DOB, Advisor, Email, etc.

This is the page where you will upload documents, view or update your information, etc.

Note: The ability to make changes/edits within the tabs on your student record must be enabled by your organization.

To upload a document to share with your organization, follow these steps outlined below:
• Click the **Documents** tab.

• Click **Add Document** in the bottom left corner and a new window, similar to the one on the next page, will appear.

![Image of document upload interface]

**IMPORTANT:** Documents must be 5MB or smaller. If uploading scanned/.pdf documents, try lowering the resolution.

5. Here, you will select or enter:

   - **Type** (use the drop down arrow to select the type of document you are uploading)
   - **Date**
   - **Title**
   - **Document Rights** (this may or may not be an available option)
   - **Add Comments**

   • Click **Browse**

   • Find the document on your PC, Mac, phone, etc.

   • Click **Add Document**

6. Once you have followed these steps, your document now appears under the **Documents** tab.
**Digitally Signing PDFs:**

Within Project Concert, under Portfolio > Programs Docs are Fillable PDF versions of several Clinical and Health Requirement Forms which you can complete and sign digitally. To create a digital signature within Adobe Reader, follow these steps below:

1. Click the signature field (It will have an orange arrow inside it in the top left corner)
2. If you do not have a digital signature on file, the Add Digital ID dialog box will ask you how you want to sign this document:
   a. Select – A new digital ID I want to create now
3. Click Next
4. In the next panel that asks: Where would you like to store your self-signed digital ID?
   a. Select – New PKCS#12 digital ID File
5. Click Next
6. Next enter your identity information
   a. Enter your name
   b. Enter your ETSU email address
7. Click Next
8. Keep the default file location, but note where this Digital Signature file is being stored in case you need to retrieve it for other applications.
   a. Create a password for this Digital Signature.
   b. Make it something you will remember, because if you forget the password, you will have to create a new Digital Signature.
9. Click finish
10. On the Sign Document Tab you will see your new Digital Signature. To sign the document do the following:
    a. Enter your password
    b. Click Sign

Completing Evaluations:

1. Log in to your school’s Project Concert website.

2. Once you are in the system, you will land on the welcome page that looks similar to this:

3. Click on Evaluations and your screen will change to one similar to this:
This is where all of your **Outstanding Evaluations** will appear including the name of the form, important dates, the status, etc.

4. Begin by selecting an evaluation to open and complete.

5. As you see a new page opens and you are ready to complete the form. Here is an example:

6. Answer each question, add comments, etc. until the survey is complete. Then, click the **Submit** button.
If you need more time, you can also click on the \[Save & Return\] and it will save your responses and allow you to return at a later time to complete.

7. When all of your evaluations are completed, your Evaluations page will appear similar to this:

![Evaluations page screenshot]

8. \[Logout\] when finished.

If you have any questions or issues accessing or using Project Concert, please contact Mark Bodo, IT Manager for the College of Nursing at bodomn@etsu.edu or by phone at 423-439-4579.
How to take the OSHA (Bloodborne pathogen hazardous post training quiz)

Step 6 on video https://www.youtube.com/watch?time_continue=10&v=YVWF8mfh0N0

Click on Evaluations

Then click Ad Hoc Evaluations

Select Evaluatee Student Quiz

Click Create Evaluations

Make sure the quiz is called Bloodborne pathogen hazardous materials post training quiz

Click on link and it will launch Bloodborne pathogen hazardous post training quiz presentation-download and review presentation, once reviewed, begin to answer questions on the quiz. Once it is complete then click on submit

Demographic Survey
The purpose of this survey is to gather information about students. This information can be used to apply for financial aid for students or grants to support student education. All information is confidential.

This is Step 3 on the quick start guide.
Click on the demographic survey tab – complete required fields and click save.

Issues with Logging In

Please be certain that you are using the following credentials:

    Username: Your ETSU username
    Password: Your ETSU password

If you are using these credentials and are unable to log in, please try to log into D2L using these credentials at https://elearn.etsu.edu

If you are unable to log into D2L you will need to reset your ETSU password. To do this go here: https://etsupws.etsu.edu/AccountActivation/AccountActivation.aspx