Clinical Healthcare Requirements (CHRs)

Welcome to East Tennessee State University (ETSU) College of Nursing (CON)!! The next step in your acceptance process is the submission of your Clinical Healthcare Requirements (CHRs). This CHR packet contains the requirements for each nursing program offered. Your program and cohort will determine which CHRs you submit. Please pay attention to the * as you review the CHR instructions and only submit the requirements for your program and cohort.

Submitting your CHRs is not optional, and you have to submit all of the required information for a CHR to be approved. Students are required to meet agency CHRs 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. All students must meet the requirements for their degree type per ETSU CON Policy and to comply with CCNE Accreditation Standards. 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. Also, some students may have to undergo and pay for a more extensive state and national background check based on the clinical requirements of some clinical agencies.

CHRs are to be submitted to the CON Office of Student Services (OSS). Immunization records you submitted to the University Health Center or documentation you sent to ETSU Records or Admissions is not provided to the CON. Plus, CHRs are more extensive than the requirements for enrollment at ETSU. Please note that the CON may require information in addition to these CHRs. 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.

CHRs are submitted to OSS through the Project Concert website only. Please do not ask if you can email, snail mail or fax your CHRs because the answer will be no. Instructions for Project Concert start on page 32 of this packet. In addition, a tutorial video can be viewed at https://youtu.be/b_2GtbMwlSO. If you were an undergraduate nursing student at ETSU, you will need to start a new Project Concert account for your graduate degree and obtain new CHR documents. You will also need a new drug test and background check.)

Submitting your CHRs is the first step in the process of obtaining your clinical placement slot. After you submit a CHR to your Project Concert CHR Documents tab, the CHR is manually reviewed and approved within two business days. (If the CHR is not approved, the CHR Reviewer will email you with further instructions.) Once all of your CHRS have been submitted and approved by the CHR Reviewer, the Clinical Placement Coordinator will then submit your information into the Clinical Placement System to request approval from the clinical agency for you to be placed at one of their clinical sites. The placement process takes several weeks to complete and cannot begin until all of your CHRs have been submitted, reviewed and approved.

Therefore, the submission deadline for your CHRs is no later than Monday, May 17, 2021 (First day of Classes). Please know that collecting and submitting the documentation for your CHRs may take several weeks. You are strongly encouraged to begin this process upon receipt of this packet. Also, once you have completed a CHR, please submit the document to your Project Concert CHR Documents tab. Do NOT wait until you have all of your CHRs completed to submit your documentation. Again, you will not receive a clinical slot, or be allowed to attend clinical, if you have not correctly submitted all of your CHR documentation into Project Concert.
Submitting your CHR documentation to Project Concert by the above deadline is your responsibility, as well as, keeping your CHRs up-to-date throughout your enrollment in the CON.

Once the review process has been completed and specific information regarding your CHRs has been entered into your Project Concert Record, you will be notified of expiring CHRs by automated reminder emails from Project Concert. Also, you can check the status of your CHRs anytime by logging into Project Concert. Remember, you are responsible for reviewing the CHR packet and correctly submitting the appropriate CHR documents.

Undergraduate CHR questions should be directed to Ms. Susan Diddle diddles@etsu.edu. Graduate CHR questions should be directed to Ms. Jenna Marcum marcumje@etsu.edu. Other people may mean well in wanting to assist you, but they may not be aware of changes to the CHRs which occur every semester.

**Exemptions**

As stated in this packet, Undergraduate and Graduate students are required to provide proof of all immunizations, vaccinations or positive titers, or documentation supporting one or more of the valid exemptions. If you submit an exemption, all exemptions must be approved by each clinical agency you attend. Once you are scheduled for your clinical slot, please contact Karen Hirst, hirtsk@etsu.edu who will provide you with next steps to get written approval from your clinical agency (students show never contact a clinical agency on their own). Be aware that there is no guarantee a clinical site will approve you. Clinical affiliates may refuse clinical rotation access to students who fail to obtain required immunizations which will negatively affect your ability to successfully meet course requirements. **In the event of a documented shortage of vaccinations, the policy of the clinical agency will be followed.**

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 30, have your provider complete the form and then submit to your Project Concert CHR Documents tab.

**Religious Exemption**: 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 student. Please see page 31. Complete the form and then submit to your Project Concert CHR Documents tab.

**Project Concert Procedures**

- Title your CHR document with key words from the name of the form you are submitting. You do not need to put any comments as to what the document is.
- Do not submit documents as .heic or .mht files. These file types cannot be opened and viewed.
- Do not submit website screen shots or links for documents. Links do not work. You have to submit the actual document.
- Submit all pages of a document together. Do not submit each page separately where possible.
- Ensure CHR documents are submitted under the “CHR Documents” tab and NOT the “Portfolio” tab or the “Experience” tab. You will receive instructions from other individuals when you need to submit documents to these sections of Project Concert.
- Medical Documents need to have the student’s name and the facility name and address. Documents from patient portals are not acceptable.
• Titer reports must have the student’s name, the processing lab’s information, a numerical result, and a reference range.

• **One document can be submitted for multiple requirements (vaccines).** Do not submit the same document multiple times. Also, do not submit blank documents. Only submit completed pages.

• We suggest you use the forms in this packet to submit required information to Project Concert. Take the appropriate form to appointments and check the form before leaving the facility to make sure all the required information has been entered to avoid a return visit.

• Review what has been submitted to Project Concert. If documents are not submitted with correct portrait or landscape orientation, please resubmit them.

• Please allow a minimum 2 business days for items to be reviewed for clinical clearance.

• Please do not send an email stating you have uploaded documents. Project Concert generates a daily report for the CHR Reviewer detailing what has been submitted by which student.

**CHRs to be Submitted to Project Concert**

1. **Student Acknowledgement of Understanding Nursing Skills Lab Kit** – *NOT Graduate, PhD or RN to BSN*
   
   Form is on page 11. Please read and complete as indicated.

2. **Attestation of Healthcare Insurance** – *NOT Graduate or PhD*
   
   Read and complete form on page 12 as indicated.

3. **Background Check**

   ETSU 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 clinicals. ETSU CON has collaborated with Truescreen to manage this requirement. Instructions for completing the background check are on page 24. Once your background check is complete, you will need to log in to your Truescreen Application Station, download all the pages from your background report and submit the pages to your Project Concert CHR Documents tab. Do not use a link to do this because the link will not work.

   If you do not receive a clear background check, then you will have to be approved by each clinical agency for the site where you will attend clinical. Once you are scheduled for clinical, please contact Karen Hirst, hirstsk@etsu.edu who will provide you with next steps to get written approval from your clinical agency. (Students should never contact a clinical agency on their own). There is no guarantee a site will approve you which means you may not be able to progress in your program.

   * **RN to BSN and PhD Students ONLY** may submit a previous background check completed within the past year if it shows a search for the exact same verification to include 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, Sanctions Base Search (includes TN Abuse Registry), OIG/SAM.

4. **Consent to Audio/Video Recording** – **Visual/Audio Image Release Form**

   Form is on page 13. Please read and complete as indicated, if in agreement.

5. **CPR – American Heart Association Basic Life Support (BLS) Provider Course** – This is the only course that will be accepted.

   • Student must renew upon/before expiration date
   • Certification must be kept current throughout your program
   • Course must be a face-to-face course offered through and approved by the American Heart Association
   • Totally **online** BLS Provider courses are not acceptable
   • Course must include information and practice for:
     • One-and two-person BLS
• Infant/child BLS
• The Choking Victim
• Automatic External Defibrillator
• American Red Cross and other CPR courses are not accepted by all clinical agencies, so please do not submit an American Red Cross card or a BLS Provider card from any other training course. They will not be accepted.
• Resources for AHA BLS
  https://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/basic-life-support-bls-training

6. Demographic Survey
Watch Project Concert Tutorial Video “Demographic Info Survey” when you first log in to Project Concert. The purpose of this survey is to obtain demographic data for students. This information can then be used to apply for financial aid for students or for grants to support student education. All information is confidential. Click on the Demographic Info Survey tab – complete required fields and click save.

7. Colored Copy of Driver’s License – *ONLY LPN to BSN, Graduate and Sevierville Cohort Students
Upload a color copy of your driver’s license. If you do not have a driver’s license, then submit a government issued ID.

8. Student Consent to Release Information Form – FERPA
Policy is on page 14. Please complete and submit the signature form on page 15 as indicated.

9. Annual Influenza (Flu) Vaccination
• “Flu season” is September 1 through March 31
• All flu vaccines must be administered and documentation uploaded to Project Concert between September 1st and September 30th each year. Students entering spring semester should upload vaccine documentation for the current flu season.
• The vaccine administered date, vaccination lot number, lot expiration date, the health care provider signature or signature stamp, and the health care agency/facility name where the vaccination was administered must be included on the proof of vaccination. Form is on page 16.

10. Hepatitis B Vaccine – These are usually administered at a very young age so check your immunization records.
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:
   a. A complete Hepatitis B vaccination series or
   b. Laboratory evidence of immunity via a HbsAb Titer

• Submit proof of the HepB-CpG two-dose series, proof of the three-dose series, or proof of a positive Hep B Surface antibody titer (HbsAb).
• If you are confident you had the vaccines as a child, but have exhausted all avenues to find the proof, then consider getting a HbsAb titer ASAP. If you need to get the vaccines, start the 2 dose series ASAP as it will take 4 weeks to complete; the 3 dose will take 6 months to complete and you will not be able to go to clinical.

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 (HbsAb) and the result shows that the individual did not respond adequately to the vaccine series, the vaccine 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. tel: 423-439-4225. Not all locations have the 2 dose series so you will need to call around and inquire.

11. Health Insurance Portability and Accountability Act (HIPAA) – You will receive an email from TalentLMS to complete this training.
All nursing students are required to complete annual training on the Health Insurance Portability and Accountability Act (HIPAA) through 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.
- When HIPAA training is assigned to you, you will receive an email from TalentLMS with instructions on how to log in and complete the training. This will happen a few weeks before the semester begins, so watch for the email.
- You will need to renew the HIPAA training annually and you cannot complete the training early. You have to wait until you receive the email from TalentLMS.
- After completing the training, you will need to download and save both Part 1 and Part 2 training certificates to upload to your Project Concert CHR Documents tab for this requirement to be cleared.
- Do not take the Google HIPAA quiz found on the internet, complete the HIPAA training in Project Concert or submit any other HIPAA training. Part 1 and Part 2 are the only requirements needed to attend clinical.
- If you have any questions, have trouble logging in, or require accommodations, please contact the HIPAA Compliance Office at 423-439-8533 or hipaa@etsu.edu

12. Liability Insurance – (renewed annually)
   a. Current individual professional liability policy with coverage of $1,000,000/$6,000,000 is required.
   b. Nursing student must be listed on the policy.
   c. *LPN to BSN, RN to BSN and Graduate Students – Students who are already licensed as an LPN or a RN who are in a LPN to BSN, RN to BSN or Graduate program must buy the appropriate liability insurance coverage and request to also be insured as “a student” and have added to your policy. Verification that the additional student coverage is in effect must be submitted to Project Concert.
   d. **LPN to BSN students ONLY** should purchase and upload their insurance policy now, but can have the policy start in their 2nd semester before their clinicals start in the 3rd semester. Example: if you start classes in fall semester, have your insurance start fall term or spring term. Most policy coverage is for one year.
   e. 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 Project Concert. This page will also show you are insured as a student.
   f. Resources for liability insurance providers:

<table>
<thead>
<tr>
<th>Nurses Service Organization (NSO)</th>
<th>Chicago Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-800-247-1500 Fax: 1-800-739-8818</td>
<td>Phone: 1-800-503-9230</td>
</tr>
<tr>
<td>Website: <a href="http://www.nso.com">www.nso.com</a></td>
<td>Website: <a href="http://www.Proliability.com">www.Proliability.com</a></td>
</tr>
<tr>
<td>159 E County Line Rd. Hatboro, PA 19040-1218</td>
<td>1440 Renaissance Dr. Park Ridge, IL 60068-1400</td>
</tr>
</tbody>
</table>
*RN to BSN and Graduate Students ONLY* may purchase the insurance at this link. (Students who already have their RN license.)

https://www.etsu.edu/nursing/documents/2018_application_for_professional_liability_insurance.pdf

You will need to upload your application and receipt in Project Concert as your proof of insurance.

13. Licensure – *LPN to BSN, RN to BSN and Graduate Students ONLY*

Must submit a copy of your active, non-encumbered, or compact state, license. A screen shot from Nursys is acceptable https://www.nursys.com/. If your license status is encumbered at any time while you are in your program, please notify Karen Hirst hirstk@etsu.edu with details.

14. MMR (Measles, Mumps, Rubella) – These are usually administered at a young age so check your immunization records.

   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 two doses each of separate measles, mumps and rubella vaccines given at least 30 days apart with the first 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.
      
      • If born before 1957, may provide a 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 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. tel: 423-439-4225

15. OSHA Bloodborne Pathogens/Hazardous Materials Training Quiz

   • Students will complete an exam over this material annually.
   
   • The exam is taken on the Project Concert site. Please watch the "Completing AdHoc Evaluations" tutorial video when you first log in to Project Concert. See page 34 for more information.
   
   • You will not receive a score or a certificate when you complete the quiz. The exam results will automatically be submitted to the CHR Reviewer so you do not need to scan a copy of the exam. No paper/hard copy will be accepted.
   
   • You must score an 18/20 or higher. We will notify you within two business days if you do not pass the exam so you can retake it.

16. Physical Examination Form

   • The ETSU CON Physical Examination form, on pages 17 and 18, 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.

   • The University Health Center conducts physicals by appointment tel: 423-439-4225. 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.

   *RN to BSN and PhD Students ONLY* may submit a Physical form that covers all information included on the CON form if dated within the past year.

17. Release of Liability Form

   This form is on page 19. Please read and complete as indicated.
18. Student Signature Form

This form, on page 20, contains statements that require reading of additional documents. Please read and complete as indicated.

19. Tuberculosis (Tb) Screening – (renewed annually)

Initial Tb Screening Requirement

You are required to submit the appropriate form from the CHR packet for one of the following:

- A Tb Two-Step Screening – form on page 21 (if you have previously had a Two-Step Screening completed within the required timeframe as explained below, then that screening can be submitted for this requirement; if submitting a previous Two-Step Screening older than one year, then an Annual One-Step Screening is required to be cleared for the Tb requirement)
- IGRA blood test results within past year – form on page 23
- A radiology report for a Chest X-Ray specifically screening for Tb taken within the past 10 years. If the chest x-ray is over one year old, then you also need to submit a TB Screening Questionnaire or a TB Symptoms Checklist completed by your provider stating that you do not have any TB symptoms. You do not need to have another chest x-ray.

After the initial TB screening, you are then required to have a yearly tuberculosis screening and to submit the appropriate documentation to Project Concert to participate in patient care in health care facilities.

Acceptable screening options include a Mantoux Tuberculin Skin Test (TST), an Interferon Gamma Release Assay (IGRA) blood test or a Chest X-Ray specifically screening for Tb. A Tine test is not acceptable.

- 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.

- 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.

- 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.
An IGRA or TST 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.

**Procedures for TST screening**

**Two-Step Screening** (One option used for Initial Tb Screening Requirement. Form is on page 21. Please complete both steps in the required timeframe.)

- **Step One of Two-Step Screening**
  a. 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.
  b. 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 same form used for Step One above.)
  a. Second tuberculin skin test administered 1-3 weeks after step 1 is administered.
  b. 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.
  c. 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).

**One Step Screening** (Used after one year in program for annual Tb Screening. Form is on page 22.)

- a. 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.
  b. 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:
  o Recent arrivals to the United States (within last 5 years) from high-prevalence areas (See WHO list)
  o Injection drug users
  o 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)
  o Mycobacteriology laboratory personnel
  o Persons with clinical conditions that increase the risk for progression to Tb disease
  o Children younger than 5 years of age
  o 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:
  o Persons with no known risk factors for Tb

IGRA (Please use the IGRA form on page 23.)
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. Student will then get a IGRA test annually
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. tel: 423-439-4225

20. TDaP (Tetanus, Diphtheria, Acellular Pertussis)
Submit proof of TDaP vaccine 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.

21. Urine Drug Screen
• Follow instructions on pages 25-27 to obtain the drug screen.
• Once your drug test is complete please download all the pages in your Drug Screen Report from your Truescreen Application Station and submit the report to your Project Concert CHR Documents tab. Do not use a link to do this because the link will not work.
• If you drink lots of fluid before submitting your urine sample, your drug screen could result as Negative Dilute results and you will have to pay for another test.
• If you have a positive drug screen, you must be approved by each clinical agency for the clinical site where you will attend. Once you are scheduled for clinical, please contact Karen Hirst, hirstsk@etsu.edu who will provide you with next steps to get written approval from your clinical agency. (Students should never contact a clinical agency on their own). There is no guarantee a site will approve you.

*RN to BSN and PhD Students ONLY may submit a previous screen if it shows a test for the exact same panel of drugs to include Amphetamines, Barbiturates, Benzodiazepines, Buprenorphine, Cannabinoids, Cocaine, Fentanyl’s, Heroin, MDMA, Meperidine, Methadone, Opiates, Oxycodone, Pentazocine, Phencyclidine and has been completed within the past year.
22. **Varicella (Chickenpox)** – These are usually administered at a young age so check your immunization records.
   a. Submit one of the following:
      • 2 doses of Varicella vaccine at least 1 month apart.
      • Positive antibody titer.
   b. Proof of disease is not acceptable
   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. tel: 423-439-4225

23. **Workforce Confidentiality Agreement**
    Agreement is on page 28. Complete and submit the form on page 29 as indicated.
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 entire nursing program.

________________________________________________________________________
Student Name (Printed)     Student Signature

________________________________________________________________________
Date
Attestation of Healthcare Insurance

Your clinical facility 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. Signing this form shall ensure that each Student and Instructor does carry and maintain health insurance. Facilities reserve 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.

____________________________________________________________________
Printed Student Name

_______________________________________________________________________
Student Street Address

City __________________________ State _______ Zip Code ________________

Phone Number with Area Code (_____) __________-________________________

ETSU Email Address: ________________________________

Student 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
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.
I, __________________________________________ hereby authorize East Tennessee State University and/or its employees in the College of Nursing responsible for reviewing Clinical Health Care Requirements to release confidential information such as immunization records, required forms, background check information, drug screen results, grades, academic progress reports, or 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:

College of Nursing Office of Student Services, Nicks Hall Room 230

**Persons of whom my confidential information may be released to:**

Clinical Health Care facility where I am scheduled to do my clinical(s)

**Student's Required Information**

Student's E Number: ________________________________________________________________

Student's Name (Please Print): ______________________________________________________

Student's Signature: ___________________________________________ Date: ________________

This form is needed for us to release your CHR information to the healthcare facility you are doing your clinical rotations, as needed.
Flu Vaccine Information

(Make sure to take this form with you to get all the required information)

Student Name: ________________________________________________________________

E Number: ____________________________

Date Flu Vaccine Administered: __________________________

Vaccination Lot Number: __________________________

Lot Expiration Date: __________________________

Facility Name, street address, city, state, and zip where you received the vaccine:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Printed Name and Title of person who administered vaccine:

________________________________________________________________________

Signature of person who administered vaccine:

________________________________________________________________________ Date: __________________________
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 / Audio Scope Screening

****Hearing Test IS REQUIRED****

<table>
<thead>
<tr>
<th>□ 20db HL</th>
<th>□ 25db HL</th>
<th>□ 40db HL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y = Response</td>
<td>N = No Response</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Frequency (Hz)</th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
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</tbody>
</table>

General:

Skin:

Heart:

Lungs:

Abdomen:

Does patient have a 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>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical abilities sufficient to move from room to room and maneuver in small places.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gross and fine motor abilities sufficient to provide safe and effective nursing care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Auditory abilities sufficient to monitor and assess health needs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Visual abilities sufficient for observation and assessment necessary in nursing care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tactile? ability sufficient for physical assessment.</td>
</tr>
</tbody>
</table>

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: ________________________
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 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 Signature Form

Name and Student E Number
(Please Print Name) (Print E number)

Undergraduate or Graduate Nursing Handbook
I have read all the information in the 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 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 Nursing Student Handbook on the College of Nursing web page can be found at https://www.etsu.edu/nursing/undergrad_nursing/handbook.php. There is a tab for Undergraduate, Graduate and PhD
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 and Drug Screen
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 (*Not for Graduate Students)
I have read and understand the College of Nursing Core Performance Standards found in the Undergraduate Handbook
Signature: _______________________________ Date: _______________________________

Substance Abuse Policy
I have read and understand the Substance Abuse Policy found in the ETSU College of Nursing Student Handbook. I understand that any violation will follow these guidelines and may result in dismissal from the program.
Signature: _____________________________ Date: _______________________________

Student Drug Screening Policy and Release Form
I have read and acknowledge the student drug screen policy and will follow and participate fully per ETSU College of Nursing's Drug Testing Investigation of Students Policy, found in the ETSU College of Nursing Student Handbook.
Signature: _______________________________ Date: _______________________________
Initial Two-Step Tuberculosis Screening*
(Required After Admission to Program*)

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

Country of Birth: __________________________ Date Arrived in U.S. (If Applicable): ___________

• **Results must be recorded in millimeters** with interpretation as negative or positive

• **Result must be read within 48-72 hours of PPD administered time**

• **Result of only positive, negative or +/- will not be accepted**

**Step 1:**
Date_____/_____/_____/Time_________PPD Administered by signature:________________________

Date_____/_____/_____/Time_________TST read by signature: __________________________

Results in mm:_____________________Interpretation (circle one):  Negative  Positive

Facility Name______________________________________________________________

Facility Phone Number_____________________________________________________

**Step 2: **(must repeat TST within 1-3 weeks after above administered date)

Date_____/_____/_____/Time_________PPD Administered by signature:________________________

Date__________/_____/_____/Time_____TST read by signature: __________________________

Results in mm:_____________________Interpretation (circle one):  Negative  Positive

Facility Name______________________________________________________________

Facility Phone Number_____________________________________________________

*A student with a history of a previous positive TST or IGRA test should not have these tests repeated.

*A student who has had a chest x-ray following positive screening tests for tuberculosis should not have a repeat chest x-ray. The student should be screened annually by a health care provider and submit documentation for the Initial TB Screening showing 1) the previous positive testing and 2) a TB Symptom Assessment completed within the past year.

(See guidelines in CHR 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.)
(After admission to the program, student must submit results from a TB Two-Step TST to be cleared for the Initial TB Screening requirement. A TB Two-Step Screening is two administered dates and two read dates 1-3 weeks apart.)

**Annual TB One-Step Screening**

Student Name: _______________________________  D.O.B.: _______________________________

Country of Birth: _______________________________  Date Arrived in U.S. (if applicable): _______________________________

- Result must be recorded in millimeters with interpretation as negative or positive
- Result must be read within 48-72 hours of PPD administered time
- Result of only positive, negative or +/- will not be accepted

Date_______________________________/Time________________________  Administered by signature: _______________________________

Date_______________________________/Time________________________  TST read by signature: _______________________________

Results in mm: __________  Interpretation (circle one): o Negative  o Positive

Facility Location________________________________________________________

Facility Phone Number_________________________
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 CHR 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.*
Student Background Check Instructions

A background check 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: Request a Background Check**

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

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** in the Application Station Code field.

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

   **Note – please save the username and password created for Application Station. This information is needed to reenter Application Station to download a copy of your background check report to submit to your Project Concert CHR Documents tab.**

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 Checks 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 check 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
- Sanctions Base Search (includes TN Abuse Registry)
- OIG/SAM

The cost of the background check is about $36.00. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

**You have to go back into your Application Station, download your report and upload it to Project Concert. ETSU does not receive an email of this report. See page 27.**
STUDENT DRUG SCREENING POLICY

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 Truescreen provider of this service. All expenses for the drug screen will be covered directly by the student.

Drug test panels will include Amphetamines, Barbiturates, Benzodiazepines, Buprenorphine, Cannabinoids, Cocaine, Fentanyl's, Heroin, MDMA, Meperidine, Methadone, Opiates, Oxycodone, Pentazocine, Phencyclidine.

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 will 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.

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.
STEP 2: Request 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.

Do not drink lots of fluid this day as your result could be negative dilute and you will have to repeat and pay again.

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: ETSUCON176-15DS in 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 check. Please save the username and password created for Application Station. This information is needed to reenter Application Station to download a copy of your drug screen report to submit to your Project Concert CHR Documents tab.

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 tested positive. If you are taking any form of prescription medicine, it is wise to proactively get proof from your physician to be provided to the MRO when contacted. This will speed up the process of reporting the drug screen results.

You will receive an email from Truescreen, studentedition@truescreen.com, once your drug screen 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 about $54.00. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

You have to go back into your Application Station, download your report and upload it to Project Concert. ETSU does not receive an email of this report. See page 27.
If you receive a “REVIEW” (red X) or “FAIL” (solid red square) on either the background check or drug screen, you will need to schedule an appointment with Karen Hirst in the Office of Student Services hirstk@etsu.edu Nicks Hall 230, 423-439-4523 to discuss the situation.

Ms. Hirst may then refer you to the Clinical Education Director at the appropriate facility. During the scheduled appointment at the facility, 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.

You have to go back into your Application Station, download your report and upload it to Project Concert. ETSU does not receive an email of this report.

How to download your report:

Use the Report Delivery Manager (RDM) which can be found in your 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 or paste it into your browser: 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 check 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.
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________________________________________
Immunization Exemption Form

All College of Nursing students are required to receive the immunizations specified in the College of Nursing “Clinical Health Requirements” unless a medical or religious immunization exemption has been granted.

*Student should be aware that medical and religious exemptions may result in the student being prohibited from participation in clinical experiences. Please refer to the list of clinical health requirements in the applicable program document (Graduate Clinical Health Requirements; BSN Clinical Health Requirements Packet; RN to BSN and New Student Clinical Health Requirements Packet) for further clarification. Immunizations may be required by clinical sites separate of the College of Nursing. In addition, the student should be aware of the possible risks of not receiving immunizations such as: becoming infected with the disease, death, transmitting vaccine-preventable disease to others, exclusion from school, or house quarantine during an outbreak. Student should visit the Centers for Disease Control and Prevention for more information.

Signature of Student: __________________________________ Date: ___/___/___

Printed Name of Student: ______________________________ E Number: ________________

MEDICAL EXEMPTION

Note to Student: This section must be completed by your physician.

The below required immunization(s) is/are medically contraindicated for this Student in accordance with Tennessee Department of Health, Health Services Administration Communicable and Environmental Disease Services Rule 1200-14-01-.29 (18)(a):

DTP/DTaP/Tdap______ DT/Td:______ Measles:______ Mumps:______ Rubella:______

Varicella:______ TB PPD:______ Hep B:______ Influenza:______

Reason for Exemption: __________________________________________________________

This contraindication is permanent ____; or temporary ____ and is expected to preclude immunizations until: Date (Mo/Day/Yr) ___/___/___

Signature of Physician: __________________________________ Date: ___/___/___

Printed Name of Physician: ______________________________ License #: ______________

Office Address: ________________________________________________________________

Office Telephone: ____________________________
RELIGIOUS EXEMPTION

The below required immunization(s) conflict with my religious beliefs and practices in accordance with Tennessee Department of Health, Health Services Administration Communicable and Environmental Disease Services Rule 1200-14-01-.29 (18)(b):

DTP/DTaP/Tdap_______  DT/Td:_______  Measles: _____  Mumps: ______  Rubella: ______  
Varicella: ______  TB PPD: ______  Hep B: ______  Influenza: ______

I certify and affirm that the administration of the immunization(s) listed above conflict(s) with my religious tenets or beliefs. I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature of Student: ______________________________ Date: ___/___/___

Printed Name of Student: ______________________________

If the Student is under age 18, this must also be signed by a parent or legal guardian. 

Signature of Parent/Legal Guardian: ______________________________ Date: ___/___/___

Printed Name of Parent/Legal Guardian: ______________________________
**Project Concert Instructions**

(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.

**Student Guide to Uploading Documents:**

Log into ETSU's Project Concert website at [https://secure.projectconcert.com/etsu](https://secure.projectconcert.com/etsu)

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**ETSU Students, Faculty, and Staff:**

- **Username:**
- **Password:**
- Log in to access your personal information/student record.
- Existing Students: If your ETSU credentials are not working, your ETSU password may be expired. To verify this, attempt to log into D2L. If your credentials do not allow you to log into D2L, you will need to reset your password. If you reset your password, you are still unable to login, and you are not receiving a message that your Project Concert account is inactive, please contact Mark Bodo at bodomn@etsu.edu.

**Undergraduate Faculty:** If your ETSU credentials are not working and you are not receiving a message stating your account is inactive, please contact Veronica Roberson at robersonv@etsu.edu to make sure your account has been created.

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

![Welcome page](image)

To access your personal information/student record, click on **Information** in the Left Nav.

Then Click on Information Edit

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 pop-up window, similar to the one below, will appear. NOTE: If you are using a laptop or tablet, you may have to scroll down the page if you do not see the Add Document Button.

**IMPORTANT:** Documents must be 5MB or smaller.

If uploading scanned/.pdf documents, try lowering the resolution.

Do not submit documents as .heic or .mht files
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

Once you have followed these steps, your document now appears under the Documents tab.

You can also find a video tutorial here on how to upload documents into Project Concert: https://youtu.be/GHbc5HTZW0I

**Completing Ad Hoc Evaluations and OSHA Bloodborne Pathogens/Hazardous Materials Post Training Quiz:**

Log into ETSU’s Project Concert website at https://secure.projectconcert.com/etsu

![Login Form](image)

ETSU Students, Faculty, and Staff:

Please use your ETSU Credentials to log in. This is your ETSU username and ETSU password. Your ETSU username is what comes before the @etsu.edu

Existing Students: If your ETSU credentials are not working, your ETSU password may be expired. To verify this, attempt to log into DSL. If your credentials do not allow you to log into DSL, you will need to reset your password. If you reset your password, are still unable to login, and you are not receiving a message that your Project Concert account is inactive, please contact Mark Bioco at bodesenr@etsu.edu

Undergraduate Faculty: If your ETSU credentials are not working and you are not receiving a message stating your account is inactive, please contact Veronica Roberson at robersonv@etsu.edu to make sure your account has been created.

Once you are in the system, you will land on the welcome page that looks similar to this:
Click on \textit{Evaluations} in the left nav and your screen will change to one similar to this:

This will expand the accordion where you can select the \textbf{Evaluations link} to see \textbf{Outstanding Evaluations} or \textbf{Evaluations for Review} or you can select \textbf{Ad Hoc Evaluations} to generate an ad hoc eval.

Click the \textbf{Ad Hoc Evaluations Link} in the Left Nav

As you see a new page opens and you are able to create the eval form. Select \textbf{OSHA Bloodborne Pathogens/Hazardous Materials Post Training Quiz} as the Eval Form > For Rotation Name enter the current semester, ex. Spring 2020 > For Evaluatee(s) select Student, Quiz > Click Create Evaluation.
This will generate the OSHA Bloodborne Pathogens/Hazardous Materials Post Training Quiz you see below. Click the Save button immediately to save the generated form. Make sure you click on the Bloodborne Pathogens/Hazardous Materials Presentation link at the top of the Quiz to download and review the presentation before beginning the assessment.

1. Answer each question, add comments, etc. until the survey is complete. Then, click button.

If you need more time, you can also click on the and it will save your responses and allow you to return at a later time to complete.

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.

**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](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](https://etsupws.etsu.edu/AccountActivation/AccountActivation.aspx)