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 meeting.
- 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 before a student enters a nursing lab course and annually thereafter, or as an incident may require having it repeated or if a clinical agency requires a more frequent interval. The only criminal background check accepted is with www.certifiedbackground.com/ package code wi21. Re-checks may order package code wi21r. Enter the date of order and your initials certifying you have a criminal background with www.certifiedbackground.com/ within the past year.

Date of order & initials certifying criminal background check completion.

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 by the Health and Wellness Center. Clearance must be valid through the entire semester. Initial where indicated certifying that you have been cleared by the Health & Wellness Center.

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 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) it is merely an avenue to get insurance as required. Please complete the following appropriate statement:

☐ I am a full time student and have attached a photocopy of my health insurance ID.
☐ I am a part-time student and 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)

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 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.)

☐ No

I __________________________ 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.

Student Signature __________________________ Date: ____________

Student ID # __________________________

Reviewed & approved by: __________________________ Date: ____________

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