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Introduction
We are providing this Student Handbook in order to inform you of the policies and procedures which will influence your experience in the Graduate Programs of the Department of Nursing at The William Paterson University of New Jersey. Students are expected to be familiar with the contents herein and to abide by these regulations. Ignorance will not diminish accountability with regards to these policies and procedures.

The MSN Graduate Nursing Student Handbook, The William Paterson University Student Handbook and the current William Paterson University Graduate Catalog, all available online, will provide you with the information needed to pursue a successful academic experience as a graduate student. Please obtain a copy of each of these resources to become familiar with the rules and regulations that are binding while you are a graduate student here at William Paterson University. The MSN program is accredited by the Commission of Collegiate Nursing Education (CCNE) 655 K Street NW, Washington, DC 20011 Phone (202)-887-6791 until 2024.

Student Responsibility
Graduate students are expected to know the requirements for the degree they plan to earn. While the staff and faculty will endeavor to aid in every manner possible, students are responsible for staying informed of current regulations, their status in the graduate program and progress toward graduation. This handbook has been developed to provide you with a wealth of information that you will need throughout your nursing program. It is important that students refer to the information in the handbook every semester that they are enrolled. Requirements may be revised at any time. New information and policy/procedure changes will be emailed to all enrolled students using the University email system. Additional information can be found in the William Paterson University catalog and in the University Student Handbook.

UNIVERSITY MISSION STATEMENT
William Paterson University of New Jersey is a public institution that offers an outstanding and affordable education to a diverse traditional and nontraditional student body through baccalaureate, graduate and continuing education programs. The University’s distinguished teachers, scholars and professionals actively challenge students to high levels of intellectual and professional accomplishment and personal growth in preparation for careers, advanced studies and productive citizenship. Faculty and staff use innovative approaches to research, learning and student support to expand students’ awareness of what they can accomplish. The University’s graduates embody a profound sense of responsibility to their communities, commitment to a sustainable environment and active involvement in a multicultural world.

VISION: THE UNIVERSITY IN 2022
William Paterson University will be widely recognized as the model of outstanding and affordable public higher education characterized by rigorous academic preparation and a wide array of experiential, co-curricular and extra-curricular opportunities. The University will be distinctive for nationally recognized programs that prepare its students for the careers of today and tomorrow and known for its support of the personal growth and academic success of a highly diverse student body. It will be an institution of first choice for students committed to transforming their lives and making a difference.
**CORE VALUES**
At the core of everything the University does, the following five values define its ethos and fundamental beliefs:

**ACADEMIC EXCELLENCE**
As individuals and as an institution, we seek to model and to impart to our students the highest standards of knowledge, inquiry, preparation, academic freedom and integrity, as well as an expanded sense of what an individual can accomplish.

**CREATING KNOWLEDGE**
We strive to expand the boundaries of knowledge and creative expression in and outside of our classrooms. We help students think imaginatively and critically and encourage innovative solutions to social issues and challenges of ecological sustainability and economic growth and ethical dilemmas confronting our communities, regions, nation and world.

**STUDENT SUCCESS**
Students are our reason for being. We judge our effectiveness, progress and success in terms of how well we provide a platform for their personal, intellectual and professional development, enabling them to transform their lives and become civically engaged.

**DIVERSITY**
We value and promote the expression of all aspects of diversity. We maintain a campus culture that welcomes diversity of personal circumstances and experiences and prepares students to become effective citizens in an increasingly diverse, interdependent and pluralistic society.

**CITIZENSHIP**
We challenge our students, faculty, staff and alumni to recognize their responsibility to improve the world around them, starting locally and expanding globally. We offer critical expertise to New Jersey and our region, while our scholarship and public engagement address pressing community needs in the region and beyond in keeping with our public mission.

*Approved by the William Paterson University Board of Trustees March 19, 2012*

**WILLIAM PATERSON UNIVERSITY**
**COLLEGE OF SCIENCE AND HEALTH**
**DEPARTMENT OF NURSING MISSION STATEMENT**

The William Paterson University Department of Nursing, through its educational programs, is committed to preparing nurses who are accountable for the delivery of culturally sensitive, caring, and competent nursing care to diverse clients in a variety of settings. Graduates of the Baccalaureate, Masters and Doctor of Nursing Practice degree programs are encouraged to pursue life-long learning to effect and enhance self-development, professional growth, critical thinking and leadership.
PHILOSOPHY

The Department of Nursing is an integral part of the University and shares its mission and goals in relation to quality education, research, creative activity, and community service. The faculty actively concurs with the University's commitment to promote student success, academic excellence, and community outreach. The faculty also values diversity and equity as essential to educational excellence and responsible citizenship in an increasingly global economy and technological world.

The beliefs of the faculty provide direction for the organization of the curricula in the Bachelor of Science in Nursing, the Master of Science in Nursing and Doctor of Nursing Practice programs. The faculty believe in the integrity and worth of human beings. Human beings are holistic and continually responding to the environment in order to meet their biological, psychosocial, and spiritual needs. The individual is unique, capable of change, and participates in decision making related to health care needs. The individual warrants respect, dignity, and recognition of personal beliefs and values. All human beings deserve nursing care that is culturally sensitive and caring as they progress through the life span.

The faculty believes health is dynamic and is influenced by complex and technological environments. Health is a social concept existing in individuals, families, communities, and a nation that reflects normative standards referenced by cultural beliefs, personal values, mores, and experiences.

As an academic discipline and practice profession, Nursing's focus of concern is health and the delivery of health care. Nursing as a socially accountable profession exerts an essential influence on the health status of clients/client systems. Nursing's social influence prevails when the profession continues to recognize and respond to society's evolving health care needs. Nursing explores, examines, proposes, supports, and challenges health care practices and policies to maintain the dialogue that protects the quality of and access to the health system. Nursing is a creative human service provided within an active cooperative relationship with clients.

Nurses influence healthy responses that promote, maintain, and restore health across the life span and they participate in the wellness-illness and end-of-life experiences of those they serve. Baccalaureate nurses use a systematic five step nursing process approach that engages critical thinking, intellectual, interpersonal, and technical competencies in the delivery of professional nursing care. Masters prepared graduates build on those basic competencies and delineate nursing knowledge embedded in clinical practice through research. They are skillful in applying frameworks, models of care, concepts, and rationales for practice. Evidence based principles and research are critical premises for developing quality practice decisions by undergraduate and graduate students. Doctor of Nursing Practice graduates are prepared as thought leaders expected to advance nursing practice and the profession.

The goal of education within the department of Nursing is to promote student growth toward realizing their personal and professional potential. Nursing knowledge and relevant knowledge from the humanities, the natural and behavioral science are foundational for professional nursing and are prerequisites for graduate education.

The Masters’ education incorporates advanced theory, research, and skills into the competencies required in a variety of settings. The advanced prepared nurse provides leadership for the advancement of the discipline, in the scientific community, and in academic and service institutions.
Doctor of Nursing Practice education expands the professional nurse’s theoretical foundations. The nurse applies research, theory and current evidence towards the improvement of the profession of nursing and patient health outcomes. These graduates actively engage in the critical conversation that affects systems of care and health policy at the local, regional and national levels.

Faculty view learning as a continuous interactive and life-long process. The ways of knowing are many and include aesthetic, observational, experimental, intuitive, and rational approaches. Learning requires self-discipline and goal orientation. Faculty ensure that the curriculum includes learning opportunities to develop and apply knowledge, skills and values. Additionally, all graduates must be able to engage the technology driven information systems that are the repositories of health data.

Finally, the faculty believes the graduates of the educational programs are prepared to deliver safe and effective nursing through teaching, research, and collaboration with other professionals and health care consumers.

Rev. 5/89; 5/96; 11/12/07; 2/10; 5/10/13
Master's Degree Program Outcomes

The content in the master's program in nursing is consistent with the mission and philosophy of the Department of Nursing. It is designed to meet the program objectives which are derived from the overall framework guiding curriculum. Upon completion of the program, the graduate is able to meet the program objectives, which reflect the roles of the advanced prepared nurse in practice, education and/or management.

The William Paterson University of New Jersey master's graduate in nursing will be prepared to:

1. Apply advanced knowledge of nursing theories, related sciences and humanities, and methods of inquiry in the delivery of healthcare services.
2. Develop leadership and communicate effectively using the collaborative approach to improve quality care.
3. Analyze changes in the healthcare system through the design and implementation of health related projects that strengthen the outcomes in the healthcare delivery system.
4. Apply evidence, research and theory to improve health services.
5. Apply current health information and technologies to advance the quality and accessibility of care.
6. Advocate for healthcare policies and systems to improve healthcare.
7. Analyze systems responses to health and illness to improve the promotion, restoration, and maintenance of health that reflect respect across diverse cultures.
8. Engage in advanced nursing care to individuals, families, communities, and clinical populations.

ADMISSION STATUS

The following are regulations affecting all graduate students at WPUNJ.

Matriculation Policy
Matriculated students are those who are fully accepted to a degree-granting program.

ACADEMIC ADVISEMENT

Academic Advisor Assignment

When a student is accepted into the master's program the student will be assigned an academic advisor. The student will be notified of his or her advisor's name during new student orientation. All visiting students will be advised by the Graduate Program Director.

Responsibilities of Academic Advisors

The academic advisement process is essential in order to promote a high quality educational program and to facilitate teaching and learning. This unique process assists in the clarification of goals and encourages continuity of learning throughout the master's program. Academic advisers are valuable resource persons for administrators, faculty, and students. Advisement is seen as a responsibility of both students and faculty.
The responsibilities include:

**After Admission**

1. Review the student's records.
2. Clarify specific career goals.
3. Assist in planning the student's total program including appropriate sequencing and requirements.
4. Clarify expectations of student-faculty roles.
5. Spell out student responsibilities, e.g., record keeping and registration, and provide policy interpretation regarding academic standing.

**Throughout the Program**

1. Speak with student each semester to facilitate registration, e.g., discussion of changes in courses and/or program.
2. Grant approval for registration.
4. Communicate with student regarding academic progress, e.g., discussion of academic standing or problems interfering with study.
5. Refer the student to appropriate resources for assistance with personal or financial problems.
6. Maintain the student's records and update with pertinent data.
7. Note the student's progress on file each semester and as necessary.
8. Note special interviews, phone calls, etc., in student's record
9. Determine the student's eligibility for awards and honors; faculty recommends the student for awards and honors for which he or she is eligible.

**Graduation: Completion of Program**

Students who are eligible for graduation are required to complete the application for graduation at: WPCONNECT (http://wpconnect.wpunj.edu/cp/home/loginf)

<table>
<thead>
<tr>
<th>Month</th>
<th>Application Deadline</th>
</tr>
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<tbody>
<tr>
<td>January</td>
<td>Candidates apply no later than September 1</td>
</tr>
<tr>
<td>May</td>
<td>Candidates apply no later than December 1</td>
</tr>
<tr>
<td>August</td>
<td>Candidates apply no later than June 1</td>
</tr>
</tbody>
</table>

Students who have already applied to graduate and need to change their graduation date should go to: WPCONNECT (http://wpconnect.wpunj.edu/cp/home/loginf)
RESPONSIBILITIES OF THE STUDENTS

Protocol for Advisement and Registration

1. Each student is to make an appointment or speak with their advisor during the advisement period before or during registration.

2. Students will be able to view course offerings and register online by going to: http://www.wpunj.edu/enrolled/ and click on registration.

3. All dropping or adding of courses should be done after consultation between the advisor and student.

Authorizations or permits issued by the Graduate Program Director, advisor or Department Chairperson to waive pre-requisites or for entry to a closed course must be claimed by the student registering for the course via Web Registration. The authorizations or permits that are unclaimed by the student will become invalid at the close of program adjustment. If you wish to drop all courses, you must take a Leave of Absence or a formal Withdrawal from the University. Students who need to file a Leave of Absence or Withdrawal from the University must go WPCONNECT https://wpconnect.wpunj.edu/portal/ to file.

Registration and Course Selection

The final responsibility for proper course selection and timely registration rests with the student. Each semester, with the approval of their assigned advisor, students register for courses necessary to progress toward completion of the curriculum in which they are enrolled. It is advisable to enroll in two courses, Fall and Spring semesters for timely completion to graduation.
Academic Integrity Policy

I. Standards of Academic Conduct
As an academic institution committed to the discovery and dissemination of truth, William Paterson University expects all members of the University community to conduct themselves honestly and with professional demeanor in all academic activities.

William Paterson University has established standards of academic conduct because of its belief that academic honesty is a matter of individual and University responsibility and that, when standards of honesty are violated, each member of the community is harmed.

All members of the University community are expected to adhere to the Academic Integrity Policy.

II. Violations of Academic Integrity
Violations of the Academic Integrity Policy include, but may not be limited to, the following examples:

A. Plagiarism is the copying from a book, article, notebook, video, or other source material, whether published or unpublished, without proper credit through the use of quotation marks, footnotes, and other customary means of identifying sources, or passing off as one’s own the ideas, words, writings, programs, and experiments of another, whether such actions are intentional or unintentional. Plagiarism also includes submitting, without the consent of the professor, an assignment already tendered for academic credit in another course.

B. Cheating during examinations includes any attempt to (1) look at another student’s examination with the intention of using another’s answers for personal benefit; (2) communicate, in any manner, information concerning the content of the examination during the testing period or after the examination to someone who has not yet taken the examination; (3) use any materials, such as notebooks, notes, textbooks, or other sources, not specifically designated by the professor of the course for student use during the examination period; or (4) engage in any other activity for the purpose of seeking aid not authorized by the professor.

C. Collusion is working together with another person or persons in preparing separate course assignments in ways not authorized by the instructor. Academic work produced through a cooperative (collaborative) effort of two or more students is permissible only upon the explicit consent of the professor. The collaboration must also be acknowledged in stating the authorship of the report.

D. Lying is knowingly furnishing false information, distorting or omitting data, failing to provide all necessary, required information to the University advisor, registrar, admissions counselor, or professor, for any academically related purpose.

E. Other concerns that relate to the Academic Integrity Policy include such issues as breech of personal security, stolen tests, falsified records, and vandalism of library or other materials.
No list could possibly include all the possible violations of academic integrity. These examples should, however, give a clearer idea of the intent and extent of application of this policy.

III. Faculty Responsibilities for Upholding the Academic Integrity Policy

A. Faculty is expected to be familiar with the Academic Integrity Policy. Each faculty member will inform students of the applicable procedures and conditions early in each semester before the first examination or assignment is due.

B. Ordinarily, in-class tests and final exams should be proctored. Proctoring is defined as having a faculty member or a representative of the faculty present in the room during an exam. Proctoring is the responsibility of the faculty member teaching the course although, where necessary, that responsibility may be shared with, or delegated to, faculty colleagues or graduate assistants assigned to the course.

IV. Resolution of Academic Integrity Policy Violations

A. If a faculty member has sufficient reason to believe that a violation may have occurred on any work submitted for a grade, he/she must attempt to speak with the student within ten (10) school days of the incident to discuss appropriate resolution.

B. After discussing this matter with the student, and if the student accepts the proposed resolution, the student waives his/her right to a hearing. Depending on circumstances, as assessed by the faculty member who has discussed the matter with the student, any of the following penalties may be imposed:

1. Resubmission of the assignment in question
2. Failure of the assignment
3. Failure of the course
4. Withdrawal from the course with no credit received
5. The imposition of other appropriate penalties with the consent of the student
6. Recommendation to the President of suspension or expulsion from the University

With any of the above, the faculty member may have a written record of the sequence of events placed in the student’s permanent record with a copy to the student.

C. If the student does not admit to a violation or disagrees with the proposed resolution, he/she must:

1. Speak directly to the faculty member within ten (10) school days of being informed of a violation or of the proposed penalty. If, after repeated attempts, the student is unable to reach the faculty member within ten (10) school days, the student must notify the department chairperson in writing within that ten (10) day period.
If, after discussion with the faculty member, the student is not satisfied with the outcome, the student may contact the department chairperson presenting a dated, written, and signed statement describing the specific basis for the complaint. At this time, the student must provide the faculty member with a copy of these written materials.

2. The department chairperson should try to resolve the issue by reaching an agreement by both the student and the faculty member. If the issue is not resolved at the chairperson’s level, the student may request that the chairperson convene the Department Executive Council (or other appropriate department committee)—excluding the faculty members involved—to hear the appeal. The faculty member submits a written, dated, and signed statement of the alleged violation to the council/committee. The student must submit a written, dated, and signed statement describing the basis of the complaint. The accuser assumes the burden of proof. When the faculty member involved is the chairperson, the student may request that the dean of the college convene the Department Executive Council (or other appropriate department committee). The Department Executive Council/Committee submits its recommendation to the chairperson (or college dean, if the faculty member involved is the chairperson).

3. If not satisfied with the Department Executive Council’s (or other appropriate department committee’s) decision, the student may ask the Dean of that college to bring the matter to the College Council. The faculty member submits a written, dated, and signed statement of the alleged violation. The student submits a written, dated, and signed statement describing the basis for the complaint. The accuser assumes the burden of proof. The chairperson of the department concerned does not take part in the final vote (although the written decision from the department chairperson is part of the college record). The College Council’s decision constitutes the University’s final decision regarding the substantive nature of the case. Future appeals based on violations of due process are permitted to the limit of the law.

4. Each step in the procedure must be initiated within ten (10) school days of the faculty, chairperson, department, or college response. Dated, written, and signed statements are required at each step. Likewise, at each level, the faculty member(s), chairperson, Department Executive Council (or other appropriate department committee), or College Council must complete a review of all pertinent written materials prior to rendering a decision, in writing, within ten (10) school days of receipt of complaint materials. In case the faculty member has been verifiably unable to be contacted, or in other instances of extenuating circumstances affecting students or faculty, it is understood that the student’s right to appeal is not jeopardized and the time constraints will be extended. Due process must be followed at every step of this procedure. No penalty will be changed by anyone other than the faculty member who assigned it unless there is convincing evidence that the penalty was inconsistent with professional standards of the discipline.

5. Each student who registers a complaint with a department chairperson must be given a copy of this policy. A copy must be attached to the appeal and signed by the student to indicate that he/she has received a copy of the procedure and has read and understands it, before the appeal can proceed. In the event the College Council cannot resolve it, the matter is referred to the Dean of Graduate Admissions.
ACADEMIC PROBATION AND DISMISSAL

If at any time during a graduate student’s academic career that student’s grade point average (GPA) falls below a 3.0 cumulative GPA, the student will be placed on probation. While on probation, the maximum number of credits in which a student can enroll will be nine (9) credits. During the time in which a graduate student is on probation, if that student’s cumulative GPA remains below 3.0, but the student has achieved a GPA of 3.25 or higher in the semester, the student will be allowed to register for a subsequent term and a maximum of nine credits. If during the time a graduate student is on probation and that student has not attained a cumulative GPA of 3.0 or higher, and/or a GPA of 3.25 in the semester, the student will be dismissed from the University. A student must, however, attain a cumulative GPA of 3.0 or higher by the final semester of matriculation which is consistent with University policy.

No individual graduate program may have more restrictive probation policy or other academic standard policies unless reviewed and approved by the Office of the Provost. (2/16/17)

TRANSFER CREDIT POLICY

A maximum of 49% of the total required credits for a graduate degree program may be satisfied through the application of transfer credits provided that: (1) the student applies for transfer credit at the time of matriculation; (2) the work was taken in graduate courses for graduate credit; (3) the work was taken within the last six years; (4) the grade received was B or better; (5) the work does not duplicate any work, graduate or undergraduate, for which credit was previously given; (6) the work has been taken at an accredited college or university; (7) the work is applicable to the student’s program.

A current matriculated William Paterson University student may, in some instances, be allowed to take courses off-campus at other institutions as a visiting student and transfer the credit to William Paterson. The student must receive permission from the dean of the college and/or the department chairperson of his/her program of study prior to course registration. These credits are allowed as transfer credit; provisions two through six as stated above remain applicable in such instances. See Visiting Student Authorization form on page 53.

APPROVAL OF A SUBSTITUTION FOR A REQUIRED GRADUATE COURSE

A student may request a course taken at another accredited institution outside the William Paterson University graduate program in nursing to be used as a substitution for a required course. The course must meet all of the following requirements before it can be submitted for approval to the Graduate Program Director: The course must have been taken no more than six years before admission to the graduate program in nursing. The transcript must show a grade of A or B in the course; it must be a graduate-level course; and it must be approved by the faculty teaching the required course at William Paterson University. A course description and an official transcript are required and should be attached to this petition before it is submitted. Use an Adjustment of Degree Requirements Form, which can be obtained by contacting the Graduate Nursing Department Office, if course is already completed.

When applying in advance of taking the course the student must file a Visiting Student
Authorization Form (see page 53). The form must be signed by the Director of the Graduate Program, Department Chairperson and Dean. An official transcript from the College/University where the course was taken must be sent to William Paterson University, Office of the Registrar, P.O. Box 913, Wayne, NJ 07474-0913.

GRADE APPEAL PROCESS

**Overview**

Any complaints by students concerning their grades should be handled within the structure of the graduate program. The purpose of the following protocol is to ensure due process for all parties. It allows the student to determine if an error has been made in assigning the grade and, alternatively, it provides the instructor with an opportunity to explain why the grade was given. Each student who registers a complaint with a department chairperson will be referred to the policy in the Nursing Student Handbook.

**Procedure**

Complaints concerning the grading practices of individual instructors should be handled in the following manner:

1. The student must write to the faculty member within 10 working days of the receipt of the grade or after the incident related to the student’s academic performance, to request an appointment to discuss the complaint. The letter must also include any pertinent documentation to substantiate the student’s complaint.

2. At the meeting with the faculty member, the student must present any additional pertinent documents to substantiate the complaint. The faculty member must make available for review at this meeting materials submitted by the student for evaluation, and not yet seen by the student.

3. If the student is unsuccessful in making contact with the faculty member, or after meeting with the faculty member, wishes to further pursue the complaint, the student must write to the department chairperson, and request an appointment to discuss the complaint. A copy of all materials originally presented to the faculty member must be provided. The department chairperson will try to resolve the issue by reaching a settlement that is agreed upon by both the student and the faculty member. Each student who registers a complaint with a department chairperson must be given a copy of this policy. A copy must be attached to the appeal and signed by the student to indicate that he/she has been given a copy of this procedure, has read it and understands it before the appeal can proceed.

4. If the complaint is not resolved at the chairperson’s level, and if the student wishes to pursue the complaint, the student must request in writing that the department chairperson convene the Departmental Executive Council (or other appropriate department committee) to hear further appeal. The committee will then submit a decision to the department chairperson. When the faculty member involved is the chairperson, the student may request that the dean of the college convene the Department Executive Council (or other appropriate department committee).
5. If not satisfied with the Departmental Executive Council’s (or other appropriate department committee’s) decision, and if the student wishes to further pursue the complaint, the student must write to the Dean of that college requesting that the complaint be brought to the College Council for a decision by the department chairpersons of the college concerned. The chairperson of the department concerned will not take part in the final vote. This decision will constitute the University or College’s final decision.

6. The faculty unequivocally have the final responsibility with regard to grade changes.

**REPEAT POLICY**

A graduate student who has received an F in a required or elective course may petition the Graduate Program Director (with input from the Chair of the Department and course instructor) to be approved, at the discretion of the program director, to repeat the course or complete an equivalent course. An appropriate independent study may be used to satisfy a course repeat, if approved under the Independent Study Policy (https://www.wpunj.edu/policies/docs/academic/Approved_IS_Policy.pdf)

**PROCEDURE**

- The student’s petition must be accompanied by a remediation plan that has been developed and approved in consultation with the program director, course instructor and department chair.
- The student will be placed on probation until the remediation plan has been satisfactorily completed.
- No more than one course in the program shall be repeated.
- The repeated course must be completed within the time period stipulated in the remediation plan.
- The new course grade will be included on the student’s permanent record as the official final grade and will be counted in the student’s grade point average.
- The original grade will be converted to an “R” or other appropriate repeat designation on the student’s permanent record and will not be used in calculating the grade point average once the new course grade has been posted.

Graduate programs may modify this policy to be more stringent but not more lenient, based on disciplinary standards or accreditation and credentialing requirements, with approval of the Office of the Provost.

**WITHDRAWAL FROM A COURSE**

A graduate student who wishes to withdraw from a course must do so within the established deadlines published in the online Academic Calendar: (http://www.wpunj.edu/academics/academic-calendar.dot). If a graduate student wishes to drop to 0 (zero) credit, a Leave of Absence form must be filed at WP CONNECT (https://wpconnect.wpunj.edu/portal/)
GRADE CHANGE POLICY
A grade is issued only by the faculty member teaching a course and may not be changed by anyone other than the faculty member who assigned it, unless there is convincing evidence that the assignment of the original grade was inconsistent with professional standards in the discipline. Students who would like to challenge a grade should pursue the following procedure, in accordance with due process at each step. Each step in the procedure must be initiated within ten (10) working days of the faculty, chairperson, or departmental response. Dated, written statements are required at each step. Likewise, at each level, the faculty member, chairperson, or Department Executive Council (or other appropriate departmental committee) must complete a review of all pertinent written materials prior to rendering a decision and inform the student in writing of the decision within ten working days of receipt of the complaint materials. If the student can verify that she or he has not been able to contact the faculty member, it is understood that the student’s right to appeal is not jeopardized, and the deadline will be extended. The student should retain a copy of all materials submitted at each level of the appeal process. If the student so chooses, he/she is allowed to appear before the appropriate committee or council at each level of the appeal process.

REVIEW OF EXAMINATION RESULTS
Due to the progressive nature of the nursing curriculum, students may review an exam or quizzes in accordance with University policy only. If you wish to review an exam with your instructor, make an appointment. If you have concerns regarding an exam, put concerns in writing and submit it to the professor who taught the content. If students are absent from an exam, grades will be posted but review of exam by the class may be delayed until after makeup exams have been taken.

APPEAL OF DISMISSAL FROM THE NURSING MAJOR
Students who wish to appeal the DISMISSAL decision of the Academic Standards Committee should submit a letter to the Chairperson of the Department stating why they believe they should be reinstated. The Chairperson will convene the department Executive Committee to deliberate on the appeal. The Chairperson will notify the student of the outcome of the deliberations. If the appeal is denied, students may then appeal to the Dean of the College of Science and Health, which is the final level of appeal. The Dean or the Dean’s designee will notify the student of the outcome. If the dismissal appeal is granted at any stage of this appeal process, the student will be notified in writing of the conditions of reinstatement which include acceptance that no further reinstatement appeals will be considered for the remainder of the graduate nursing program.

GRADES AND STANDARDS
All graduate students must maintain a 3.0 GPA/B average in order to be considered in good academic standing. The following represents the grading standards for all graduate work at William Paterson University.

A course grade of A indicates an achievement of distinction. It marks work of excellence expressed in an exemplary manner.

A course grade of B indicates the acceptable standard of achievement. It reflects excellence in some aspect of the following areas: completeness and accuracy of knowledge, sustained and effective use of this knowledge, ability to work independently in the specific area, and originality in quality and execution.
A course grade of C indicates the minimum acceptable standard of work for which credit toward the degree can be received. It reflects such factors as familiarity with course content and methods of study, the actual use of such content and methods, participation with a discriminating and active awareness of coursework, and the ability to express one’s knowledge and opinions clearly.

A course grade of F indicates that the student has not demonstrated work of sufficient quality and quantity. No grade points. A grade of “F” is an automatic dismissal from the University.

A course grade of WD (withdrawal) indicates official withdrawal and has no effect on grade point average.

A course grade of IN (incomplete) indicates that the student has not completed all the work required in a course. Unless the work is completed within 30 days immediately following the end of the semester, the IN grade will automatically change to an F.

TIME LIMIT TO COMPLETION
A master’s degree, certification, or endorsement program must be completed within a period of six years from the time the student matriculates. The time to completion includes leaves of absences, withdrawals, thesis, and comprehensive examinations. The appropriate college dean must approve requests for extension of time. See specific program requirements unless otherwise indicated.

<table>
<thead>
<tr>
<th>GRADUATE NURSING GRADING SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Letter Grade</strong></td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>A-</td>
</tr>
<tr>
<td>B+</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>B-</td>
</tr>
<tr>
<td>C+</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>C-</td>
</tr>
<tr>
<td>F</td>
</tr>
</tbody>
</table>

Rev. July 2017
WITHDRAWAL FROM THE UNIVERSITY

Overview

A withdrawal from the University will not be refused to any matriculated graduate student. The student must complete appropriate withdrawal forms, which remove them from courses without academic penalty. A withdrawal is for an indefinite length of time and is in force until the student chooses to apply for readmission. Withdrawal is not dropping a course. It involves dropping all courses.

Guidelines

Nonattendance of classes does not constitute withdrawal from the University. Graduate students who wish to leave the University during the academic year are required to go to WP CONNECT (https://wpconnect.wpunj.edu/portal/) and officially withdraw.

Students who withdraw from the University must apply for readmission through Graduate Admissions according to the admissions calendar. Readmission is not automatic; enrollment and other considerations may preclude return during a particular semester.

LEAVE OF ABSENCE

Graduate students may apply for a Leave of Absence for up to one academic year. Applications need to be approved by the Graduate Program and recorded by the Registrar.

If currently enrolled at the start of an approved leave of absence, the grade of “W” will be issued in all courses. If a student re-enrolls in the program, within one academic year, they do not have to re-apply to the Graduate Program

- To apply for a Leave of Absence please go to WPCONNECT at the graduate student services tab and file the necessary information.
- Refunds after the course drop deadline WILL NOT be considered under any circumstances.

INDEPENDENT STUDY

Overview

A student may identify an area of interest that he or she wishes to pursue in depth on an individual study basis. The proposal for independent study must be developed with the faculty member who has agreed to provide faculty supervision and be submitted to the Graduate Program Director for approval. See graduate catalog for further information.

Policy

No more than 3 credits of independent study may be applied toward the Master of Science Degree in nursing.
Procedure

Complete the Independent Study Application form (available by contacting the Graduate Nursing Office) and submit it to the Graduate Program Director. The proposal should be submitted to the Graduate Program Director by the middle of the term preceding the one in which the independent study will be pursued. Additionally, a description of project, objectives, strategies for achieving objectives, criteria for evaluation, and number of credits should be submitted with the form. The prepared written proposal must be signed by the faculty supervising the project. The form will be forwarded to the Department Chairperson who if he/she approves of the proposal, will direct it to the Dean for approval. A signature from the Dean will constitute permission for the student to register for the independent study. Student must bring the Independent Study Application to the Office of the Registrar in Morrison Hall.

At the completion of the independent study project, the student must present the completed study or written report to the faculty supervisor for evaluation. Upon successful completion of the independent study project, the student will receive academic credit.

Faculty who agree to supervise independent study do so in addition to their regular course load.

INCOMPLETE COURSE WORK

Overview

For various reasons, a student may receive an incomplete (IN) in lieu of a letter grade. The following policy ensures a consistent approach to the completion of IN grades. In special cases, the Graduate Program Director and/or the Department Chairperson can and will review petitions from faculty on behalf of a student regarding the policy.

Policy

The grade of incomplete (IN) can be granted when the student has not completed the assigned work in a course because of illness or other reasons satisfactory to the instructor. The grade of IN is at the discretion of the instructor. Unless the work is completed within thirty days immediately following the end of the semester, the IN grade will automatically change to an F.

A student failing to complete the assigned work to remove the IN will be required to drop the subsequent course. University regulations require the removal of the incomplete within thirty days of the end of the semester. In unusual and compelling situations, an extension may be recommended by the Graduate Program Director and approved by the Dean. A specific plan for completion is required for an extension to be approved as follows.

The student must discuss his or her request for incomplete status with the instructor. If the incomplete status is acceptable to the instructor, the student obtains the form "Request for Incomplete Status," from the Graduate Program Office, University Hall 302; the student completes the form as instructed.

If an extension of time is required, the student and instructor must inform the Graduate Program Director.
REQUEST FOR INCOMPLETE STATUS FORM

Instructions: (Type or Print legibly)

A student requesting incomplete status in a course should first discuss the matter with the instructor and the faculty advisor. The form should be returned to the Graduate Program Director by the instructor. This form should then be completed and the necessary signatures obtained.

Copies will be made and sent to the student, the instructor, and the student's faculty advisor. On completion of the course, a Change of Grade form must be submitted by the instructor.

Student's name: ______________________ Telephone number (home#): ________________

Address: ________________________________ (business #): ____________________

Student I.D. number:____________________ Faculty advisor:_____________________

Semester:______________________________ Year:______________________________

Course number:________________________ Course title:________________________

Date incomplete is to be removed:________________________

Reason for requesting incomplete status:

(If more space is needed, use other side or attach additional page)

AGREEMENT BETWEEN STUDENT AND INSTRUCTOR REGARDING THE DATE AND CRITERIA FOR REMOVAL OF THE INCOMPLETE GRADE

Faculty comments:

(Student's signature) ________________________________

(Instructor's signature) ________________________________

(Date) ____________________
ATTENDANCE

Students are expected to attend regularly and punctually all classes, laboratory periods and other academic exercises. Students are responsible for all work required in courses. The instructor shall determine the effect of absences upon grades and may permit or deny the privilege of making up work, including examinations, within the time limits of the semester.

In the event of a prolonged absence, a student is advised to consult with Graduate Admissions, Morrison Hall room 102, (973)-720-3577.

STUDENT COURSE END EVALUATION

Overview
At the end of each semester students are required to complete an online Course End Evaluation Form which will be provided by the faculty teaching the course. The evaluation is of the course itself and not the faculty teaching the course. The student’s evaluation of course(s) assures maintenance of quality in the curriculum. Student input is valued as a means to revise and update courses in the graduate program.

HEALTH INSURANCE COVERAGE

Policy:
All nursing students in a clinical lab course are required to have health insurance. All students must provide documentation of health insurance coverage.

WRITTEN PAPERS

Overview
The faculty of William Paterson University, Department of Nursing believe that scholarship in written communications is essential for the advancement of the profession and recognize the need for improving the quality of students’ written work during the educational process. The following guidelines for both students and faculty provide direction for the preparation of scholarly written assignments and a consistent standard for evaluation of students' assignments.

Standards
The manual of style to be used in the preparation of all submitted written assignments, e.g., term papers, and clinical papers, is the "Publication Manual of the American Psychological Association" (APA) (current edition). The manual of style must be identified in the bibliography of all submitted written assignments. Students must submit original work. Sources of documentation and/or quotations must be acknowledged according to APA style. Omission of proper documentation is plagiarism.

Plagiarism is cause for disciplinary action. See Academic Integrity in the student handbook.

It is the prerogative of individual faculty members to outline additional requirements for written assignments. When additional requirements are imposed, they will be given in writing, in conjunction with the guidelines for the assignment.
Email

Due to the new FERPA (Family Educational Rights and Privacy Act) we can only contact students via their WPUNJ student email address.

It is the student’s responsibility to check their WPUNJ email on a regular basis. All group emails will also be sent to the student’s WPUNJ email address.

Email Communication Policy

There is an increasing need for fast and efficient communication with currently enrolled students in order to conduct official business at William Paterson University. Each student is issued a unique University ID number (855 ID) and an email account for use throughout the time the student is enrolled for classes at the University. Accordingly, email is a formal communication by the University.

Email shall be considered an official form of communication by William Paterson University unless otherwise prohibited by law. The University reserves the right to send official communications to students by email with the full expectation that students will receive email, read these emails and respond accordingly in a timely fashion.

Official University email accounts are created for all accepted students and will be treated as directory information. The domain name for an official University email account is "@student.wpunj.edu". Official University communications will be sent to students’ official University email addresses.

Students are expected to check their email on a frequent and consistent basis in order to stay current with University-related communications. Students must insure that there is sufficient space in their email accounts to allow for email to be delivered. Students have the responsibility for recognizing that certain communications may be time-critical. Emails being returned due to “Mailbox Full” or “error Forwarding” messages are not acceptable excuses for missing official University communications via email.

Students who choose to have their email forwarded to a private (unofficial) email address outside the official University network address do so at their own risk. The University is not responsible for any difficulties that may occur in the proper or timely transmission or access of email forwarded to any unofficial email address, and any such problems will not absolve students of their responsibility to know and comply with the content of official communications sent to students’ official William Paterson University email addresses.
GRADUATE NURSING STUDENT PARTICIPATION IN GOVERNENCE

Student representatives from the Graduate Program are non-voting members of the following faculty committees:

- Curriculum Committee
- Assessment & Evaluation Committee
- DNP Program Committee
- Graduate Program Committee

An email will be sent at the beginning of each semester to all students for their participation in the above committees.

EDUCATIONAL SUPPORT PROGRAM

The Educational Support Program (ESP) has been an established part of the Graduate Program in the Department of Nursing since 1999. It reflects a commitment to support graduate students toward the successful completion of the program in nursing. Any student may use the ESP as a resource to assist in their academic success at William Paterson University. The program is coordinated by a mastered prepared nurse.

General Service

ESP services primarily assist students by offering academic writing assistance and serves as a referral resource to other university services that facilitate academic success.

Renee F. Pevour, RN, MS, AOCN is available at University Hall 220 or pevourr@wpunj.edu or telephone 973-720-3516.
Helpful information http://www.wpunj.edu/cosh/departments/nursing/student-success/

Cost

There is no cost for utilizing ESP services

ESP Writing Assistance

- Assistance with developing an outline to answer the question to be addressed
- Term paper organization as it relates to nursing.
- Direction for grammar and style resources for self improvement
- Does not include proofreading or editing

ESP and Strategies for Success

- **Appointments must be made at least one week in advance to discuss test taking strategies, time management, reading techniques, methods for good note taking, an evaluation of study habits, test taking strategies and managing anxiety and stress.**

- SPSS Workshops are arranged on a Saturday or evenings to accommodate the graduate student’s schedule.
Other University Support Services

- **Academic Success Center**, Raubinger Hall Lower Level, offers tutoring in a variety of general education courses. Students in the Master’s program utilize the faculty tutors for increasing understanding statistics. [http://www.wpunj.edu/academics/asc/](http://www.wpunj.edu/academics/asc/)

- **Writing Center**, Atrium room 120. Students are assisted with general strategies for term paper construction and often gain specific direction for repeated writing problems. The Center does not provide proofreading or editing services. [http://www.wpunj.edu/cohss/departments/english/writing-center.dot](http://www.wpunj.edu/cohss/departments/english/writing-center.dot)

- **Science Enrichment Center**, Science Hall 3054, has coordinated efforts to assist master’s students seeking extra learning in and science course including advanced pathophysiology and pharmacology. [http://www.wpunj.edu/sec/vsec/](http://www.wpunj.edu/sec/vsec/)

- **Accessibility Resource Center (ARC)** (Formerly the Office of Disability)- the Mission of the ARC is to assist students with documented disabilities by providing reasonable accommodations and services that ensures equal access to all programs, activities, and related benefits of the University’s educational and professional programs link [www.wpunj.edu/disabilityservices/](http://www.wpunj.edu/disabilityservices/) Or phone 973-720-2853
FINANCIAL ASSISTANCE/SCHOLARSHIPS

1. There are various financial assistance programs for which the student can apply using a Free Application for Federal Student Aid, which is described in the University Catalog.

2. Applications for Graduate Student Assistantships are available in the Office of Graduate Admissions and Enrollment upon matriculation at Morrison Hall, or online at: http://www.wpunj.edu/admissions/graduate/

3. For information regarding additional financial aid loans visit the Financial Aid website.

4. The Tuition Installment Plan (TIP) enables students or their families to pay interest-free monthly installments on their account toward their tuition, fees, room and board expenses. Enrollment is quick, easy and affordable for students and families. http://www.wpunj.edu/studentaccounts/bill-and-payment-center/paymentplan.dot

   Enrollment is quick, easy and affordable for students and families.

   Many students and families find monthly installments more manageable than one lump payment each semester. The installment plan is not a loan. Therefore, there are no credit checks. It is available for the fall and spring semesters for four and three monthly installments and two installments for the summer term. This payment plan is not available for the winter session. You can schedule automatic monthly payments right from your personal checking or savings account. Students need to enroll each semester for the payment plan. There is a small enrollment fee of $25 each semester. Late payments may result in additional fees.
# William Paterson University - Graduate Nursing Program
## MSN Program Curriculum

### CORE COURSES (12 credits)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 5001 Theoretical Foundations for Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NUR 5081 The Role of the Advanced Practice Nurse</td>
<td>3</td>
</tr>
<tr>
<td>NUR 5701 Population Health, Legislation and Social Policy</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6021 Nursing Research Strategies: Translational Science</td>
<td>3</td>
</tr>
</tbody>
</table>

### ADULT/GERONTOLOGY NURSE PRACTITIONER TRACK (27 credits)

#### APRN Core Courses

- NUR/BIO 5461 Advanced Pathophysiology 3 credits
- NUR 6001 Advanced Health Assessment of the Adult Client 3 credits
- NUR 6011 Advanced Pharmacology 3 credits

#### Specialization Courses

- NUR 6041 Advanced Nursing Practicum I 4 credits (170 hours)
- NUR 6111 Advanced Practice Nursing I 3 credits
- NUR 6121 Advanced Practice Nursing II 3 credits
- NUR 7011 Advanced Nursing Practicum II 4 credits (170 hours)
- NUR 7251 Advanced Nursing Role Practicum 4 credits (170 hours)

**Total credits for graduation:** 39
**Total supervised hours:** 510

### FAMILY NURSE PRACTITIONER TRACK (35 credits)

#### APRN Core Courses

- NUR/BIO 5461 Advanced Pathophysiology 3 credits
- NUR 6001 Advanced Health Assessment of the Adult Client 3 credits 9 credits
- NUR 6011 Advanced Pharmacology 3 credits

#### Specialization Courses

- NUR 6041 Advanced Nursing Practicum I 4 credits (170 hours)
- NUR 6111 Advanced Practice Nursing I 3 credits
- NUR 6121 Advanced Practice Nursing II 3 credits 18 credits
- NUR 6130 Advanced Practice Nursing III 3 credits
- NUR 6211 Advanced Health Assessment of the Pediatric and Childbearing Client 1 credit
- NUR 7011 Advanced Nursing Practicum II 4 credits (170 hours)
- NUR 7070 Advanced Nursing Practicum III 4 credits (170 hours)
- NUR 7251 Advanced Nursing Role Practicum 4 credits (170 hours)

**Total credits for graduation:** 47
**Total supervised hours:** 680
**EDUCATION TRACK (23 credits)**

<table>
<thead>
<tr>
<th>Core Courses</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialization Courses</td>
<td></td>
</tr>
<tr>
<td>NUR 6050 Curriculum Development</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6061 Classroom Teaching Strategies</td>
<td>4 (45 hours)</td>
</tr>
<tr>
<td>NUR 7060 Clinical Teaching Strategies</td>
<td>3</td>
</tr>
<tr>
<td>NUR 5461 Advanced Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6001 Advanced Health Assessment of the Adult Client</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6011 Advanced Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>NUR 7251 Advanced Nursing Role Practicum</td>
<td>4 (170 hours)</td>
</tr>
</tbody>
</table>

**Total Credits for graduation**

35

**Total Supervised Hours**

215

**ADMINISTRATION TRACK (23 credits)**

<table>
<thead>
<tr>
<th>Core Courses</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialization Courses</td>
<td></td>
</tr>
<tr>
<td>NUR 6070 Principles of Nursing Administration</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6080 Financial Mgmt of Community Agencies</td>
<td>3</td>
</tr>
<tr>
<td>MGT 6040 Management Theory</td>
<td>3</td>
</tr>
<tr>
<td>ACCT 6060 Financial Accounting for Managers</td>
<td>3</td>
</tr>
<tr>
<td>MKT 6080 Marketing Management</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6041 Advanced Nursing Practicum I</td>
<td>4 (170 hours)</td>
</tr>
<tr>
<td>NUR 7251 Advanced Nursing Role Practicum</td>
<td>4 (170 hours)</td>
</tr>
</tbody>
</table>

**Total credits for graduation**

35

**Total Supervised Hours**

340

Effective for students who matriculated into the graduate nursing program Fall 2017.
PLANNING YOUR PROGRAM

See your academic advisor for suggested progression of courses.

Full time students enroll in 9 or more credits per semester.

Part time students enroll in 1 to 8 credits per semester. Part time students are eligible for financial aid if they enroll in a minimum of 6 credits per semester.

THE MASTERS THESIS
NUR 7031

This course only applies to students who matriculated PRIOR to the Fall 2017 semester.

This one-credit, pass/fail course provides the formal process of review and advisement for the Master’s Thesis. Each course section will be limited to 3 students and may meet for 50 minutes per week or as scheduled to meet needs of the student in data collection, analysis and final preparation of the thesis project. The student will earn a pass (P) this course when the agreed upon objectives and the criteria are fulfilled or partially fulfilled. The course may be retaken two times. Students are urged to consult with their thesis advisor well in advance of the semester in which NUR 7031 is taken.

Summary of the Thesis Project Options

The thesis requirement can be satisfied by successfully completing one of three available options: the research project, the clinical project, or a grant proposal. The individual’s interest and topic should drive the decision as to which option is the best choice. For each option, a final report written according to the WPU Department of Nursing standards and APA format, is submitted for evaluation and grading. Additional information on each option follows in subsequent sections.

1. The Research Project allows the student to develop a proposal and in some cases to complete a research project. The proposal fully describes the study to be conducted. The student carries out the research design including data collection and data analysis.

2. The Clinical Project provides the opportunity to develop a meaningful clinical project of evidenced-based clinical protocol related to patient care, administration or education. Using consultation to identify a clinical nursing problem, the student designs and in some cases institutes an intervention, clinical protocol or care delivery system, etc. and evaluates its effectiveness.

3. The Grant Proposal allows the student to develop the skill of grant writing. Grants will be written to address a clinical, management or educational problem. Students will identify the source of the funding and meet the criteria proposed by the funding agency. Additional criteria may be added by the thesis advisor to make this comparable to the above options.
Post Masters Adult Gerontology Nurse Practitioner
in Primary Care Certificate Program

The Program

The program is designed for professional registered nurses who have previously earned a Masters degree with a major in nursing and who now want to become certified as Adult Gerontology Nurse Practitioners. Students in the certificate program will complete the necessary theory and practicum course requirements in this track in order to be eligible to sit for the Adult Nurse Practitioner certification examination (American Association of Nurse Practitioners or American Nurses Credentialing Center). The Graduate Program is accredited until June 30, 2025 by the Commission of Collegiate Nursing Education (CCNEAccreditation.org), 655 K Street NW, Suite 750, Washington DC 20001, telephone: 202.887.6791.

Objectives:

1. Competently assess, diagnose, manage, and evaluate care for adult gerontology clients and families across the lifespan
2. Articulate the professional role including the ethical code of conduct and the scope of advanced nursing practice
3. Develop and monitor comprehensive plans of care that address the health promotion and disease prevention needs of diverse client populations
4. Assess and monitor teaching/learning needs in diverse client populations

Admission Requirements

Completion of Post Master Certificate application and fee to the Office of Graduate Admission and Enrollment Services and fee
- Submission of official transcript of a MSN degree in nursing
- Copy of current NJ RN license
- Interview with the Graduate Nursing Program Director

Requirements

The current MSN in the adult gerontology nurse practitioner requires 39 credits. Students in the certificate program will need to complete a minimum of 27 credits. A gap analysis of your masters courses will be reviewed.

Course Requirements

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 5461</td>
<td>Advanced Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6001</td>
<td>Advanced Health Assessment of the Adult Client</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6011</td>
<td>Advanced Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6041</td>
<td>Advanced Nursing Practicum I</td>
<td>4</td>
</tr>
<tr>
<td>NUR 6111</td>
<td>Advanced Practice Nursing I</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6121</td>
<td>Advanced Practice Nursing II</td>
<td>3</td>
</tr>
<tr>
<td>NUR 7011</td>
<td>Advanced Nursing Practicum II</td>
<td>4</td>
</tr>
<tr>
<td>NUR 7251.60</td>
<td>Advanced Nursing Role Practicum</td>
<td>4</td>
</tr>
</tbody>
</table>

A total of 510 supervised clinical hours are required for AGNP

Students may be required to complete NUR 5081, The Role of the APN (3) credits, as an additional prerequisite if they have not completed a graduate level role course.

Students in the certificate program will attend classes with current master’s students. Upon completion of the required coursework, the certificate student will be eligible to sit for the national certification.
examination and upon passing, to apply for an advanced practice nursing license in the state of New Jersey.

For additional information or applications, Contact:

Office of Graduate Admissions
Morrison Hall room 102
Wayne, NJ 07470 973-720-3641
graduate@wpunj.edu
Post Masters Family Nurse Practitioner Certificate Program

The Program

The program is designed for professional registered nurses who have previously earned a Masters degree with a major in nursing and who now want to become eligible to be certified as a Family Nurse Practitioner. Students in the Post - Masters Certificate Program will complete the necessary theory and practicum course requirements in the track in order to be eligible to sit for the Family Nurse Practitioner certification examination (American Association of Nurse Practitioners or American Nurses Credentialing Center). The Graduate Program is accredited until June 30, 2025 by the Commission of Collegiate Nursing Education (CCNEAccreditation.org), 655 K Street NW, Suite 750, Washington DC 20001, telephone: 202.887.6791.

Objectives:

1. Competently assess, diagnose, manage, and evaluate care for adult gerontology clients and families across the lifespan
2. Articulate the professional role including the ethical code of conduct and the scope of advanced nursing practice
3. Develop and monitor comprehensive plans of care that address the health promotion and disease prevention needs of diverse client populations
4. Assess and monitor teaching/learning needs in diverse client populations

Admission Requirements:

- Completion of Post Master Certificate application and fee
- Official transcript of MSN degree
- Copy of NJ registered license
- Interview with graduate program director

Requirements: The current MSN in the FNP program requires 47 credits. Students in the certificate program will need to complete a minimum of 35 credits. A gap analysis of your previous masters courses will be reviewed.

Course Requirements

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 5461</td>
<td>Advanced Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6001</td>
<td>Advanced Health Assessment</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6011</td>
<td>Advanced Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6041</td>
<td>Adv. Nursing Practicum I</td>
<td>4</td>
</tr>
<tr>
<td>NUR 6111</td>
<td>Advanced Practice Nursing I</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6121</td>
<td>Advanced Practice Nursing II</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6130</td>
<td>Advanced Practice Nursing III</td>
<td>3</td>
</tr>
<tr>
<td>NUR 6210</td>
<td>Adv. Health Assessment for FNP</td>
<td>1</td>
</tr>
<tr>
<td>NUR 7011</td>
<td>Adv. Nursing Practicum II</td>
<td>4</td>
</tr>
<tr>
<td>NUR 7070</td>
<td>Adv. Nursing Practicum III</td>
<td>4</td>
</tr>
<tr>
<td>NUR 7251.61</td>
<td>Adv. Nursing Role Practicum</td>
<td>4</td>
</tr>
</tbody>
</table>

A total of 680 supervised clinical hours are required.

Students may be required to complete NUR 5081, The Role of the APN (3) credits, as an additional prerequisite if they have not completed a graduate level role course.

Students in the certificate program will attend classes with current masters’ students. Upon completion of the required coursework, the certificate student will be eligible to sit for the national certification examination and upon passing to apply for an advanced practice nursing license in the state of New Jersey.
For additional information or applications, Contact:

Office of Graduate Admissions & Enrollment Services
Morrison Hall 102  Wayne, NJ 07470  973-720-2641
graduate@wpunj.edu
## Department of Nursing - Graduate Program

**Post Masters Adult/Gerontology Nurse Practitioner in Primary Care Program Gap Analysis**

Name _____________________________  Date __________

<table>
<thead>
<tr>
<th>List Required courses for the desired NP area of practice</th>
<th>List courses from transcript that satisfy required courses listed in column 1 and verification of hours</th>
<th>Type and number of clinical experiences needed by student</th>
<th>Coursework to be completed by the student for the Certificate</th>
<th>Course- Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 5081 – The Role of the APN</td>
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<tr>
<td>NUR 5461 – Adv. Pathophysiology</td>
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<tr>
<td>NUR 6001 – Adv. Health Assessment of the Adult Client</td>
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<td>NUR 6010 – Adv. Pharmacology</td>
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<td>NUR 6111 – Adv Practice Nursing I</td>
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<td>NUR 6121 – Adv Practice Nursing II</td>
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<tr>
<td>NUR 6041 – Adv Nursing Practicum I</td>
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<tr>
<td>NUR 7011 – Adv Nursing Practicum II</td>
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<tr>
<td>NUR 7251.60 – Adv Role Practicum</td>
<td>170 hours</td>
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</table>

Comments:

Signature (NP Lead Coordinator) ________________________________

Certificate Awarded: Date __________________________

Signature (Program Director) _
<table>
<thead>
<tr>
<th>Name ___________________________________________</th>
<th>Date____________</th>
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<tbody>
<tr>
<td><strong>List Required courses for the desired NP area of practice</strong></td>
<td><strong>List courses from transcript that satisfy required courses listed in column 1 and verification of clinical hours</strong></td>
</tr>
<tr>
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<tr>
<td>NUR 5461 – Adv Pathophysiology</td>
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<td>NUR 6001 – Adv. Health Assessment of the Adult Client</td>
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<tr>
<td>NUR 6211 – Advanced Health Assessment for FNP’s</td>
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<td>NUR 6121 – Adv Practice Nursing II</td>
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<tr>
<td>NUR 6041 – Adv Nursing Practicum I</td>
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<tr>
<td>NUR 6130 – Advanced Practice Nursing III</td>
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<td>NUR 7011 – Adv Nursing Practicum II</td>
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<tr>
<td>NUR 7070 – Advanced Nursing Practicum III</td>
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<tr>
<td>NUR 7251.61 – Adv Role Practicum</td>
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</tbody>
</table>

Comments:________________________________________________________________________________________

Signature (NP Lead Coordinator) __________________________________________ Certificate Awarded: Date_____

Signature (Program Director) ____________________________________________________________
CLINICAL PRACTICUM PLACEMENT

Overview

You are encouraged to seek out a preceptor and a potential site for your practicum experience. The preceptor must be willing and able to oversee your practicum experience in the location you choose appropriate to the role. Students are required to fill out a Preceptor Information Form. Please include the name, title and credentials of the prospective preceptor when filling out this form. If you are unable to propose such an arrangement, please contact our office and a list of preceptors and practicum experience will be provided. Any changes, additions/deletion of clinical preceptors must be sent to Jami, Program Assistant, by email at: jenningsj3@wpunj.edu. Changes after the deadline may take an additional two months to complete the agreements and confirmation. Deadline dates for submission of Preceptor Information Sheets are as follows:

Spring Semester Oct. 31  Summer Semester March 31  Fall Semester May 31

Upon receipt of the Preceptor Information Request Form, for AGPN and FNP students, Jami will forward to the lead NP coordinator for approval of the clinical site/preceptor. For education and administration students, the Director of the Graduate Program will review preceptors/placements. Upon approval, a letter, preceptor certification of clinical placement form, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. Until the signed Confirmation of Clinical Placement for Graduate Student form is returned to our office, students are NOT to start their clinical. (The Preceptor Information Sheet is NOT the same as the Confirmation of Clinical Placement for Graduate Students). These agreements are considered as “contracts” between WPUNJ and the clinical preceptor/agency. It is the responsibility of the student to follow this process. You will be sent an email from Jami in the Graduate Nursing Department when she receives the signed Confirmation of Clinical Placement for Graduate Student form from your preceptor.

If a facility requires a formal affiliation contract with William Paterson University and does not current have one, we will not approve a preceptor from that facility.

Students will only be able to select clinical placements in the state of New Jersey.

Students enrolling in NUR 7251.60 (AGNP) and NUR 7251.61 (FNP) – Advanced Nursing Role Practicum must have a nurse practitioner as their preceptor in this course. NUR 7251.62 is only for education students.

In addition, it is the responsibility of students to show proof of compliance on the Nursing Clinical Documentation Checklist forms required for clinical placements every semester by checking clinical clearance on WP Connect. These health physical documents must be submitted only to the Health & Wellness Center (NOT Graduate Office). Students must submit proof of health insurance, BLS, and liability insurance by the first day of the seminar/clinical. The documentation is to be submitted to the faculty teaching the seminar. Generally, the clinical preceptor/agency does not ask for documentation but at times, they have requested them. You are not permitted to start clinical without full compliance to the clinical requirements. These forms can be found on the www.WPUNJ.edu link. See Health Clearance on page 25.

Upon completion of the course, you must submit to the faculty teaching the seminar all completed logs (with clinical hour verification), preceptor/site evaluations, and evaluation of personal learning objectives. You will not receive a grade in the course until the submission and course requirements are completed.
RESPONSIBILITIES IN THE PRECEPTOR PARTNERSHIP

The student, preceptor, and faculty have equal responsibility for providing a quality learning experience in the practicum. There are, however, specific responsibilities for each participant. This is necessary to promote student progress and role expectations. A pre-practicum meeting with the student and preceptor facilitates mutual understanding of the responsibilities of all parties. These responsibilities are identified as follows:

Student Responsibilities

5. Participates in selection of qualified preceptor(s).
6. Develops and completes an informal learning contract in accord with William Paterson University course objectives and agency policies.
7. Attends and participates appropriately in agency orientation, e.g. HIPPA requirements and activities that promote attainment of the learning objectives.
8. Completes the requirements on the Clinical Documentation Checklist no later than the first day of the clinical semester.
9. All graduate students are to report any criminal arrest or conviction immediately to Graduate Nursing Department and to the preceptor’s supervisor. Our policy also requires that our Graduate Nursing Department report any arrests or convictions to the place they are precepting.
10. Maintains on-going student-preceptor relationship for duration of the practicum.
11. Keeps faculty informed of progress related to course objectives.
12. Keeps faculty informed of advanced practice nurse role progress.
13. Seeks faculty consultation on appropriate issues.
15. Submits practicum experience logs/narratives to faculty in a timely manner.
16. Completes assignments as identified in the course syllabus.
17. Completes required practicum hours with preceptor.

Preceptor Responsibilities

2. Uses theories of adult instruction and learning in the education of the student.
3. Provides experiences that reflect the role of advanced practice nurse, manager/administrator and educator as defined by the needs of the client population and expertise of the preceptor.
4. Supervises students' learning experience.
5. Maintains an on-going supervisory relationship for the duration of the practicum which promotes students' use of advanced specialized knowledge.
6. Guides student in the selection of agency activities that promote students' progress in the role of the advanced practice nurse, administrator and/or educator.
7. Encourages student involvement in the identification of research problems, collaboration with nurse researchers, and utilization of research findings among staff.
8. Communicates with faculty relative to student progress and facilitate faculty observation of student.
9. Guides student in achieving goals relative to the informal learning contract and participate in the evaluation of those goals.

Faculty Responsibilities

1. May recommend a qualified preceptor (with student participation)/clinical placement.
2. Verified student has completed the clinical Checklist Documentation form requirement by the first clinical seminar meeting.
3. Approves a student-preceptor learning contract.
4. Maintains communication with student and preceptor in relation to student progress and a minimum of one site visit with student and preceptor.
5. Encourages student scholarly inquiry through the use of nursing and related research in clinical practice, management/administration, or education tracks.
6. Facilitates student/faculty seminar discussions of advanced specialized practice.
7. Facilitates seminar discussions relative to the role of the advanced practice nurse, manager/administrator or educator.
8. Assesses and evaluates student progress with input from student and preceptor.
9. Reviews student practicum experiences/logs/narratives with feedback.
10. Assures completion of practicum hours and submits logs/narratives at the end of the semester and submits this to the Graduate Program Assistant.
11. Complies with University and department assessments, student evaluation of Preceptor & Clinical Agency and student’s logs with cumulative earned hours.
12. Submits a grade on WPConnect for the student at the end of the semester.
13. Communicates with the NP Coordinator and Graduate Program Director violations of policy, unsafe/unethical practices.

The Checklist/Procedure for Preceptor Documentation for Clinical Placement provides you with clear instructions to complete the requirements (pg. 48).

NP Students in NUR 6041 course will purchase Typhon one time and will continue to utilize Typhon in every clinical course thereafter (NUR 7011, NUR 7070 and NUR 7251), online patient encounters software, as their textbook in lieu of a paper practicum log.

Health Insurance Coverage

Undergraduate/Graduate
Fall/Spring 2019-2020
CLINICAL CLEARANCE DUE DATES

<table>
<thead>
<tr>
<th></th>
<th>FALL SEMESTER</th>
<th>SPRING SEMESTER</th>
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</thead>
<tbody>
<tr>
<td>Health &amp; Wellness Center Clearance</td>
<td>August 1, 2019</td>
<td>January 7, 2020</td>
</tr>
<tr>
<td>Urine Drug Screening/Background</td>
<td>August 20, 2019</td>
<td>January 5, 2020</td>
</tr>
<tr>
<td>Influenza vaccination</td>
<td>October 1, 2019</td>
<td>January 5, 2020</td>
</tr>
</tbody>
</table>
INITIAL CLINICAL HEALTH CLEARANCE GUIDE

Pre-entrance and periodic health evaluations are required by all students in the nursing major going to a clinical setting. This required data meets the requirements of the state of New Jersey Department of Health, as well as the various clinical agencies in which students affiliate. Carefully review the requirements below to successfully complete the attached Health Clearance Packet in its entirety. **Students who do not complete the clearance by the first day of the semester must drop all clinical classes and resume the following semester on a seat availability basis.**

Initial Health Clearance Requirements:

☐ 1. **Initial Physical Exam for Clinical Clearance** form completed (front and back pages): Student must have a physical exam performed by a healthcare provider within 1 year of clinical start date. All information must be completed, including vision/color screen, date of physical exam, signed and stamped by the healthcare provider.

☐ 2. **Two-Step PPD (Mantoux) OR QuantiFERON-TB Gold/ T-SPOT (blood test)** within 3 months of clinical start date:
   a. Student must have a Two-Step PPD (second PPD administered 1 to 3 weeks after first PPD) or documentation of annual TB tests within the previous three years.
      i. The following **must** be included to be a valid: the dates of the PPD placement, the dates the test was read, negative or positive result, and induration size in mm.
   OR
   b. QuantiFERON-TB Gold/T-SPOT blood test performed: must submit a copy of the lab report.

   • **A positive PPD or positive QuantiFERON-TB/T-SPOT test: Action Required**
     Please submit a post-positive chest x-ray report. Documentation of (prophylactic) medication regimen by a healthcare provider required and yearly documentation of TB symptoms check.

☐ 3. **Complete blood count (CBC) lab report** within 1 year of clinical start date.

☐ 4. **Varicella (Chickenpox):**
   a. IgG titer (laboratory blood test for antibodies): must submit a copy of the lab report regardless of past history of disease or vaccination.

   • **For Negative Varicella Titer: Action Required:**
     If there is documented history of 2-dose Varicella vaccinations, then 1 dose of Varicella booster vaccine is required. If there is no documented vaccination history, then 2 dose Varicella vaccination is required: second dose at least 28 days after the first dose. Please submit vaccination record, if not done so already.

   • **For Equivocal Varicella Titer:**
     If there is documented history of 2-dose Varicella vaccination, then a booster is highly recommended but not required. If the student has only received 1 dose of the vaccine in the past then a second dose of the vaccine is required.

☐ 5. **Measles, Mumps, and Rubella (MMR):**
   a. IgG titer (laboratory blood test for antibodies): must submit a copy of the lab report with each results.

   • **For Negative Measles, Mumps, or Rubella Titer Results: Action Required:**
     If there is documented history of 2-dose MMR vaccinations, then 1 dose of MMR booster vaccine is required. If there is no documented vaccination history, then 2 dose MMR vaccination is required:
second dose at least 28 days after the first dose. Please submit vaccination record, if not done so already.

- **For Equivocal Measles, Mumps, or Rubella Titers:**
  If there is documented history of 2-dose MMR vaccination, then a booster is *highly recommended* but not required. If the student has only received 1 dose of MMR vaccine in the past then a *second dose of the vaccine is required*.

6. **Hepatitis B**
   a. Documentation of a 3-dose series of Hepatitis B vaccine.
   OR
   b. Documentation of **positive Hepatitis B Surface Antibody test**: must submit a copy of the lab report.

- **For Negative Hepatitis B Surface Antibody: Action Required**
  If there is documented history of 3-dose Hepatitis B vaccinations, then *1 dose of Hepatitis B booster vaccine is required*. If there is no documented vaccination history, then 3-dose Hepatitis B vaccination is required at 0, 1, and 6-month intervals.

7. **Tetanus/Diptheria/Pertussis Vaccine (Tdap/Td)**
   a. Documentation with date of vaccination of Tdap vaccine in a lifetime and Td booster every 10 years. If no documentation of Tdap is presented a single dose of Tdap is required.

8. **Flu vaccine**
   a. Documentation of annual flu vaccine during the flu season (August through May).

9. **Clinical Student Request and Authorization to Release Records and/or Information Form**: must be signed and dated annually.

10. **Urine Drug Screen** through Castle Branch. Please follow specific instructions as instructed by the Nursing Dept.

Students may select to have the clinical clearance physical exam and required tests done by private health care provider or at WPU Counseling, Health and Wellness Center (CHWC). CHWC also provides 2-step PPD, Tdap, and Flu vaccination for a minimal fee. Please call CHWC for pricing and to schedule an appointment as earliest possible at (973) 720-2360.

Please submit **ALL** completed forms and documents to the CHWC. *Incomplete packets will not be accepted and will cause a delay in your clearance*. You may submit in person (drop off documents at the front desk or schedule appointment with nurse to review in person- *highly recommend*). You may also submit by fax (may subject to delay). When all clearance requirements are met, the CHWC will document clearance date electronically and students may access WPUCconnect to see their nursing clearance.

William Paterson University Counseling, Health and Wellness Center
Overlook South 300 Pompton Road
Wayne, NJ 07470
(973) 720-2360 (for appointments)
(973) 720-2632 (fax)
William Paterson University
Physical Exam for Initial Clinical Clearance- Page 1
For Nursing or Communication Disorder Majors only

INCOMPLETE FORMS/DOCUMENTS WILL NOT BE ACCEPTED
Submit completed forms and all required documents only to:

Counseling, Health & Wellness Center - Overlook South - 300 Pompton Road – Wayne, NJ 07470
For appointments/questions call: (973) 720-2360 * Fax (973) 720-2632

Patient Name: ___________________________ DOB: ___________________
Student ID#: 855 ________________________ Contact Phone# ________________________
Program (circle one):  Nursing  Graduate Nursing  DNP  Communication Disorders

Allergies (specify reaction): ____________________________ Current Medications: ____________________________

Past Medical History: ____________________________

---

1. **Physical Examination** *(To be filled out by a medical provider)*

<table>
<thead>
<tr>
<th>Dimension</th>
<th>WNL</th>
<th>Abnormal/Comments</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>Skin</td>
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<tr>
<td>Nodes</td>
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<tr>
<td>Mouth</td>
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<tr>
<td>Chest/Breast</td>
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<td>Lungs</td>
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<tr>
<td>Heart</td>
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<tr>
<td>Gent/Rect</td>
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<tr>
<td>Extremities/Hips</td>
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<td>Back/Spine</td>
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<tr>
<td>Neuro</td>
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</table>

2. **Assessment:**

*Patient is medically cleared to participate in the clinical setting (please circle one): Yes No*

If no, explain reason: ____________________________

Provider Name & Signature ____________________________ Date ____________________________

[Provider's Stamp (Required)]
William Paterson University
Physical Exam for Initial Clinical Clearance- Page 2

(All the information below is to be filled out by a medical provider and stamped at the bottom)

Patient Name: ___________________________ DOB: ___________________________

3. **Tuberculosis Screening** (via blood test -OR- PPD):

   **Option #1**: Provide a copy of QuantiFERON TB-Gold –or– T-SPOT lab test results within the last 3 months

   **Option #2**: 2-step PPD:

   **1st-step**: Date Placed: __________ Date Read: __________ Result: _______mm Negative Positive

   **If 1st-step is negative, repeat 2nd-step, 1-3 weeks after initial (1st) test**

   **2nd-step**: Date Placed: __________ Date Read: __________ Result: _______mm Negative Positive

   **If valid 2-step PPD was completed > 10 months ago, patient needs 1 updated PPD now**:

   **Annual PPD**: Date Placed: __________ Date Read: __________ Result: _______mm Negative Positive

   **Positive results complete all information below**:

   Interpretation of Mantoux according to “at risk” status of individual tested, i.e.: > 5mm, 10mm,15mm may require follow up (June 2000, CDC guidelines):

   **CXR Date(s)**: _________________________ Results: Negative Positive _________________________

   **TB Symptoms Assessment (date & results)**: ___________________________________________________

   **Prophylaxis/Treatment History (Include date started and end date)**: _____________________________

   **Precautions and follow-up instructions**: _____________________________________________________

   **If treatment is not recommended, give reason**: ___________________________________________________

4. **CBC**: Provide copy of complete blood count lab report completed within 1 year of clinical start date

5. **VARICELLA & Measles, Mumps, Rubella titers**: Provide copy of the titer lab results, not the vaccine dates

   *Non-immune* titer results require a booster *Equivocal* titer results, booster recommended

   **MMR Booster Date (if applicable)______________** **Varicella Booster Date (if applicable) _____________**

6. **Hepatitis B Vaccine**: Dates of Immunizations (or attach authorized copy of vaccines)

   **Dose #1** ___________ **Dose #2** ___________ **2-dose series?** ___________ **Dose #3** ___________

   **- OR - Optional only if Hep B vaccine records are not available**:

   Provide copy of positive Hepatitis B Surface Antibody test result

7. **Tdap* Vaccine**: (tetanus, diphtheria & pertussis) within the last 10 years.

   **Vaccine Date**: _____________

8. **Flu* Vaccine**: annually during current flu season **Vaccine Date**: _____________

   *PPD testing, Tdap and Flu vaccines are available at The Counseling, Health & Wellness Center – Please inquire about cost. Call for an appointment & look out for our advertisements for Flu clinics in the fall

**Provider’s Stamp (Required)**

Revised 1/16/19
William Paterson University
Clinical Student Request and Authorization
to Release Records and/or Information

This form when completed and signed by you authorizes the Counseling, Health and Wellness Center, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release protected information from your clinical record to the person or agency you designate.

I, ____________________________, authorize the Counseling, Health and Wellness Center clinical and administrative staff, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release information to one another regarding my clinical physical and any relevant information related to participation in the nursing and communication disorders programs at William Paterson University.

The records are to be discussed verbally, via fax, or via email for the purpose of coordination of care. This authorization shall remain in effect for one year from the date signed below (unless otherwise indicated).

I understand that I have the right to revoke this authorization in writing, at any time by sending or delivering such written notification to the Counseling, Health and Wellness Center. However, my revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

______________________________  __________________________
Student ID#                        Date of Birth

______________________________  __________________________
Signature of student (parent if minor) Date

Revised 1/11/15
1. **Re-Clearance Form for Clinical Participation form:** all questions must be answered and provide any follow up information. Must be signed and dated by the student.

2. **Clinical Student Request and Authorization to Release Records and/or Information Form:** must be signed and dated by student.

3. **Annual TB Screen** (provide one of the following):
   a. **Annual PPD/Mantoux test:** the following must be included to be a valid documentation: date of PPD placement, date PPD was read, negative or positive result and induration in mm.

   OR

   b. **Annual Quantiferon TB-Gold/T-SPOT test:** must provide a copy of lab result.

   - If history of positive PPD or positive Quantifieron/T-SPOT, annual TB symptoms check will be done with the nurse. If symptomatic, please refer to WPU nursing student TB policy. Any updated medication regimen must be submitted from your healthcare provider indicating clearance to participate in clinical setting.

4. **Up-to-date Tdap/Td vaccine:** Documentation of up-to-date Tdap/Td vaccine within last 10 years. Please check your immunization record if you require a booster shot.

5. **Flu vaccine:** Documentation of annual flu vaccine during the flu season (August through May).

6. **Annual* Urine Drug screen** through Castle Branch. Please follow specific instructions as instructed by the Nursing Dept. (*Annual for undergraduate program, every 3 years for graduate program.)

Please submit ALL completed forms and documents to the CHWC. **Incomplete packets will not be accepted and will cause a delay in your clearance.** You may submit in person (drop off documents at the front desk or schedule appointment with nurse to review in person- highly recommend). You may also submit by fax (may subject to delay). When all clearance requirements are met, the CHWC will document clearance date electronically and students may access WPUconnect to see their nursing clearance.

William Paterson University
Counseling, Health and Wellness Center
Overlook South
300 Pompton Road
Wayne, NJ 07470
(973) 720-2360 (for appointments)
(973) 720-2632 (fax)
William Paterson University

Repeat Clearance for Clinical Participation

Submit completed forms and all required documents only to:
Counseling, Health & Wellness Center - Overlook South - 300 Pompton Road – Wayne, NJ 07470
For appointments please call: (973) 720-2360 Fax (973) 720-2632

If you have never been cleared by the health center before, you need an initial clearance form

Name: ___________________________________________ DOB: _____ / _____/ _________

ID#: 855 ___________________________ Contact Phone # ________________________________

Program (circle one): Nursing Graduate Nursing DNP Communication Disorders

Since your last clinical clearance, have you (please circle yes or no and explain if applicable):

1. Had any changes in your general health? NO YES
   If yes, explain: ________________________________________________________________

2. Missed any clinical days due to an illness, injury, surgery, hospitalization or pregnancy? NO YES
   If yes, explain: ________________________________________________________________

3. Been diagnosed with an illness? NO YES
   If yes, please explain: __________________________________________________________

4. Had any injuries/surgeries/procedures? NO YES
   If yes, please explain: __________________________________________________________

5. Started any new medications (prescribed or OTC)? NO YES
   If yes, please list medication, dosage, frequency & reason for use:
   __________________________________________________________

6. Had any known exposure to any communicable diseases including tuberculosis? NO YES
   If yes, please explain: __________________________________________________________

☐ 7. Tuberculosis Screen: Provide records for any ONE of the following:
   - Annual Single step PPD/Mantoux test - (PPD available at CH&WC with an appointment, please inquire about cost)
   - Annual QuantiFERON TB-Gold test – (provide lab report)
   - Annual T-SPOT test - (provide lab report)
     o If you had any positive test results in the past, then you need to schedule an appointment with CH&WC for a follow-up -OR- provide clearance note from your provider that you are cleared for clinical

☐ 8. Tdap or Td Vaccine: If not already submitted, provide documentation of vaccine within the last 10 years (Tdap vaccine is available at CH&WC. Please inquire about cost)

☐ 9. Flu Vaccine: Provide record of vaccine for the current/upcoming flu season (can be submitted to nursing dept.)

☐ 10. Complete Clinical Student Request and Authorization to Release Records and/or Information Form
    Please sign & date: To the best of my knowledge, the above information is accurate

_________________________________________ ________________________________
Student’s Signature Date
William Paterson University
Clinical Student Request and Authorization
to Release Records and/or Information

This form when completed and signed by you authorizes the Counseling, Health and Wellness Center, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release protected information from your clinical record to the person or agency you designate.

I, ________________________________, authorize the Counseling, Health and Wellness Center clinical and administrative staff, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release information to one another regarding my clinical physical and any relevant information related to participation in the nursing and communication disorders programs at William Paterson University.

The records are to be discussed verbally, via fax, or via email for the purpose of coordination of care. This authorization shall remain in effect for one year from the date signed below (unless otherwise indicated).

I understand that I have the right to revoke this authorization in writing, at any time by sending or delivering such written notification to the Counseling, Health and Wellness Center. However, my revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

_________________________________________  _______________________
Student ID#                           Date of Birth

_________________________________________  _______________________
Signature of student (parent if minor)                           Date

Revised 1/11/15
MSN PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM

Submission Deadline Dates

<table>
<thead>
<tr>
<th>Semester</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Spring</td>
<td>Oct. 31</td>
</tr>
<tr>
<td>Summer</td>
<td>March 31</td>
</tr>
<tr>
<td>Fall</td>
<td>May 31</td>
</tr>
</tbody>
</table>

Date Submitted: ________________ Semester ______________________ 20___

Student Name: __________________________

Practicum Course # NUR ________________

Track ____________________________

- (AGNP)
- (FNP)
- (Administration)
- (Educator)

Student’s Place of Employment: __________________________

Phone #: Home: ____________________ Cell: ____________________ Work: ____________________

You are required to seek out a preceptor and a potential site for your practicum experience. The preceptor must be willing and able to oversee your practicum experience in the location you choose appropriate to the role. Please include the name, title and credentials of the prospective preceptor when filling out this form.

Any changes, additions/deletion of clinical preceptors must be sent to Jami by email at: jenningsj3@wpunj.edu. Changes after the deadline may take an additional two months to complete the agreements and confirmation.

Upon receipt of this information, for APN students, Jami will forward to the NP lead coordinator for approval of the clinical site/preceptor. For other students, the Director of the Graduate Program will review preceptors/placements. Upon approval, a letter, confirmation of clinical placement form, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. Until the signed confirmation of clinical placement form is returned to our office, students are NOT to start their clinical. These confirmation of clinical placement form is considered as a “contract” between the WPUNJ and the clinical preceptor/agency. It is the responsibility of the student to follow this process. Call or email Jami in the Graduate Nursing Office (973-720-3511 or jenningsj3@wpunj.edu) as to whether the preceptor/agency has sent back all the required forms.

In addition, it is the responsibility of students to show proof of compliance on the Clinical Documentation form required for clinical placements every semester by the first day of the seminar/clinical. The documentation is to be submitted to the faculty teaching the seminar. Generally, the clinical preceptor/agency does not ask for documentation but at times, they have requested them. You are not permitted to start clinical without full compliance to the clinical requirements.

Upon completion of the course, you must submit to the faculty teaching the seminar all completed logs (with clinical hour verification), preceptor/site evaluations, and evaluation of personal learning objectives. You will not receive a grade in the course until the submission and course requirements are completed.
MSN PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM

PLEASE SUBMIT PART II TO THE DEPARTMENT OF NURSING GRADUATE PROGRAM NO LATER THAN THE SUBMISSION DEADLINE DATE ON PAGE 1

If any of the required fields are missing it will delay processing your paperwork and this form will be returned to you for completion

Student’s name ___________________________ ID# 855 ______________

Course #: NUR ________ Semester ______________ cell phone# ______________

Preceptor Name & Credentials: ____________________________________________

Population Focus (& specialty if applicable) Area of Practice _______________________

Preceptor’s Facility _______________________________________________________

Preceptor Business Address:

Street ________________________________________________________________

City, State & Zip _______________________________________________________

Phone: ___________________________ FAX: ________________________________

EMAIL: ______________________________________________________________

Preceptor’s Unit/Type of Site _____________________________________________
(e.g., clinic, private practice, primary care setting, etc.)

Characteristics of Patients:

a) Gender __________________________

b) age (children, young adult, adult, elderly) ________________________________

c) ethnicity __________________________

d) primary languages spoken in office _________________________________

Healthcare experience _________________________________
(e.g., primary care, chronic, in-hospital)
MUST BE COMPLETED BY PRECEPTOR:

a) Certification (specify type e.g. adult or family) ________________

b) (specify certifying body e.g. ANCC or AANP) ________________

c) (specify expiration date) ____________________________

d) Years of practice in the population focused or specialty area: ________________

e) Number of students precepted concurrently: __________

f) State licensure #______________________________expiration date __________
   (REQUIRED)_________________________________ (REQUIRED)

Please attach a copy of your CV or Resume (REQUIRED)
GRADUATE 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.castlebranch.com/](http://www.castlebranch.com/) package code wi21. By entering your initials you are certifying you have ordered a criminal background within the past three years.

**URINE DRUG SCREENING**

A mandatory initial 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 [http://www.castlebranch.com/](http://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 Certified Background.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 urine drug screening will incur an additional fee payable by the student.

**CPR Exp. Date**

**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.

**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.
GRADUATE NURSING CLINICAL DOCUMENTATION CHECKLIST

Health Insurance Verification: All nursing students in a clinical lab course are required to have health insurance. All students must provide documentation of health insurance coverage. Please complete the following appropriate statements:

△ 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)

You must supply the additional documentation and attach a photocopy:

_____ Nursing License

_____ Malpractice cover sheet or certificate of professional liability insurance (NP track students require a nurse practitioner

□ Yes Since completing your last clinical clearance checklist or criminal background check have you been arrested, charged or convicted of any crime or

□ No 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.)

I ____________________________ affirm that the above information, dates and attached copies are 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: ____________

Faculty Instructor Signature

Rev 06/2015
FUNCTIONAL HEALTH STATUS

Students with a change in health status affecting functional capacity must complete the Department of Nursing’s Health Status Change form before attending clinical. Students with a change in health status that may impact their ability to attend and fully participate in clinical are highly discouraged from registering for clinical courses. However, if they choose to do so, they must submit the Department of Nursing’s Health Clearance form completed and signed by their provider prior to attending clinical. Students must again submit this form upon returning from any clinical absences or if there has been a change in health during the semester. Students are advised that any clinical absences may result in the inability to successfully meet the course objectives, thus resulting in failure of the clinical course. In addition to this, all students must abide by the regulations set forth by the clinical agencies. The Department of Nursing has developed this policy for the safety and well-being of the students and the patients.

William Paterson University Department of Nursing Health Status Change Form

By signing below, the Licensed Health Care Provider has determined that the following student, [Student Name]

is eligible for clinical practice and agrees with the following statement:

I find the above-named student to be in good physical and mental health; the student is free from any health impairment which is of potential risk to self, patients, personnel, students, or faculty and which might interfere with the performance of student’s nursing student responsibilities.

Licensed Health Care Provider’s Signature  Date:

(Official Stamp Required)
William Paterson University of NJ  
Department of Nursing Graduate Program  
Checklist/Procedure for Preceptor Documentation for Clinical Courses

Student’s Name ___________________  Track _____________  
Course NUR ________________

This checklist is being provided to you to facilitate your clinical preceptorship. Each step must be completed in order for you to begin your clinical experience. This form is for you to be able to keep an up to date record prior to beginning your clinical. **Do not hand this form in to your instructor, it is for your use only.**

<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student must register for the clinical course.</td>
<td></td>
</tr>
<tr>
<td>2. Student will access the Preceptor Information Request Form from the Graduate Nursing Home Page or by contacting the Graduate Nursing Office at <a href="mailto:jenningsj3@wpunj.edu">jenningsj3@wpunj.edu</a></td>
<td></td>
</tr>
<tr>
<td>3. Student must submit the Preceptor Information Request Form <strong>completed in full</strong>, with appropriate preceptor signature, to the Department of Nursing Graduate Program by either email (<a href="mailto:jenningsj3@wpunj.edu">jenningsj3@wpunj.edu</a>) or fax (973-720-2668) no later than the posted deadline date on the Preceptor Information Request Form.</td>
<td></td>
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<tr>
<td>4. The Preceptor Information Request Form will be sent to the lead NP for nurse practitioner programs or the Director of the Graduate Nursing Program for education or administration for review and approval. You will be notified when approved or further information is required.</td>
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<tr>
<td>5. Once your preceptor assignment has been approved, the department will email or fax the preceptor a letter, confirmation of clinical placement for graduate student, course outline and responsibilities in the preceptor partnership. The <strong>confirmation of clinical placement</strong> for graduate student form <strong>needs to be signed</strong> by their preceptor and returned to our office. An email will be sent to the student on the date that all documentation was sent to the preceptor.</td>
<td></td>
</tr>
<tr>
<td>6. The student will be emailed a Clinical Documentation Checklist and Physical or Re-physical form that needs to be completed and turned in to the faculty teaching the clinical course the first night you meet for class. All forms are also available on the Graduate Nursing Home Page.</td>
<td></td>
</tr>
<tr>
<td>7. No student will be allowed to begin their clinical until all the required signed documentation is returned to our office. The preceptor documentation (see #5) can be returned to us by either the student or preceptor by either email (<a href="mailto:jenningsj3@wpunj.edu">jenningsj3@wpunj.edu</a>) or fax (973-720-2668). The department will notify the student when the documentation is received. It is the student’s responsibility to follow up with their preceptor to make sure the documentation is returned to us.</td>
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</tbody>
</table>
THE WILLIAM PATERSON UNIVERSITY OF NEW JERSEY
DEPARTMENT OF NURSING - GRADUATE PROGRAM

MSN PROGRAM

COURSE END EVALUATION OF THE PRECEPTOR

Practicum Site: ________________________________
Preceptor’s Name: ________________________________
Course Name: ____________________
Semester: ________________

Directions: Place an “x” in the appropriate box for each question. Rate your experience with your preceptor on each item using the following rating scale:

RATING SCALE:  9 = Not Applicable
                 5 = Strongly Agree
                 4 = Moderately Agree
                 3 = Agree
                 2 = Moderately Disagree
                 1 = Strongly Disagree

<table>
<thead>
<tr>
<th></th>
<th>9</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preceptor demonstrates the ability to function as an effective role model.</td>
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<td>2. Preceptor demonstrates knowledge of DNP Essentials.</td>
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<td>3. Preceptor provides availability for consultation, collaboration, and guidance.</td>
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<tr>
<td>4. Preceptor demonstrates knowledge of the student’s own learning plan/objectives and course objectives.</td>
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<td>5. Preceptor and agency staff offer support in meeting clinical objectives.</td>
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<td>6. I would recommend this preceptor for future practicum student placements.</td>
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</tbody>
</table>

*Include comments on reverse side.
COURSE END EVALUATION OF CLINICAL SITE

Practicum Site: ________________________________
Preceptor’s Name: ________________________________
Course #: __________________ Semester: __________

Please complete by checking (✓) all that apply in each category.

Type of site:     [ ] rural clinic    [ ] private practice    [ ] public health    [ ] other __________

Experiences Available:     [ ] acute    [ ] chronic    [ ] in hospital    [ ] clinic

This evaluation is based on the course presented to students. The practicum experience, itself is to be evaluated, not the faculty teaching the course.

Directions: Place an “x” in the appropriate box for each question. Rate your practicum experience on each item using the following rating scale:

RATING SCALE:
9 = Not Applicable  3 = Agree
5 = Strongly Agree  2 = Moderately Disagree
4 = Moderately Agree  1 = Strongly Disagree

<table>
<thead>
<tr>
<th></th>
<th>9</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Institution/Agency offers learning experiences needed to fulfill the objectives of the course.</td>
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<td>2. Agency provided an orientation to the policies and procedures.</td>
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<tr>
<td>3. I would recommend this agency for future practicum student’s placements.</td>
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</tr>
</tbody>
</table>

* Include comments on reverse side of sheet
A. ELIGIBILITY

NOTE: Students matriculated at William Paterson University must take the last 30 credits of their academic career at William Paterson University

This is to certify that

NAME

SID#

ADDRESS

Is a student in good standing at William Paterson University in major with a grade point average of and has completed credits at William Paterson University.

This student has permission to take the following course(s) at:

NAME OF COLLEGE OR UNIVERSITY

ADDRESS OF COLLEGE OR UNIVERSITY

B. COURSE EQUIVALENCE

<table>
<thead>
<tr>
<th>COURSE NO.</th>
<th>COURSE TITLE</th>
<th>NO. OF CREDITS</th>
<th>WPU EQUIVALENT COURSE NO.</th>
<th>INITIAL OF WPU COURSE DEPT.</th>
<th>CHAIRPERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

TOTAL CREDITS: __________

during the ________ ________ session

SEMESTER YEAR

IN ORDER TO RECEIVE TRANSFER CREDIT:

UNDERGRADUATE students must receive a grade of "C" or better.
GRADUATE students must receive a grade of "B" or better.

An official transcript from the above named College/University must be sent to William Paterson University, Office of the Registrar, P.O. Box 913, Wayne, NJ 07474-0913.

____________________________

ADVISOR

____________________________

CHAIRPERSON (of student’s major department)

____________________________

DEAN (of student’s major college)
The student is expected to follow the American Nurses’ Association Code of Ethics for Nurses (2001) and the National Student Nurses’ Association Code of Ethics (2001) for nursing students, Standards of Practice, and the New Jersey Nurse Practice Act.

The Code of Academic and Clinical Conduct is based on an understanding that to practice nursing as a student is an agreement to uphold the trust with which society has placed in us. The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

As a student is involved in the clinical and academic environments, ethical principles are a necessary guide to professional development. Therefore within these environments the student will:

- Advocate for the rights of all clients
- Maintain client confidentiality.
- Take appropriate action to ensure the safety of clients, self, and others.
- Provide care for the client in a timely, compassionate and professional manner.
- Communicate client care in a truthful, timely and accurate manner.
- Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
- Promote excellence in nursing by encouraging lifelong learning and professional development.
- Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
- Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
- Use every opportunity to keep faculty informed of their learning needs.
- Seek mentoring opportunities with clinical staff, faculty, and peers.
• Refrain from performing any technique or procedure for which the student has not been adequately prepared.

• Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.

• Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.

• Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.

• Strive to achieve and maintain an optimal level of personal health.

• Support access to treatment and rehabilitation for self or other students who are experiencing impairments related to substance abuse and mental or physical health issues through faculty consultation.

• Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

Adapted and modified with permission from the National Student Nurses’ Association The Code of Ethics (2001). The Code of Ethics in its original form can be found on http://www.nsna.org/pubs/resources/academic_clinical_conduct.asp

Failure to uphold the Nursing Students Standards of Conduct and/or the William Paterson University of New Jersey Academic Integrity Policy may result in dismissal from class, course, program and/or the university.
NURSING STUDENT HONOR PLEDGE:

I, ________________________________ (Print name)

have received a copy and read the William Paterson University of New Jersey Academic Integrity Policy and the Department of Nursing Students Standards of Conduct and I understand the tenets. I will uphold and not violate the Academic Integrity Policy nor the Standards of Conduct.

Failure to uphold the Nursing Students Standards of Conduct and/or the William Paterson University of New Jersey Academic Integrity Policy may result in dismissal from class, course, program and/or the university.

Name: ________________________________ (signature)

Date: ________________________________
Handbook Disclaimer
Although the provisions of the William Paterson University Graduate Nursing Student Handbook are as accurate and complete as possible, the Department of Nursing Graduate Program reserves the right to change any provision herein without actual notice if circumstances so warrant. Every effort will be made to keep students advised of such changes. However, the student has the responsibility to know what changes have been made to the handbook and to meet completely and successfully the requirements of the graduate nursing program by reviewing updates in the handbook each semester. Notification of policy revisions, changes and/or additions of the Graduate Nursing Program can be found posted on the Graduate Nursing Bulletin Board, Graduate Nursing listserv, web page or hard copies will be available in University Hall 302.