WELCOME TO THE
BACHELOR OF SCIENCE
IN NURSING

ORIENTATION

SUMMER 2017
TO: RN-BSN STUDENTS

RE: IMPORTANT INFORMATION & DATES

Please complete and submit the information noted below to Nursing, 244 Swarts Hall, 300 Campus Drive, Bradford, PA 16701, paying attention to specific deadlines.

ALL MATERIALS MUST BE SUBMITTED PRIOR TO THE START OF THE FALL TERM. ONLY COPIES WILL BE ACCEPTED. STUDENTS MUST RETAIN ALL ORIGINAL FORMS AND MAY BE REQUIRED TO PRODUCE ORIGINAL FORMS AS REQUESTED BY THE CLINICAL SITE(S).

Health Requirements Report Form

A completed health requirements report form (attached) must be received by Nursing, 244 Swarts Hall, 300 Campus Drive, Bradford, PA 16701, no later than August 7, 2017.

Cardiopulmonary Resuscitation (CPR) Certification

All students are required to have American Heart Association Basic Life Support for the Healthcare Provider Certification (2-year certification). A CPR card must be received no later than August 7, 2017.

If you need assistance finding a CPR course please call the University of Pittsburgh at Bradford, Department of Nursing.

Background Clearances and Checks

All nursing students are required to submit the following three clearances*:

PA Child Abuse History Clearance
PA State Police Criminal Record Check
FBI Federal Criminal Background Check

All Background Clearances must be received no later than August 7, 2017.

*If you are a student continuing to the RN-BSN program from the University of Pittsburgh at Bradford ASN program without a break in academic enrollment, you may submit copies of your background clearances obtained within the last two years.

1) **PA Child Abuse History Clearance** (Fee $8)

   Please use the following site: https://www.compass.state.pa.us/cwis/public/home

   Click on the “CREATE INDIVIDUAL ACCOUNT” to obtain your PA Child Abuse History Clearance. You may want to review the FAQs located on the top right corner of the page prior to completing the application to assure that you have all of the required materials.

2) **PA State Police Criminal Record Check**

   Pennsylvania residents (Fee $10), please use the following website: https://epatch.state.pa.us

   Click on the ‘SUBMIT A NEW RECORD CHECK’ to obtain your Criminal Background. You can print the processed form immediately. Do not use the volunteer only portal as these forms will not be accepted.

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Non-Pennsylvania residents or PA residents less than 2-years (Fee $23.00) must complete the Pennsylvania Department of Aging FBI Criminal History Background Check. Information about this process can be obtained at: http://www.aging.pa.gov/organization/advocacy-and-protection/Pages/Criminal-History-Background-Checks.aspx

Fingerprint-based background check - To complete this clearance, you must first register online for the background check at: https://www.pa.cogentid.com/index_pdaNew.htm
Cogent Fingerprint locations in the State of Pennsylvania are located under the Find a Print Location link. The closest site to Bradford is the Panther Shop bookstore on the University of Pittsburgh at Bradford campus.

3) FBI Federal Criminal Background Check (Fee $27.50)
Fingerprint-based background check - To complete the PA Department of Public Welfare FBI Criminal History Background Check, you must first register online for the fingerprint service at: 
https://www.pa.cogentid.com//index_dpw.htm
Please carefully read the Registration Procedures and Register Online links. Cogent Fingerprint locations in the State of Pennsylvania are located under the Print Locations and Hours link. The closest site to Bradford is the Panther Shop bookstore on the University of Pittsburgh at Bradford campus.

IMPORTANT REMINDER: This FBI clearance must be obtained through the PA Department of Public Welfare – DO NOT COMPLETE THIS PROCESS THROUGH THE DEPARTMENT OF EDUCATION.

* Note: For Non-Pennsylvania residents or PA residents less than 2-years, you can use the same set of fingerprints for each of the FBI Criminal History Background Checks.

AT A MINIMUM, please plan 4 - 6 weeks to complete the background clearances and checks. Incomplete forms and errors will delay the process further. Do NOT wait until the semester begins to complete the clearances and checks!

Please contact the Unit in Nursing, University of Pittsburgh at Bradford, if you have any questions about the applications for clearances.

Liability Insurance

All students are required to participate in blanket professional liability coverage offered through the University. The annual cost has been $12.00 per year. The cost of the policy will appear on your student account in the fall term.
UNIVERSITY OF PITTSBURGH at BRADFORD
NURSING & RADIOLOGICAL SCIENCE

HEALTH REQUIREMENTS REPORT FORM

The University of Pittsburgh at Bradford, in keeping with the rules and regulations of the State Board of Nursing and health care agencies, requires all nursing students to complete certain health screening procedures. If you have any questions relating to the requirements, please call the Nursing Unit (244 Swarts Hall) at 814-362-7640.

1) Students are required to have a health evaluation upon admission to a Nursing Unit program. The health evaluation must be completed **within three months** prior to attending the first clinical class.

2) Health evaluations may be done either by a private physician or a certified registered nurse practitioner (CRNP-Certified by the Commonwealth of Pennsylvania to provide adult primary health care).

3) The Hepatitis B Vaccine Series must be **completed** six months after entering the program (March 1, 2017). Failure to comply will prohibit the individual from progressing in the program.

4) Students are responsible for seeing that health evaluations are completed and on file at the University of Pittsburgh at Bradford **no later than August 7, 2017**.

5) Only the health evaluation form supplied by the university is acceptable.

6) Please check the health form for completeness, including signatures, before you leave your doctors office and **make a copy for your records before returning the form to the university**.

PITT BRADFORD NURSING HEPATITIS B REQUIREMENT

Hepatitis B is one of the major infectious occupational hazards for health care workers.

The **Hepatitis B Vaccine Series must be completed six months after entering the program (March 1, 2017)**. Failure to comply will prohibit the individual from progressing in the program.

The Center for Disease Control (CDC) recommends that workers, who perform tasks that involve exposure to blood or blood-contaminated body fluids, should be vaccinated. Consequently, health care agencies are increasingly requiring all workers who may be at risk to be vaccinated. In addition, health care agencies used as clinical practice sites increasingly require Hepatitis B immunity for students.

Since Hepatitis B is preventable by immunization, Nursing is implementing the requirement that all students should be immunized for Hepatitis B. If for some medical or other reason you have decided not to be immunized against Hepatitis B, please contact the Program Coordinator to sign the **REFUSAL OF IMMUNIZATION AGAINST HEPATITIS B** form.
According to the University Health and Safety policy related to bloodborne pathogens, the University is committed to limiting or preventing student exposure to blood and other potentially infectious materials. This policy clarifies the University's program for education, prevention, post-exposure medical treatment and follow-up provided for employees and students who have been exposed to bloodborne pathogens as a part of work place or other programmed activity.

Students will have access to appropriate evaluation and treatment of exposures at the student's or student's health insurer's expense. Consequently, according to the policy, *nursing students, as well as other students who enroll in a University programmed activity which may involve exposure to blood or other potentially infectious materials, must now carry medical/hospitalization insurance validated each term that would cover payment of treatment and follow-up procedures.*

Therefore beginning with Fall Term, all nursing and radiological science students must verify that they have health (medical/hospitalization) insurance coverage by signing the Health Insurance Verification area on the bottom of the Health Evaluation form.

Any student who does not maintain current insurance coverage will not be able to attend any clinical courses or be involved in any educational activity with a clinical component.

In determining whether your policy offers such coverage, you should ask your agent if coverage in the form of treatment and follow-up is provided in the event of exposure to a needle stick or bloodborne pathogen.

We realize that this requirement can present a financial hardship for some students. If you have applied or are applying for financial aid and now must purchase health insurance as a condition of enrollment, you have the opportunity to request that the University Office of Admissions and Financial Aid include the cost of mandatory health insurance in your financial aid budget. Please contact the Financial Aid Office for assistance with this matter.

If you wish to have a brochure on the University of Pittsburgh endorsed Student Health Insurance Policy (available to all full-time students at a supplemental cost), please contact Pitt-Bradford’s Student Health Services Located at 226 Frame-Westerberg Commons, 814-362-5272.
POLICY 40: HIPAA TRAINING & CERTIFICATION REQUIREMENTS

The Programs in Nursing and Radiological Science require that all students, faculty, and staff within the Unit complete online training and certification related to the HIPAA Privacy and Security.

The online training module required by the University of Pittsburgh can be accessed at the link below. If you do not have an account, you must create one in order to access the required online training module.

Please use the link below to create an account:
https://www.hsconnect.pitt.edu/HSC/home/create-account.do

Once you have created an account, access the HIPAA Modules folder. The required training module is noted below. Upon completion of the online training, print the respective certificate, and forward to the Unit in Nursing.

UPMC Information Privacy and Security Awareness Training for Physicians and non-physician practitioners who provide clinical services, or staff and students who are not employed by UPMC but encounter protected health information at UPMC facilities.
https://cme.hs.pitt.edu/ISER/servlet/IteachControllerServlet?actiontotake=loadmodule&moduleid=13921

STUDENTS WILL NOT BE PERMITTED IN THE CLINICAL AREA WITHOUT HAVING COMPLETED THE ONLINE TRAINING AND SUBMITTED CERTIFICATION OF COMPLETION.

Students are expected to comply with HIPAA and the policies and procedures of the affiliating clinical agencies. Any violation of this policy is subject to disciplinary action and may include suspension or dismissal from the program.

Certificates of completion are due by Friday, August 7, 2017.
TO: RN-BSN STUDENTS

RE: ANTICIPATED EXPENSES FOR RN-BSN STUDENTS

In addition to costs related to tuition, fees, and textbooks, the following list depicts anticipated expenses for RN-BSN students. **Costs are estimated based on the previous year, thus subject to change.**

**Health Evaluation Fees**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination (includes PPD)</td>
<td>$124.00</td>
</tr>
</tbody>
</table>

The physical examination and tests can be obtained through Drs. D. Singh or V.R. Nadella, 6 N. Center St., Bradford, 814-368-7000. Call for an appointment. Payment is due at the time the services are rendered in the form of cash, check or money order.

**Criminal Background Check**

- **PA Child Abuse History Clearance** (Fee $8)
  
  Please use the following site: [https://www.compass.state.pa.us/cwis/public/home](https://www.compass.state.pa.us/cwis/public/home)
  
  Click on the “CREATE INDIVIDUAL ACCOUNT” to obtain your PA Child Abuse History Clearance. You may want to review the FAQs located on the top right corner of the page prior to completing the application to assure that you have all of the required materials.

- **PA State Police Criminal Record Check**
  
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  Click on the ‘SUBMIT A NEW RECORD CHECK’ to obtain your Criminal Background. You can print the processed form immediately. Do not use the volunteer only portal as these forms will not be accepted.

  Non-Pennsylvania residents or PA residents less than 2-years (Fee $23.00) must complete the Pennsylvania Department of Aging FBI Criminal History Background Check. Information about this process can be obtained at: [http://www.aging.pa.gov/organization/advocacy-and-protection/Pages/Criminal-History-Background-Checks.aspx](http://www.aging.pa.gov/organization/advocacy-and-protection/Pages/Criminal-History-Background-Checks.aspx)

- **FBI Federal Criminal Background Check** (Fee $27.50)
  
  Fingerprint-based background check - To complete the PA Department of Public Welfare FBI Criminal History Background Check, you must first register online for the fingerprint service at: [https://www.pa.cogentid.com//index_dpw.htm](https://www.pa.cogentid.com//index_dpw.htm)

**Liability Insurance Fee**

$12.00

This fee will appear on your student account for the fall semester.

**Uniform Fees**

Required uniforms include:

- University of Pittsburgh at Bradford lab coat
- University of Pittsburgh at Bradford name pin

Please refer to the *Nursing Scrub Order Form* on page 8 for pricing.
Graduation Fees

- Regalia: $60.00 [based on 2016 pricing]
- Graduation Announcements: $1.20 each [based on 2016 pricing]
- BSN Program Pin (estimates): $69.96-246.98

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**Nursing Scrub Order Form**

Deadline: Friday, August 7, 2017.

These are special order items; see size chart on back of form.

<table>
<thead>
<tr>
<th>#</th>
<th>Item Description for REQUIRED items:</th>
<th>Size</th>
<th>Qty</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Magnetic Photo ID Tag*</td>
<td></td>
<td></td>
<td></td>
<td>$ 5.30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Price Includes Tax</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>#4350 Snap Front Cherokee Jacket *</td>
<td>XS-XL</td>
<td></td>
<td>$ 29.00</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>#4350 Snap Front Cherokee Jacket *</td>
<td>2XL-3XL</td>
<td></td>
<td>$ 31.00</td>
<td></td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*based on 2016 pricing

Grand Total:

Name: ______________________
Phone #: ____________________

Please return this form with payment to The Panther Shop by Aug. 7, 2017.

Space Below for Store Use Only

Date Paid: ___________ Trans. #: ___________ Clerks Initials: ___________
# Initial Health Requirements Report Form for New Students

Name_______________________ PeopleSoft ID#__________ Date of Birth___/___/___

<table>
<thead>
<tr>
<th>LABORATORY AND IMMUNIZATION INFORMATION</th>
<th>Hepatitis B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuberculosis Screening</strong></td>
<td>*HBsAb *iter to be drawn at least 6 weeks after series</td>
</tr>
<tr>
<td>2-step Tuberculin Skin Test (step 1 within 11 months, step 2 within 3 months, testing must be at least 7 days apart. Mantoux required)</td>
<td>Vaccine</td>
</tr>
<tr>
<td>Date read <em><strong>/</strong></em>/___ Negative / Positive (circle one)</td>
<td>Dose 1 <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>Date read <em><strong>/</strong></em>/___ Negative / Positive (circle one)</td>
<td>Dose 2 <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>Chest X-Ray (Required if tuberculin skin test is Positive)</td>
<td>Dose 3 <em><strong>/</strong></em>/___ (circle one)</td>
</tr>
<tr>
<td>X-Ray date <em><strong>/</strong></em>/___ Normal / Abnormal (circle one)</td>
<td>*Titer Date <em><strong>/</strong></em>/___ Immune / Non-Immune (month/day/year)</td>
</tr>
<tr>
<td>Varicella</td>
<td>If non-immune provide series / booster date <em><strong>/</strong></em>/___ (circle one)</td>
</tr>
<tr>
<td>Vaccine</td>
<td></td>
</tr>
<tr>
<td>Dose 1 <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td>Dose 2 <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td>Titer Date <em><strong>/</strong></em>/___ Immune / Non-Immune (month/day/year)</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
</tr>
<tr>
<td>Vaccine</td>
<td></td>
</tr>
<tr>
<td>Dose 1 <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td>Dose 2 <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td>Measles Titer <em><strong>/</strong></em>/___ Immune / Non-Immune*</td>
<td></td>
</tr>
<tr>
<td>Rubella Titer <em><strong>/</strong></em>/___ Immune / Non-Immune*</td>
<td></td>
</tr>
<tr>
<td>Tetanus-Diphtheria (TDaP) Booster Immunization</td>
<td></td>
</tr>
<tr>
<td>Date <em><strong>/</strong></em>/___ (month/day/year)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL EXAMINATION AND EVALUATION</th>
<th>HEALTH INSURANCE VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have obtained a health history, performed a physical examination and reviewed the student’s immunization status and required laboratory tests. In my opinion this student is able to fully participate in the UPB Nursing Program.</td>
<td>I verify that I carry, and will carry for the entire duration of my program, health insurance that will cover payment of treatment and follow-up procedures related to bloodborne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.</td>
</tr>
<tr>
<td>Date <em><strong>/</strong></em>/___ (month/day/year) Signature of MD/CRNP/DO/PA Phone Number of MD/CRNP/DO/PA</td>
<td>Date <em><strong>/</strong></em>/___ (month/day/year) Signature of Student</td>
</tr>
</tbody>
</table>

Limitations/Recommendations: __________________________________________________________

*If non-immune provide booster date ___/___/___ (month/day/year)
## University of Pittsburgh at Bradford
### Nursing Unit – RN-BSN Program
#### Health Requirements Report **Form for Continuing Students**

<table>
<thead>
<tr>
<th>Name____________________</th>
<th>PeopleSoft ID#__________</th>
<th>Date of Birth___/<em><strong>/</strong></em></th>
<th>(month/day/year)</th>
</tr>
</thead>
</table>

### LABORATORY INFORMATION
*(to be completed by student or healthcare provider)*

#### Tuberculosis Screening

- **Tuberculin Skin Test** (within 1 year, Mantoux required)
  - Date read ___/___/___ (month/day/year)
  - Negative / Positive (circle one)

- **Chest X-Ray** (Required if tuberculin skin test is Positive)
  - X-Ray date ___/___/___ (month/day/year)
  - Normal / Abnormal (circle one)

#### Hepatitis B

- **Vaccine Dose 1** ___/___/___ (Day/month/year)
- **Dose 2** ___/___/___ (month/day/year)
- **Dose 3** ___/___/___ (month/day/year)

- **†Titer Date** ___/___/___ (month/day/year)
  - Immune / Non-Immune (circle one)

  **†HBsAb titer to be drawn at least 6 weeks after series**

### PHYSICAL EXAMINATION AND EVALUATION
*(to be completed by healthcare provider)*

- I have obtained a health history, performed a physical examination and reviewed the student’s immunization status and required laboratory tests. In my opinion this student is able to fully participate in the UPB Nursing Program.

  - Date ___/___/___ (month/day/year)
  - Signature of MD/CRNP/DO/PA
  - Phone Number of MD/CRNP/DO/PA

### LIMITATIONS/RECOMMENDATIONS:

| ____________________________ | ____________________________ |
|______________________________|______________________________|

### HEALTH INSURANCE VERIFICATION
*(to be completed by student)*

- I verify that **I carry, and will carry for the entire duration of my program**, health insurance that will cover payment of treatment and follow-up procedures related to bloodborne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.

  - Date ___/___/___ (month/day/year)
  - Signature of Student