

STUDENT CHECKLIST OF REQUIRED DOCUMENTS FOR CLINICAL:

(See our website wellstarcollege.kennesaw.edu for links and forms, under **Requirements and Costs.**)

1. **GA Board Application Verification Form - Students Who Do Not Have An Active GA License.** Students coming from another state (ENDORSEMENT), or those lapsed in Georgia (REINSTATEMENT), must fill out an application with the GA Board of Nursing, prior to registering for our course. Once application has been made to the GA Board, sign the **GA Board Application Verification Form** (see website). KSU will send GA Board the Form A (temporary license request). GA Board will mail Temporary License to your home near the end of the theory portion of our course, before clinical begins.
- Jurisprudence Exam (Nurse Practice Act) - Certificate of Completion.** - **Students Who Do Not Have An Active GA License.** Students are required to RETURN *the Jurisprudence (Nurse Practice Act) Certificate of Completion*. Information about the exam can be found at https://learningext.com/nurses/p/nurse_practice_acts . Certificate must be in our office before course begins. (It is recommended that you review the Rules and Regulations of the State of Georgia (Nurse Practice Act) and the Scope of Practice Decision Tree, found on the GA Board of Nursing's website before starting the exam)

Active GA License: If you have an **ACTIVE** Georgia RN License, turn in a copy of the license.

2. **Criminal Background Check/Drug Screening** – Required for all RN Refresher Students (see link on website). Must use Advantage Students for clinical. This is not the same Background Check used by GA Board. For school select **Kennesaw State University – School of Nursing.** (Do **not** select Continuing Education or NP.)
3. **CPR** – **REQUIRED** through the **American Heart Association**, BLS for **Healthcare Providers**. (Do not take CPR through any other provider that claims to go by the AHA guidelines.) Clinical Sites require that it be taught by the **American Heart Association**. Red Cross CPR or any other provider not accepted. For link to American Heart Association Class Schedules see our website.

Turn in copy of CPR card, front and back, with your signature. Must be current through the end of clinical rotation.

4. **Malpractice/Liability Insurance** – Submit an official **CERTIFICATE OR MEMORANDUM**, (on-line confirmation not acceptable). Limits of Liability must be at least: \$1,000,000/\$4,000,000. (Cost about \$100) Visit: www.nso.com or www.proliability.com, or another provider of your choice. See instructions for Malpractice Insurance on website. ***Purchase for Registered Nurse, **not** student nurse.
5. **Health Insurance** – Submit verification (copy of health insurance card – **front and back**).
6. **Authorization for Release of Records and Information Forms** – Print form from website. **Sign and date (include the year) pages 2 & 4.**

7. [Nurse Refresher Physical Form](#) – Print form from website. Must have satisfactory completion of physical exam indicating a good state of health. Physical required within one year of clinical. Physician or NP must fill out and sign KSU form. Student completes Health History (first page and sign second page at bottom).

Submit **OFFICIAL LABORATORY DOCUMENTATION OF PPDs, ALL TITERS AND IMMUNIZATIONS**. Please do not use a highlighter on lab reports.

8. [PPD](#) –

The **2-Step Skin Test is required**, (two separate PPDs, each read after 48 to 72 hours). **The second PPD** should be placed **at least one week, but no longer than three weeks** after the first. If an annual PPD has been done, only one PPD is needed, (although if a year has been missed, a 2-Step Test is required).

Provide documentation of results showing: **Dates given, dates read, results** (measurement of induration in mm) & **practitioner's signature**. If you have had a positive PPD, please call 470-578-6064 before proceeding, as you may need a Quantiferon Gold Test, or T-Spot, or possibly a CXR, depending on your circumstances.

9. [Tetanus Immunization - Tdap - Tetanus, Diphtheria, and Pertussis](#)

Must have documentation specifying Tdap, (not just Td which does not include Pertussis). If immunization record shows both Tdap and Td, **Tdap** must be circled to show that it was the one given. Record should also include Month/Day/Year, practitioner's name/address, and nurse's signature or initials.

10. [Proof of MMR Immunity](#)

- Documentation of **two (2) MMR** Vaccines
- or
- Documentation of **positive TITERS** for each: Measles, Mumps, & Rubella (all 3 diseases).

11. [Varicella](#) – Documentation of Chicken Pox Immunity by:

- Proof of Positive **Varicella Titer**
- or
- Documentation of **two Varivax Immunizations**

12. □ **Hepatitis B** – Must submit one of the following:

- **Three injections** at prescribed intervals (Documentation that series is IN PROGRESS, will be accepted when you first enter the course. Must complete second vaccine before starting clinical.
or
- Documentation of **positive titer**
or
- Documentation of **refusal of vaccine** – signed Declination (obtain KSU form)

13. □ **FLU Vaccine** – Documentation mandatory during FLU season (September – March)

*****You do not have to complete all health requirements in order to register for our course. However, you must complete and turn in all health requirements (immunizations, titers, insurance, CPR, Background Check, etc.,) **two weeks prior to the start date of the course**. The requirements are mandated by the contract between KSU and the agencies that offer preceptors for your clinical experience. Failure to complete the forms by the established due date may result in you being dropped from the course. All the agencies providing clinical placement require complete clinical files before providing the name of a preceptor.**

MAKE A COPY OF ALL RECORDS FOR YOURSELF BEFORE MAILING.

MAIL ALL DOCUMENTS TO THIS ADDRESS:

(Do not fax, do not email.)

Due two weeks prior to start of class.

Jarmottie Miller

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If you have any questions regarding the above requirements or forms, please contact Jarmottie Miller
at:

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470-578-6064