

NAME _____

STUDENT ID# _____

NUR _____

TERM _____

DOCTOR OF NURSING PRACTICE 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.castlebranch.com/ package code wi21. By entering your initials you are certifying you have

_____ ordered a criminal background with www.castlebranch.com/ within the past three years.
Initial for criminal
Background check

Urine/Drug Screening An annual urine/drug screening is required for all students.

A mandatory annual urine drug screen is required by all nursing students prior to the beginning of the first semester in which a clinical laboratory takes place. Order package code **Wi22** from www.castlebranch.com/. In 1 – 2 business days students should receive an e-mail from Support@FormFox.com. The subject may be: *Form Fox Authorization For “your name”* this will give you the location of the testing center nearest your address, print and bring the form to the sampling site with you. If you do not receive the e-mail check your spam folder. If it does not appear in a reasonable amount of time or you require a different testing site call Castlebranch.com at the customer service telephone number available from their website. The lab will require a picture ID. The screening is required **before** your initial Clinical Clearance Form can be issued by the Health and Wellness Center.

Requests for an additional urine drug screening will incur an additional fee payable by the student

_____ Urine/Drug Screening

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 **email a copy** to your clinical instructor.

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 **upload a copy in the student portal.**

_____ (If there is no expiration date on your clearance form it is one year from date of initial clearance)
Exp. date

Name _____ Student ID# _____ NUR _____ Term _____

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 have **emailed a copy** of my health insurance ID to my **clinical instructor**.

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)

Graduate Students in addition to the above information you must supply the additional documentation and **email a copy to your clinical instructor:**

_____ Nursing License (**email a copy** to your clinical instructor)
Exp. Date

_____ Malpractice cover sheet or certificate of professional liability insurance, \$1 million per occurrence/\$3 million aggregate (NP track students require a nurse practitioner rider. (**email a copy** to your clinical instructor)
Exp. Date

- 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 Graduate Nursing Department Director? (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 attached copies are
(print name)

representations of true and valid documents 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 #

Reviewed & approved by: _____ Date: _____
Rev. 7/2021