

As a student in a nursing program you will be attending offsite clinicals. Our clinical partners have certain requirements to ensure the safety of students and clients. These requirements are due **Monday, August 2, 2021**. If the deadline is not met, you will lose your position in the nursing program and will have to reapply.

- Completed Nursing Department Physical Form signed by Healthcare Provider (*form included*)
- Choose (1) of the following options to submit as proof of negative Tuberculosis (TB) test:
 - Two Step TB Screening and results (*form included*)
 - Chest X-ray
 - Quantiferon Gold
- Titer Blood Test** results for: Mumps, Rubella, Rubeola (MMR); Varicella, & HepB
 - Titer Non-Immunity Declination Form (*complete only if results show as not immune (or) an updated immunization for non-immune titer results*)
- Proof of Immunizations for:
 - Tetanus, Diphtheria, and Pertussis **Tdap** (within 10 years)
 - Flu vaccine (2020/21 series)
- Copy of Arizona Department of Public Safety (DPS) Fingerprint Clearance Card (*only required for south students: Kingman, Lake Havasu City, Bullhead City*)
<https://pci.aps.gemalto.com/azper/pub/landing.pl>
- Copy of Online StudentCheck PreCheck Background Check
www.mystudentcheck.com
- Copy of American Heart Basic Life Support (BLS) CPR Card
- Copy of Health Insurance
- Clinical Uniform (*information included about purchase/ordering*)
- Clinical Facility Documents (*information sheet included*)
- Drug Screen Chain-of-Custody form will be handed out during orientation. (*due 8/30/21*)
(*If a drug screen was completed at your work within (1) year, those results can be submitted instead*)

Evidence of these requirements and forms must be submitted via email directly to one of the following.

<p>Cheryl Pike Mohave Community College Nursing Programs Assistant LHC / NMC cpike@mohave.edu</p>	<p>Cheri Smith Mohave Community College Nursing Programs Assistant BHC / KNG Csmith2@mohave.edu</p>
---	---

Recipient Name: _____
(Please Print)

Date: _____

Tuberculosis (TB) Screening Policy

Initial 2-Step Tuberculosis (TB) Screening

All nursing students are required to have an initial 2-step TB screening, QuantiFERON-TB Gold blood test, or a chest x-ray upon admission to the program. If the test reading is negative, the second test is performed 1-3 weeks later. If the second test is positive the person is classified as “previously infected” and cared for accordingly.

Test #1		Test #2	
Name of Person giving test		Name of Person giving test	
Date and time administered		Date and time administered	
Location (circle)	L forearm R forearm	Location (circle)	L forearm R forearm
Tuberculin Manufacturer		Tuberculin Manufacturer	
Tuberculin exp. and lot #		Tuberculin exp. and lot #	
Administrator signature		Administrator signature	
Results (48-72 hours)		Results (48-72 hours)	
Date and time read		Date and time read	
Number of mm of induration: (across forearm)	_____ mm	Number of mm of induration: (across forearm)	_____ mm
Interpretation of reading (circle)	Positive Negative	Interpretation of reading (circle)	Positive Negative
Reader’s signature		Reader’s signature	

Annual 1-Step Tuberculosis (TB) Screening

		Results (48-72 hours)	
Name of Person giving test			
Date and time administered			
Location (circle)	L forearm R forearm	Date and time read	
Tuberculin Manufacturer		Number of mm of induration: (across forearm)	_____ mm
Tuberculin exp. and lot #		Interpretation of reading (circle)	Positive Negative
Administrator signature		Reader’s signature	

For individuals who have had a positive TB test results, according to Arizona Revised statutes, they are not required to have the biannual chest x-ray provided they do not have the TB symptoms. Copy of initial chest x-ray results need to be on-file for this form to be used for annual screening.

Student Name: _____
(Please Print)

Date: _____

Please complete the following checklist:

Have you recently had contact with anyone known to have Tuberculosis (TB)?

____ Yes

____ No

Have you recently had any of the following sign/symptoms?

Persistent Cough ____ Yes ____ No

Coughing up Blood ____ Yes ____ No

Fatigue / Weakness ____ Yes ____ No

Fever Chills ____ Yes ____ No

Night Sweats ____ Yes ____ No

** If any of the above symptoms occur, you are required to have a complete examination by a medical physician.*

Student Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

Section 1
(to be completed by **student**)

NAME (*print*): _____ Date of Birth: _____

Allergies: _____

Medications currently taking: _____

Section 2
(to be completed by **healthcare provider**)

Height: _____ Weight: _____ Pulse: _____ BP: _____

Medical	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat/Nose		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Skin		
Musculoskeletal		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Notes: _____

Cleared Without Restrictions

Not Cleared For Reason: _____

Recommendations: _____

Healthcare Provider's Name and Title (<i>Please Print</i>)	Healthcare Provider's Stamp Here
Healthcare Provider Signature	Date

- By signing this form, you are stating you understand that you are not immune to the following titer(s).
- You are stating that your exposure to patients at healthcare facilities with the following diseases puts you at risk of acquiring the disease.
- Most of the diseases are preventable through vaccines, you have had the opportunity to be vaccinated for; however, you choose at this time to decline the vaccination(s) checked below.
- You understand that by declining vaccine protection you continue to be at risk of acquiring the disease. You understand that you can receive these vaccines or tests at any time.

Please note: copies of non-immune titers must be included with this form for acceptance as a clinical requirement.

Non-Immune Titers	Reason
<input type="checkbox"/> MMR	_____
<input type="checkbox"/> Measles	_____
<input type="checkbox"/> Mumps	_____
<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Varicella	_____
<input type="checkbox"/> Hepatitis B	_____

Student Name: _____ Date: _____
(Please Print)

Student Signature: _____

The flu season occurs every year between October and May. The vaccination is usually available for administration starting in September. This form is your proof of having the vaccine, or used as a declination. If you choose to decline the flu, you must have a written reason why. If you have other proof of the vaccine administered, you may use that documentation instead.

Student Name: _____ MCC ID: _____

Date Given: _____

Site of Vaccine: _____

Influenza Vaccine: _____

Lot Number: _____

Student Signature	Date	Healthcare Provider's Stamp Here
Healthcare Provider's Name and Title (Please Print)		
Healthcare Provider's Signature	Date	

I DO NOT WANT A FLU SHOT

I am aware that by declining the flu vaccine, I am required to wear a mask the entire time I am in the healthcare facilities during clinicals.

Students Name (printed): _____
(Last) (First) (MI)

Student Signature _____ Date _____

Arizona Department of Public Safety Fingerprint Clearance

Apply online through the AZ Department of Public Safety Card (AZ DPS) <https://pci.aps.gemalto.com/azperlpub/landing.pl>. When you get to the section for reason, you will choose Level 1 for Health Science Student and Clinical Assistant ARS 15-1881. When you complete your application, in the beginning, you will choose credit card not agency. They should have a place for you to get fingerprinted.

If you are a student attending the North Mohave Campus in Colorado City, you are not required to get the AZ DPS card as you will not be attending clinicals in Arizona.



Look beyond grade point averages.

INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR A CLINICAL EDUCATION PROGRAM

Mohave Community College - RN Associate Degree

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to www.mystudentcheck.com and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as **Mohave Community College - RN Associate Degree**.

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. **Texas** residents will pay **\$53.58** and **New Mexico** residents will pay **\$53.09**. Residents in **all other states** will pay **\$49.50**. For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email StudentCheck@PreCheck.com, with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- Do I get a copy of the background report? Yes. Log into www.mystudentcheck.com and click on "Check Status", and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged \$14.95 for a copy of your report, and will need to contact PreCheck directly to request this.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.

Nursing Programs Uniform Requirements

Associates Degree in Nursing

- White V-neck top with embroidery
- Red cargo pants
- Sport-Tek PosiCharge Polo, grey with embroidery
- Optional: Red or white jacket with embroidery



Practical Nurse

- White V-neck top with embroidery
- Navy cargo pants
- Optional: White jacket with embroidery



Nursing Assistant

- White V-neck top with embroidery
- Pewter gray cargo pants



Nursing Programs Clinical Uniform - Vendors

Bullhead City

Silly Cactus

2550 S. Miracle Mile

Bullhead City, AZ 86442

(928) 758-9167

Kingman

Lee's Uniforms & Embroidery

3900 Stockton Hill Road

Kingman, AZ 86409

(928) 692-5337

Lake Havasu City

Career Styles Uniform Shop

313 Lake Havasu Ave #9368

Lake Havasu City, AZ 86403

(928) 855-0871

North Mohave Campus

The Uniform Center

1156 E 700 S, #2

St. George, UT 84790

(435) 628-4443

As a nursing student you will be attending clinicals at one of our clinical partner sites. You not only have required health documents to complete but also clinical facility documents. All clinical documents required by our clinical partners are due by **Monday, August 2, 2021** for the upcoming Fall 2021 semester. All documentation and/or directions are provided.

Most clinical facility documents need to be completed through a PandaDoc link provided. Some documents are in PDF form and need to be downloaded, saved, and reopened in a new document before completion. Once the PDF document is complete, you will then scan and email documents with signature to your area contact below. You must complete the facility(s) documents in the area where you live.

Lake Havasu City	North Mohave
<p style="text-align: center;">1st Semester</p> <p>Havasu Regional Medical Center Skilled Nursing Unit (SNU)</p> <ul style="list-style-type: none"> • HRMC – request to resume • HRMC – student orientation handbook and test • HRMC – IS Computer Access Form <p>Haven of Havasu – no additional documentation</p> <p style="text-align: center;">2nd Semester</p> <p>Havasu Regional Medical Center (HRMC)</p> <ul style="list-style-type: none"> • HRMC – request to resume • HRMC – student orientation handbook and test • HRMC – IS Computer Access Form <p style="text-align: center;">3rd Semester</p> <p>Havasu Regional Medical Center (HRMC)</p> <ul style="list-style-type: none"> • HRMC – request to resume • HRMC – student orientation handbook and test • HRMC – IS Computer Access Form <p>Southwest Behavioral Health (SWBH) Mohave Mental Health (MMH)</p> <p style="text-align: center;">4th Semester</p> <p>Havasu Regional Medical Center (HRMC)</p> <ul style="list-style-type: none"> • HRMC – request to resume • HRMC – student orientation handbook and test • HRMC – IS Computer Access Form <p>Depending on Senior Practicum placement there may be additional requirements.</p>	<p style="text-align: center;">1st Semester</p> <p>Hurricane Health and Rehab – no additional documentation</p> <p style="text-align: center;">2nd, 3rd, & 4th Semester’s</p> <p>St. George Regional Hospital (SGRH)</p> <ul style="list-style-type: none"> • SGRH - Forms Packet Student Rotation • SGRH – Orientation Booklet for Students in Clinical Facility • SGRH – 2020 Instructions for COVID Exposure • SGRH – What PPE to Wear to Stay Safe

Bullhead City	Kingman
<p style="text-align: center;">1st Semester</p> <p>Creative Care: The Legacy – documentation will be handed out during a scheduled orientation.</p> <p style="text-align: center;">2nd Semester</p> <p>Western Area Regional Medical Center (WARMC)</p> <ul style="list-style-type: none"> • WARMC – Contract Student Data • WARMC – HIPAA Agreement <p>Valley View Medical Center (VVMC)</p> <ul style="list-style-type: none"> • VVMC – Resume Rotations • VVMC – IS Computer access <p style="text-align: center;">3rd Semester</p> <p>Western Area Regional Medical Center (WARMC)</p> <ul style="list-style-type: none"> • WARMC – Contract Student Data • WARMC – HIPAA Agreement <p>Valley View Medical Center (VVMC)</p> <ul style="list-style-type: none"> • VVMC – Resume Rotations • VVMC – IS Computer access <p>Southwest Behavioral Health (SWBH) Mohave Mental Health (MMH)</p> <p style="text-align: center;">4th Semester</p> <p>Western Area Regional Medical Center (WARMC)</p> <ul style="list-style-type: none"> • WARMC – Contract Student Data • WARMC – HIPAA Agreement <p>Valley View Medical Center (VVMC)</p> <ul style="list-style-type: none"> • VVMC – Resume Rotations • VVMC – IS Computer access <p>Depending on Senior Practicum placement, there may be additional requirements.</p>	<p style="text-align: center;">1st Semester</p> <p>Creative Care: The Gardens – documentation will be handed out during a scheduled orientation.</p> <p style="text-align: center;">2nd Semester</p> <p>Kingman Regional Medical Center (KRMC)</p> <ul style="list-style-type: none"> • KRMC <p style="text-align: center;">3rd Semester</p> <p>Kingman Regional Medical Center (KRMC)</p> <ul style="list-style-type: none"> • KRMC <p>Southwest Behavioral Health (SWBH) Mohave Mental Health (MMH)</p> <p style="text-align: center;">4th Semester</p> <p>Kingman Regional Medical Center (KRMC)</p> <ul style="list-style-type: none"> • KRMC <p>Depending on Senior Practicum placement, there may be additional requirements.</p>

Additional Helpful Information

Tuberculosis (TB) tests

What is a 2-step TB test?

- A 2-step TB test is two (2) different TB tests with results read for both tests

What if I currently receive an annual TB test?

- You do not need to get a 2-step TB. You will provide instead two (2) annual TB tests with a copy of the latest TB test and results. After a year (the date TB was read of the 2nd TB test) you will then need to get an annual TB test. You do not need to get another 2-step TB only one TB test for the annual TB.

What if I received a chest x-ray TB test?

- You will need to provide verification of the x-ray within a year stating negative results. After the year, you will need to have completed an Annual Evaluation of positive PPD instead of receiving another x-ray. You do not need to get a 2-step TB test if you received a chest x-ray.

What if I received a titer blood draw named QuantiFERON Gold for a TB test?

- This type of TB test will take the place of a 2-step TB. A year after receiving the results, you will then either receive another QuantiFERON Gold TB test or you can choose to complete an annual TB test.

Titers Blood Draw for: Mumps, Rubella, Rubeola (MMR); Varicella, and HepB

What is a titer blood draw?

- A titer blood draw is completed to see if you are immune or not immune to MMR, Varicella, and HepB.

How do I know if I am not immune?

- If you are not immune to titers, it will state one of the following:
 1. Non-Immune
 2. Non-Reactive

F	Hep B Surface Ab, Qual	Non Reactive
Non Reactive: Inconsistent with immunity, less than 10 mIU/mL		

3. Negative

Varicella zoster Antibody, IgG
Varicella zoster Index
Varicella zoster Antibody, IgG

0.6 L
Negative *

What do I do if I am not immune?

- You will complete the Non-Immune form for the non-immune titer result (or)
- Receive an immunization or booster for the non-immune titer

What if I have immunizations for MMR, Varicella, and HepB. Will this be acceptable?

- A titer blood draw is required by our clinical partners. The only immunization we will accept is a current immunization after a non-immune blood draw.

AZ DPS Fingerprint Clearance Card

How long does it take for a DPS card to be received?

- It can take up to (3) weeks or more to receive your DPS card in the mail, sometimes longer.

What if I don't receive my DPS card by the deadline?

- When you make the appointment to have your fingerprints scanned, they will send you an application number to track via email. Save this email and tracking number, you can submit this copy until your DPS card is received.

American Heart Basic Life Support CPR Card

Is there a specific type of CPR card required?

- Yes, you are required to have an American Heart Association – Basic Life Support (BLS) card.



Do I need to take a class to obtain a CPR card?

- Yes, if it is available, you can take a course at one of the following MCC Campus locations:
 - Bullhead City
 - Lake Havasu City
 - Kingman

What if MCC doesn't have a CPR class available?

- There are (2) people who has personal instruction of a CPR class by appointment and usually in your home.
 - Rebecca Gmoser: 928-377-6836
 - The CPR Lady: Maureen Welch, www.TheCPRLady.net, 949-651-1020

Health Insurance

What if I don't have health insurance?

- Health Insurance is required by all our clinical partners. If you are unable to get health insurance, you have the option of contacting a private insurance company based out of Mohave County and you only have to pay while you are in school. You will want to reach out to:
 - Kendi Schembri, kendi@frontier.com, 928-453-7571

Are you a Certified or Licensed Nursing Assistant (CNA or LNA)? If so, complete this form and submit a copy of your certification or license.

Why do we need this information? As a first semester nursing student you can be granted credit for NUR 102 (Nursing Essentials) with proof of your CNA or LNA.

Full Name: _____

Choose which applies to you:

- I am a CNA State: _____ Certification Number: _____ Expiration: _____
- I am an LNA State: _____ License Number: _____ Expiration: _____

Email copy of certification or license to:

<p>Chery Pike Mohave Community College Nursing Programs Assistant LHC / NMC cpike@mohave.edu</p>	<p>Cheri Smith Mohave Community College Nursing Programs Assistant BHC / KNG Csmith2@mohave.edu</p>
--	---