

NURSING CLINICAL DOCUMENTATION CHECKLIST

- All students are required to provide the necessary documentation requested below.
- Students are required to submit this completed form to their clinical lab instructor at your first class.
- Any student not having **all** items current and completed may be denied access to the clinical site by hospital/agency personnel in accordance with Affiliation Contracts and Agreements.

Criminal Background Checks are required by all students entering any nursing lab course. The initial criminal background check will be valid for three years unless an incident requires having it repeated or a clinical agency requires checking at a more frequent interval. The only criminal background check accepted is with www.certifiedbackground.com/ package code wi21. By entering your initials you are certifying you have ordered a criminal background with www.certifiedbackground.com/ within the past three years.

Initial for criminal Background check.

CPR: BLS for the Healthcare Provider (HCP): Students are required to maintain valid CPR certification throughout all clinical lab courses. The only acceptable certification is the American Heart Association's (AHA) BLS for the Healthcare Provider. Enter the expiration date of your AHA CPR card and **attach a photocopy** to the back of this form.

CPR Exp. Date

Health and Wellness Clearance: All students need to be cleared through the end of the semester by the Health and Wellness Center. Enter the expiration date of your health and wellness clearance and **attach a photocopy** to the back of this form. (If there is no expiration date on your clearance form it is one year from date of initial clearance)

Exp. Date

Health Insurance Verification: All nursing students in a clinical lab course are required to have health insurance. Full time students pay for health insurance in their tuition and fees or provide a waiver documenting other coverage. All other students must provide documentation of health insurance coverage. Individuals in need of health insurance may review the policy the University has available at FirstStudent.com (this is not an endorsement however it is a reasonably affordable plan). Please complete the following appropriate statements:

- I am a full time student and have health insurance coverage included in my tuition and fees.
- I am a full time student and have provided documentation to the Bursar that I have other health insurance coverage and have declined the University's coverage. **Attach a photocopy** of health insurance ID card to the back of this form.
- I have attached a **photocopy** of my health insurance ID.
- I do not have health insurance** and understand that I will not be allowed in clinical. (Failure to do clinical will result in failure of the course)

Senior Students in addition to the above information please provide the following information and attach photocopies of the documentation: (Any documents that expire during the semester must be updated.)

Driver's License
Exp. Date

Motor vehicle registration of vehicle you will use for clinical
Exp. Date

Motor vehicle insurance identification card for above vehicle
Exp. Date

RN – BSN students in addition to the above information RN's must supply the additional documentation and **attach a photocopy:**

Nursing License
Exp. Date

Malpractice cover sheet or certificate of professional liability insurance
Exp. Date

ALL STUDENTS:

- Yes
 - No
- Since completing your last clinical clearance checklist or criminal background check have you been arrested, charged or convicted of any crime or offense that you have not reported to the Nursing Department Chairperson? (Minor traffic offenses, such as speeding or parking need not be provided but Motor Vehicle offenses such as driving while impaired or intoxicated must be disclosed.)

I _____ (Print name) affirm that the above information, dates and/or attached copies are representations of true and valid documents or information necessary to comply with affiliate agencies of the Department of Nursing at William Paterson University. I understand it is my responsibility to keep all items valid and up to date or I may be removed from my clinical experience and risk failing all or part of my clinical experience course. Any misrepresentation of facts may be construed as a violation of the University's Academic Integrity Policy.

Signature

Date

Student ID #