

# ACEMAPP CLINICAL DOCUMENTATION

*Below details the documentation required by the Department of Nursing in order to be cleared for clinical practice. Submission of late or insufficient documentation may affect clinical participation, which may result in a clinical failure and possibly failure of the course. It is **the responsibility of the student** to ensure all required documentation is maintained throughout his/her matriculation through the program.*

<b>BLS</b>	
<b>Required By</b>	ASN
<b>Expiration</b>	2 years
<b>Description</b>	Documentation of successful completion of a Basic Life Support (BLS) for Healthcare Providers course certified by the American Heart Association (AHA). Automated External Defibrillators (AED) courses and courses that are “consistent with” AHA standards (but do not explicitly specify AHA certification) will <b>NOT</b> satisfy this requirement.
<b>Documentation</b>	PDF/JPG of BLS card, which should at a minimum clearly display the course type (BLS)for Healthcare Providers, the certification provider (AHA), the student’s name, the completion and expiration date of the card, and some statement denoting successful completion of the course. <b>NOTE:</b> BLS course rosters may be utilized for temporary, short-term clearance if all information addressed above is provided (with the possible exception of the expiration date).
<b>MALPRACTICE INSURANCE</b>	
<b>Required By</b>	ASN <b>NOTE:</b> A fee is automatically applied to our ASN students’ accounts for malpractice insurance, extended through Albany State University.
<b>Expiration</b>	1 year (fee will be charged in your NURS 1101/1301 and NURS 2111/2311 classes)
<b>Description</b>	Documentation of current malpractice insurance, which must meet the following coverage requirements: <ul style="list-style-type: none"> <li>• <b>Medical Specialty:</b> Explicit reference to coverage as a “student” within your current program of study. For example, for undergraduates, this may appear as “Registered Nurse Student.” Please note that having coverage as only a “Registered Nurse” or “Employed Nurse” will <b>NOT</b> satisfy this requirement.</li> </ul>
<b>Documentation</b>	PDF/JPG certificate of liability/malpractice insurance, which at a minimum should clearly denote the student’s name, the issuing organization’s information, the policy number, the coverage period, the medical specialty coverage, and the professional liability coverage amounts specified above.
<b>HEALTH INSURANCE WAIVER</b>	
<b>Required By</b>	ASN
<b>Expiration</b>	End of Fall (12/31) and Summer (8/1) semesters each year
<b>Description</b>	Effective Fall 2014, nursing students are required to show proof of active medical insurance coverage, which is a Board of Regents of the University System of Georgia mandate; this insurance must be maintained through a student’s matriculation. A health insurance fee will be charged to all nursing students’ accounts at the beginning of the Fall and Spring semesters (the Summer semester is covered by the Spring payment), and students may either enroll in the student health insurance plan (SHIP) or waive this fee prior to the end of the enrollment period by selecting the desired option and providing the requested information at <a href="https://studentcenter.uhcsr.com/asurams">https://studentcenter.uhcsr.com/asurams</a> . Students will be automatically enrolled in the SHIP if either (1) no action is taken or (2) the waiver (and any potential resulting appeals) is denied
<b>Documentation</b>	PDF/JPG documentation verifying either the approval of the insurance waiver (typically submitted through e-mail or provided via the site) or enrollment in the SHIP, which can be attained by creating/logging into your account at <a href="https://www.uhcsr.com">https://www.uhcsr.com</a> and screenshotting your “Current Coverage Information” or “Coverage History Information.” Both documentation options should clearly display the student’s name, and the enrollment documentation should additionally show the client’s name (ASU), the policy number, the coverage type, and the effective and expiration dates for the coverage. If submitting the waiver approval e-mail, documentation must include the student’s name (and/or e-mail address) and the date on which the waiver was approved (including the year).

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BACKGROUND CHECK	
Required By	ASN
Expiration	ASN Valid for the program's duration unless you "sit out" a Fall or Spring semester
Description	ASN: Students will coordinate both their background check and drug screening through PreCheck ( <a href="https://www.precheck.com">https://www.precheck.com</a> ). You can order your background check by selecting "Students" in the upper right hand corner. On the next page, under the "Order My Background Check or Drug Screen" header, select the "click here" link that appears in the description. On the page that follows, select "Darton College of Health Professions" for the School and "Nursing BG and Drug Screen" for the Program. After clicking "Submit," follow the on-screen prompts to order your background check and drug screening.
Documentation	PDF/JPG of the automated e-mail received from <a href="mailto:StudentCheck@precheck.com">StudentCheck@precheck.com</a> verifying the purchase of the background check. This e-mail should, at a minimum, show the student's name, the date the order was placed, and the confirmation number. <b>NOTE: DO NOT UPLOAD THE RESULTS OF YOUR BACKGROUND CHECK.</b>
DRUG SCREENING	
Required By	ASN
Expiration	ASN: Valid throughout your matriculation through the program unless otherwise requested.
Description	ASN: Students will coordinate both their background check and drug screening through PreCheck ( <a href="https://www.precheck.com">https://www.precheck.com</a> ). You can order your background check by selecting "Students" in the upper right hand corner. On the next page, under the "Order My Background Check or Drug Screen" header, select the "click here" link that appears in the description. On the page that follows, select "Darton College of Health Professions" for the School and "Nursing BG and Drug Screen" for the Program. After clicking "Submit," follow the on-screen prompts to order your background check and drug screening.
Documentation	PDF/JPG documentation of the 10-panel drug screen results, which, at a minimum, should have the student's name, a panel breakdown listing the drug names (and/or abbreviations), the results and cutoffs for each drug, and the date of the screening. <b>NOTE: DO NOT UPLOAD THE RESULTS OF YOUR BACKGROUND CHECK.</b>
IMMUNIZATIONS	
Required By	ASN
Expiration	Varies (age-dependent)
Description	Documentation of current immunizations, which should include the following: <ul style="list-style-type: none"> <li>• <b>Hepatitis B:</b> Recommended for clinical settings, but <b>NOT</b> required. You may elect to either receive the three-series shot (plus titer) or refuse and provide a signed Hepatitis B Waiver Form (available from the department upon request).</li> <li>• <b>Measles (Rubeola), Mumps, and Rubella:</b> By a positive titer, physician's diagnosis of disease, or two (2) doses of vaccine. Depending on your medical history, you may have had these vaccinations given individually or as part of an MMR series.</li> <li>• <b>Tetanus:</b> Required if you have not received a vaccination in the past 10 years. This can be taken individually or as part of the TDAP vaccination series. If your learning experience is in women's services, neonate, pediatric, urgent care, or emergency department, you must be compliant with the Varicella information as noted below and have at least one dose of the TDAP (tetanus, diphtheria, acellular pertussis) vaccine if your last TD (tetanus, diphtheria) vaccine was two or more years ago.</li> <li>• <b>Varicella:</b> By a positive titer, physician's diagnosis of disease, or two (2) doses of vaccine. The school must notify the clinical site if you have no immunity to Varicella, and any exposure to chicken pox or shingles must be reported immediately.</li> </ul> <b>NOTE:</b> Declinations for any of the required vaccinations listed above will be reviewed on a case-by-case basis and may affect clinical participation.
Documentation	PDF/JPG documentation of immunization record that, at a minimum, denotes the student's name and provides the above information with vaccination/diagnosis dates and, if applicable, and screening

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	results. If Hepatitis B series is declined, the student must also upload the signed Hepatitis B Waiver as an addendum to the record. Declinations for receiving any of the other required immunizations may require additional documentation, as specified by the pre- and post-licensure clinical coordinator(s) and/or faculty.
<b>FLU VACCINE</b>	
<b>Required By</b>	ASN
<b>Expiration</b>	Beginning of the following year's flu season (typically October 1 each year)
<b>Description</b>	Documentation of flu vaccination for the flu season of the appropriate year. Sites typically begin offering flu vaccinations in August/September, and ASU's Student Health Services offer free vaccinations to students in early October.
<b>Documentation</b>	PDF/JPG of flu vaccination documentation, which may be uploaded as a separate document (containing, at a minimum, the student's name, the vaccination date, the manufacturer/brand, and—preferably, but optionally—the flu season) or as part of the immunization record (with the requirements listed in the "Immunizations" section).
<b>TUBERCULOSIS SCREENING</b>	
<b>Required By</b>	ASN
<b>Expiration</b>	Varies ( <i>see below</i> )
<b>Description</b>	<p>Documentation of annual tuberculosis screening. The following are the most common screenings given for tuberculosis, all of which are acceptable:</p> <ul style="list-style-type: none"> <li>• <b>Purified Protein Derivative (PPD):</b> expires after 1 year; requires an intradermal injection; results are typically read within 48 to 72 hours after initial injection</li> <li>• <b>T-SPOT®.TB Test (T-spot):</b> expires after 1 year; requires a blood sample to be drawn from patient; results are typically available within 24 hours</li> <li>• <b>QuantIFERON® TB Gold In-Tube Test (QFT-GIT):</b> expires after 1 year; requires a blood sample to be drawn from patient; results are typically available within 24 hours</li> <li>• <b>Chest X-ray:</b> utilizes chest radiography; result availability varies</li> </ul> <p><b>NOTE:</b> Students with positive screening results and/or evidence of active tuberculosis may require additional testing (including chest x-rays) and will be reviewed on a case-by-case basis, which may affect clinical participation.</p>
<b>Documentation</b>	<p>PDF/JPG of screening documentation, which may be uploaded as a separate document (containing, at a minimum, the student's name, the date of administration and—if applicable—the reading date, and the screening results) or as part of the immunization record (with the requirements listed in the "Immunizations" section).</p> <p><b>NOTE:</b> Students with positive screening results and/or evidence of active must include documentation and evidence of follow-up treatment procedures, as dictated by your medical provider and/or the Georgia Department of Public Health.</p>