

3. MMR (MEASLES, MUMPS, & RUBELLA): Recommend Copy of Immunization Record;

- **For students born “before” 1957**, proof of a positive Rubella Titer is REQUIRED, as in #4 below.
- **For all other students born 1957 or “after”**, proof of two MMR’s is REQUIRED as in number 1, or provide evidence of measles, mumps, and rubella immunity (titer) as in #2, #3, and #4 below.
 1. **MMR (Measles, Mumps, Rubella)** *Note: Date must be after 1970*
 - Dose 1 – immunized at 12 months of age or later, and
 - Dose 2 – immunized at least 30 days after Dose 1
 2. **MEASLES** *Note: Date must be after March 4, 1963*
 - Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
 - Born before 1957 and therefore considered immune.
 - Has laboratory proof of immune titer (documentation must specify date of titer)
 - Immunized with second dose of live measles vaccine at least 30 days after first dose.
 3. **MUMPS** *Note: Date must be after April 22, 1971*
 - Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
 - Born before 1957 and therefore considered immune.
 - Has laboratory proof of immune titer (documentation must specify date of titer)
 4. **RUBELLA** *Note: Date must be June 9, 1969*
 - Has laboratory proof of immune titer (documentation must specify date of titer)
 - Immunized with vaccine at 12 months of age or later.

4. HEPATITIS B: Students must have one of the following:

Hepatitis B three-shot series is required by the University of West Georgia if born on or after January 1, 1987 (as recommended for ALL healthcare providers by the CDC.) **However**, the School of Nursing’s contracted clinical agencies are requiring all students receive the Hepatitis B (three shot) series **and** show immunity from a positive titer (blood test) which must be signed by a nurse practitioner, physician assistant, medical doctor, or health department.

The series of three shots should be received in this order: 1st shot prior to beginning nursing course work, 2nd shot should be received one month after the 1st shot, and the 3rd shot should be received 5 months after the 2nd shot. The series must be completed 6 months after the first shot in order to continue in clinical activities. You must also obtain a titer 1 – 2 months after dose #3 to show immunity to Hepatitis B. Signed documentation is required from a nurse practitioner, physician assistant, medical doctor, or health department with the date of injections.

If you have completed the series prior to receiving your clinical requirements checklist, and you have not had a titer for Hepatitis B...**you must have a titer drawn for Hepatitis B surface antibody and it must show the status of immunity of non-immunity. No Exceptions.** If you test negative for immunity, it is the decision of your physician to proceed accordingly. Please turn in all supporting documentation to the School of Nursing regarding this immunization.

5. VARICELLA (CHICKEN POX): If you have a history of Varicella, your physician may not choose to vaccinate, therefore you must have titer drawn showing immunity to the disease. Students may provide ONE of the following:

1. Documentation of two doses of Varicella vaccine, four (4) weeks apart.
 - Dose 1 – Need date of immunization
 - Dose 2 – Need date of immunization
2. Date of positive titer (blood test) and results stating “immune,” signed by a nurse practitioner, physician assistant, medical doctor or health department.

6. TETANUS (Td): Proof of Tetanus immunization received within the past 10 years, and also a onetime dose of Tdap to all with direct patient contact. If immunization is not within the past ten years, one is required by the clinical agencies. Student should have immunization every ten years and signed verification of tetanus should be by a nurse practitioner, physician assistant, medical doctor, or health department.

7. HEALTH INSURANCE: Proof of personal medical health insurance coverage. A copy (front and back) of a current medical health insurance card is acceptable. If the student cannot provide proof of health insurance, the student must sign a waiver. This waiver can be found on the School of Nursing’s website at www.westga.edu/~nurs.

8. PROFESSIONAL LIABILITY INSURANCE: Proof of current professional liability insurance in the minimum amount of \$1,000,000/3,000,000. Documentation must be a **CERTIFICATE OF INSURANCE** that includes the amount and dates of coverage. One such organization that liability insurance can be purchased from is “Nurses Service Organization” (NSO), but students may purchase from other sources as long as coverage limits are met. You can access this information at www.nso.com, or call them at 1-800-247-1500. The cost is usually around \$30.00 a year for generic students, but cost for licensed Registered Nurses may be higher.

9. CPR (CARDIOPULMONARY RESUSCITATION): Proof of current certification in “Basic Life Support (BLS) for healthcare providers” by the American Heart Association. No other CPR course or certification association will be accepted. A copy of your signed CPR card, front and back, is required. Check with the School of Nursing for dates of CPR classes. If the School of Nursing is not able to offer a CPR class before you enter your first semester of classes, you **MUST** attain CPR certification from a certified American heart Association trainer. www.americanheart.org

10. COLOR BLIND TEST: You must go to this website to take a “FREE” color blind test <http://colorblindselftest.com/test.php>. Please print a copy of your results. **IT DOES NOT HAVE TO BE A COLOR COPY.** Your results will show the summary for each question, so please print all pages, and turn in with your other required documentation.

11. CRIMINAL BACKGROUND CHECK & DRUG SCREENS: Healthcare facilities are requiring nursing students to have a certified criminal background check and drug screen. Students enrolled in all levels at the School of Nursing must complete the background check and drug screen through Advantage Student. The instructions for this process can be found on the School of Nursing website on each program page, listed as “Background Check & Drug Screen Instructions.” **PLEASE DO NOT TURN IN ANY DOCUMENTATION REGARDING YOUR BACKGROUND CHECK OR DRUG SCREEN RESULTS.** The School of Nursing cannot see your report only verify that you have completed both parts through our online account with *Infomart – Advantage Student*. Students will be instructed to ‘share’ their report with health care facilities on an as needed basis.

12. LICENSURE: Any student who is currently licensed by any board in the State of Georgia must provide the official name under which he/she is licensed and area of licensure. (For example: LPN, RN, Respiratory Therapy, etc.)

Name: _____ **Licensure Type:** _____

13. CONFIDENTIALITY POLICY FORM: This form can be found in your BSN/MSN Student Handbook. Please read the confidentiality policy in its entirety, then sign and turn it in along with other forms listed on this checklist. Please be aware that your signature indicates that you understand all confidentiality rules and policies and procedures contained in your BSN/MSN Student Handbook. Please make sure you print the version that is designated for the year you start the program (2009-10).

14. HANDBOOK STATEMENT FORM: This form can be found in your BSN/MSN student handbook. Please read this form, sign and turn it in along with other forms listed on this checklist. Please be aware that your signature indicates that you understand the policies and procedures contained in your BSN/MSN Student Handbook. Please make sure that you print the version that is designated for the year you start the program (2009-10).

Individual contracting clinical agencies may impose additional health and professional requirements that the student must meet before participating in clinical activities in that clinical agency. The student’s clinical instructor will inform the student if additional requirements are needed and will provide instructions on how to complete requirements. The absence of any required document may prevent the student from progressing in the nursing program and may result in the student losing his/her placement in the program.

BY SIGNING YOUR NAME, YOU ARE STATING THAT YOU HAVE ALL OF THE DOCUMENTATION THAT IS LISTED ON THIS CHECKLIST ATTACHED, IN ITS ENTIRETY.

Student’s Signature

Date