Dear Student,

Thank you for choosing California State University, San Bernardino, to achieve your Bachelor of Science in Nursing (BSN) degree. Managing your health and non-health compliance documents is essential in making sure that you are provided with a clinical assignment throughout the program. When submitting documents, you must submit a copy of each item on the checklist provided on page four (4) by uploading these documents to the CastleBranch compliance tracker.

All documents submitted to the Department of Nursing become the property of the department and will not be provided to anyone, including the student. This ensures the protection of your private information. It is the student's responsibility to retain copies of all documentation submitted. The Department of Nursing will NOT make copies of any documents submitted and will NOT provide in any other way copies of records. The department will keep documents in a secured location and access to information will be limited in order to maintain privacy and confidentiality.

It is the student's responsibility to keep all compliance requirements updated, by submitting documentation of renewed documents such as CPR and health insurance to the Department of Nursing prior to any and all expiration dates. Please note that most hospitals require that health documents not expire in the middle of a clinical term but rather it is good for the entire duration of the clinical time. Compliance requirements are all subject to change.

For any questions, please contact the Department of Nursing Staff via email at rn-bsninfo@csusb.edu. For any unresolved concerns please contact the RN-BSN Coordinators, Dr. Dawn Blue at dblue@csusb.edu and Dr. Younglee Kim at younglee.kim@csusb.edu and/or Program Director, Dr. Gagalang at egagalang@csusb.edu.

Thank you for your cooperation.

Angie Gagalang, PhD, MSN, RN
CSUSB Department of Nursing BSN Program Director

Required Compliance Items

- **Current state driver's license or state-issued identification card**

- **Valid Green Card (optional -only if applicable)**

- **==Background Check and Drug Screen Test== – Read the information carefully on the attached form.**

  - Students will use CastleBranch for Background Checks and Drug Screens (This is different and separate from the community college background check and drug screen).

  - Additional Background and Drug Screen may be required by clinical agencies throughout the program.

- **HIPAA Certification –** Watch the HIPAA video during orientation/clinical class, fill out the form, and upload it to Castle Branch

- **Universal Precautions and Blood Borne Pathogens -** Watch the BBP video during orientation/clinical class, fill out the form, and upload it to Castle Branch

- **Handbook Acknowledgment Form** Fill out the form and upload it to Castle Branch

- **Proof of Transportation**

  - Current auto insurance policy *or*

  - A notarized letter stating who will be responsible for your transportation (Form available from nursing staff)

- **Proof of Current Health Insurance Coverage- Actively covered statement**

- **Measles, Mumps & Rubella (MMR) *** Positive antibody titers for all 3 components (lab report required). If you report an equivocal or negative titer, you MUST receive two doses of MMR, 4-6 weeks apart. No follow-up titer is needed. *(see NOTE below)

- **Varicella (Chicken Pox) *** Positive antibody titer (lab report required) for Varicella. IgG results must be reported. If you report an equivocal or negative titer, you MUST receive two doses of Varicella, 4-6 weeks apart. No follow-up titer is needed. *(see NOTE below)

- **Hepatitis B* -** Positive antibody titers for all 3 components (lab report required). If you report an equivocal or negative titer, you MUST receive three doses of the Hep B booster at 0, 1, 6 months. Post-vaccination student must draw a titer 1-2 months after the series; If the report shows equivocal or negative titer, student may ask for a signed declination waiver. *(see NOTE below)

- **TB Skin Test -** ==a 2-step TB Skin Test (1-3 weeks apart);== OR ==2 consecutive annual TB Skin Tests== (no

more than 12 months between tests AND at least one being within the last 12 months); OR 2 consecutive annual TB blood tests (QuantiFERON Gold Test or T-spot with lab report).

If the results are positive, or you have a history of receiving a BCG vaccine, a clear Chest X-ray, PLUS documentation from your healthcare provider that you are free of TB symptoms using the CSUSB Department of Nursing "Annual TB Health Questionnaire" form.

- **Tetanus, Diphtheria & Pertussis (Tdap**): documentation of a Tdap booster within the past 10 years OR one Tdap at any point and Td booster within the past 10 years.

- **Influenza -** Documentation of a flu shot administered during the current flu season.

- **COVID-19 Test –** Documentation (if applicable)

- **COVID-19 Vaccine –** Documentation (As required by agencies, e.g., Kaiser Permanente, VA, and Saint Bernardine's)

- **CPR Certification**
  - Must be the American Heart Association Healthcare Provider course.
  - Copy of front & back of signed card received following completion of an American Heart Association Healthcare Provider course.

- **Physical Examination**
  - Present "Essential Duties to Meet Clinical Requirements" to the provider before the physical exam.
  - Fill out the form provided, and have it signed by your provider (from MD, DO, NP, or PA only).

- **CSUSB nursing students are covered by the CSUSB Student Professional Liability Insurance Program while engaged in for-credit internships with CSUSB partners.**

- **Current California RN License**

*NOTE: This is a multi-step process that requires immediate attention. You must schedule to allow enough time for the result and final submission by the required deadline.

CSUSB DEPARTMENT OF NURSING
CHECKLIST OF COMPLIANCE REQUIREMENTS

Student Name:_____ Date_____

____Current state driver's license or state-issued identification card _____

____Copy of a Valid Green Card (if applicable) _____

____Background Check – Actual Report printout (Instruction/CSUSB codes attached)_____

____Drug Screen Test – Actual Report printout (Instruction/CSUSB codes attached)

_____

____HIPAA Form (Annually-obtained in orientation/clinical) _____

____Blood Borne Pathogen Form (Annually-obtained in orientation/clinical)_____

____Handbook Acknowledgment Form _____

____Proof of Transportation (copy of current car insurance or notarized letter)_____

____ Proof of Current Health Insurance _____

____Rubella, Rubeola, Mumps, Varicella, Hepatitis B (Positive Titers) _____

____PPD Initial Two-Step Skin Test done/ show proof (1-Step/QuantiFERON gold Annually) _____

____If PPD is positive, need neg. CXR Every 4yrs.TB Questionnaire Sheet (Annually)_____

____Diphtheria, Tetanus Toxoid and Pertussis (Tdap) Booster _____

____Influenza [FLU] Vaccine Immunization/Declination form (Annually) _____

____COVID-19 Vaccine (If applicable) _____

____CPR - AHA Health Care Provider (Every 2 years) Expires _____

____Physical Health Clearance Form (Attached)_____

____Current RN License_____

NOTE: THIS CHECKOFF LIST MUST BE SUBMITTED WITH ALL COMPLIANCE DOCUMENTS via the CastleBranch Compliance Tracker as directed by the Department of Nursing.

California State University, San Bernardino
Essential Duties to Meet Clinical Requirements
<mark>Physical Exam Health Clearance Form</mark>
(Give this to your provider before your physical exam)

Dear Healthcare Provider:

To enter into and complete the nursing program, students must be able to meet the emotional and physical requirements of the Department of Nursing (DON) and the agencies in which students are placed for clinicals. If accommodations are required for a student to meet these requirements, the student and faculty are to work with *Services to Students with Disabilities (SSD)* to determine what accommodations would be reasonable in a clinical setting.

Emotional Requirements The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of performing nursing care in real patient situations while being observed by instructors and other health care personnel.

Physical Requirements To participate in CSUSB DON, students are required to travel to agencies and hospitals, and to homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program.

The following physical requirements are necessary to participate in the clinical application courses in nursing:

1. ***Strength:*** Sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR, which requires sufficient body weight and adequate lung expansion.
2. ***Mobility:*** Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around physically and adequately in confined spaces (patient rooms, bathrooms, treatment settings, around patient equipment, etc.). Be able to perform all physical skills required to deliver patient care such as CPR, ambulation, transport, reposition, lifting, and other nursing duties.
3. ***Fine Motor Movements:*** Necessary to manipulate syringes and IVs; to assist patients with feeding and hygiene; to write appropriate notations; to document in health record; to perform sterile procedures and other skilled procedures.
4. ***Speech:*** Ability to speak clearly in order to communicate with staff, healthcare providers, and patients; need to be understood on the telephone.
5. ***Vision:*** Visualize patients in order to assess and observe their health status; skin tone, color changes, dermatological conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, etc.
6. ***Hearing:*** Hear and see patients, monitor signs and symptoms, hear alarms, patient voices, call lights, and assess patient conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, hear through the stethoscope to discriminate sounds, and accurately hear on the telephone.
7. ***Touch:*** Ability to palpate both superficially and deeply and to discriminate tactile sensations

California State University, San Bernardino
Essential Duties to Meet Clinical Requirements
Physical Exam Health Clearance Form

Client (Student or Faculty) Name: _____

Date of Physical Exam:_____**(Within last 3 months)**

Health Care Provider Printed Name:_____**(MD, DO, NP, PA only)**

Office Address: _____

"I have seen the above-named student and completed a screening history and physical exam.
The student does not present with apparent clinical contraindications to the daily activities as a nurse,
and the student is able to meet the Essential Duties for Clinical Requirements. *Our screening physical*
does not substitute for ongoing clinical care and monitoring."

*Recommendations for further evaluation*_____

*Recommended restrictions*_____

Should you have any questions, please contact me at

(_____) - _____

_____

Healthcare Provider's (MD, DO, NP, PA only) Signature & Date

California State University San Bernardino-Department of Nursing

Annual Health Screening Questionnaire for History of Positive TB Skin Test

Instructions: Annual symptom screening is required for all students who have a history of a positive tuberculosis skin test [PPD skin test]. Students are required to see a licensed healthcare provider for symptom screening and completion of this form yearly only if they have a history of a positive TB skin test.

When did you convert to a positive PPD?_____

What is the date of your last chest x-ray?_____

Result:

Do you **currently** have symptoms of?

	YES	NO
Weight loss [unrelated to dieting]	☐	☐
Loss of appetite for > 2 weeks	☐	☐
Bloody sputum	☐	☐
Night sweats/fever	☐	☐
Unusual fatigue for > 2 weeks	☐	☐
Persistent cough for > 2 weeks	☐	☐

Answering "yes" to any of the above questions constitutes a positive screening evaluation and requires further treatment as recommended by your health care provider.

I am aware that misrepresentation of health information may result in dismissal from the program. I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Signature _____   Date_____

Print Name_____   Student ID#_____

Health Care Provider verifying information [THIS FORM MUST BE SIGNED BY A HEALTH CARE PROVIDER]
-Nurse Practitioner, Physician, Physician's Assistant or a public health official-

Name of Health Care Provider [Print]   Telephone [area code + number]

Signature of Health Care Provider   Date

Address of Health Care Provider

Rev. 9.2018 EFG

CastleBranch

California State University
How to Place Order

Welcome to **my CB**

To place your order go to:

https://portal.castlebranch.com/CV10

Package Name (if applicable):

select program you ar currently in **RN to BSN Student**

LT73bgdt: Background Check - Drug Test

PLACE ORDER > **SELECT PROGRAM** > **SELECT PACKAGE**

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

✓ View order results   ✓ Upload documents

✓ Manage requirements   ✓ Place additional orders

✓ Complete tasks

Please have ready personal identifying information needed for security purposes.
The email address you provide will become your username.

Contact Us: **888.914.7279** or **servicedesk.cu@castlebranch.com**