## STUDENT CHECKLIST FOR CLINICAL PARTICIPATION



Your Campus Registrar will contact you directly via email within the quarter before your first clinical with specific deadline dates - watch your email closely for this important information!

The following requirements are based upon CDC guidelines for Healthcare Professionals (HCP) and must be on file and approved through CastleBranch or Verified Credentials in order to register for a course with a clinical component in Galen's prelicensure nursing programs. In order to protect students, healthcare providers, and patients, Galen requires students registered in clinical components to provide evidence of each item listed below and on the reverse side.

| П | CRIMINAL BACKGROUND SCREENING   |
|---|---|
|   | All students must consent to a criminal background screening and release to the school documentation of the background screening results from Galen's authorized provider. Students attending a Galen College of Nursing Campus in Texas are additionally required to submit a copy of their blue card from the Texas Board of Nursing upon receipt |
|   | PHYSICAL EXAMINATION  |
|   | All students must provide a signed, complete Galen physical examination form as verification of a physical examination performed by a licensed primary care provider within the twelve (12) months prior to admission to Galen.   |
| П | CPR   |
|   | All students must successfully complete a Basic Life Support (BLS) course administered by the American Heart Association (AHA) or American Red Cross. Students must keep a copy of a current BLS CPR certification on file with the College. CPR certification expires two (2) years from the date issued.  |
|   | DRUG SCREENING  |
|   | Students may be subject to drug screening requirements based on clinical affiliation agency policy, and agree to such screening as a condition of enrollment. When drug screening is required, the student will be notified by Galen and given instructions on  |
|   | how to complete screening requirements.   |
| П | HEALTH INSURANCE  |
|   | Students are required to provide evidence of current, private health insurance annually.  |
|   |   |

Galen reserves the right to revoke admission based on adverse criminal background and/or drug screening. For complete information regarding Galen's clinical participation requirements, please see your Student Catalog.



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Students must provide evidence of each of the following vaccinations or immunizations. If medical conditions prohibit a student from meeting these requirements, the student will be required to provide an explanation from a licensed primary care provider.

|   | MMR - MUMPS, MEASLES, RUBELLA   |
|---|---|
| _ | Evidence of a two-dose MMR vaccine series administered at least 28 days apart   |
|   | OR .  |
|   | <ul> <li>Laboratory evidence of immunization</li> <li>Not required for students born prior to 1957</li> </ul>   |
| _ |   |
|   | HEPATITIS B   |
|   | Evidence of a three-dose HepB vaccine series  |
|   | <ul> <li>OR</li> <li>Evidence of a two-dose HEPLISAV-B vaccine series</li> </ul>  |
|   | OR  |
|   | Laboratory evidence of immunization   |
|   | TDaP - TETANUS, DIPHTHERIA, PERTUSSIS   |
|   | Evidence of a single-dose TDaP  |
|   | OR  |
|   | <ul> <li>Evidence of a single-dose TD accompanied by proof of previous TDaP</li> </ul>  |
|   | TB - TUBERCULOSIS (Annually)  |
|   | • Evidence of series of two injections, given one week apart, read 48-72 hours after  |
|   | injection or two consecutive annual TB tests  |
|   | OR  |
|   | <ul> <li>Evidence of negative blood test completed by either QuantiFERON Gold TB Test or T-Spot</li> <li>OR</li> </ul>  |
|   | <ul> <li>Students with a history of a positive TB skin test must provide evidence of negative TB risk</li> </ul>  |
|   | assessment supported by a negative chest X-ray within the past three years  |
|   | VARICELLA   |
|   | <ul> <li>Evidence of two-dose varicella vaccine administered at least 28 days apart</li> </ul>  |
|   | OR  |
|   | Laboratory evidence of immunity   |
|   | <ul> <li>Students with a history of varicella may provide verification by a healthcare provider</li> </ul>  |
|   | noting the month and year of the disease  |
|   | INFLUENZA (Annually in the Fall)  |
|   | Evidence of seasonal influenza vaccine  |
|   |   |
| Ш | COVID-19 (Required at Louisville, Hazard, Cincinnati and Miami Campuses. Subject to Change)   |
|   | <ul> <li>Evidence of full vaccination. To be considered fully vaccinated, you must receive both doses of the Pfizer or Moderna Vaccine OR the single dose of the Johnson &amp; Johnson vaccine</li> </ul> |
|   |   |

## **ADDITIONAL CLINICAL REQUIREMENTS**

Some clinical sites may require students to provide evidence of immunity or proof of vaccination against other communicable diseases. Students assigned to a clinical site that has specific requirements will be required to provide evidence of compliance with all requirements for that site.