



Applicant: _____ Student ID _____ Date: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Must attach documentation (copies of lab reports, immunization records, and CPR card) as indicated for each of the following to be in compliance with MaricopaNursing guidelines. Fingerprint clearance card, CPR certification and TB skin test must be current through the semester of enrollment.

See *Explanation of Requirements* for specific detail.

A. MMR (Measles/Rubeola, Mumps and Rubella)

Requires documented proof of a positive IgG MMR titer or documented proof of one MMR series.

Date & results of IgG titer: Measles/Rubeola _____ Mumps _____ Rubella _____

If unable to provide proof of positive titer, list immunizations and dates received:

MMR Series/Dates: #1 _____ #2 _____

B. Varicella (Chickenpox): Requires documented proof of positive IgG titer or documented proof of one Varicella series.

Date of IgG titer: _____

If unable to provide proof of positive titer, list all immunizations and dates received:

Varicella Series/Dates: #1 _____ #2 _____

C. Tetanus/Diphtheria/Pertussis (Tdap): One-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years.

Tdap Date: _____ Td (update): _____

D. Tuberculosis: Documentation of a Two-Step TB Skin Test: This consists of an initial TB skin test and a boosted TB Skin test 1-3 weeks apart. After completion of the two-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years, and annual documentation of a TB disease-free status. **Most recent skin testing or blood test must have been completed within the previous six (6) months.**

Two-Step:

Initial Test (#1) Date: _____ Date of Reading: _____ Results: Negative **OR** Positive

AND

Boosted Test (#2) Date: _____ Date of Reading: _____ Results: Negative **OR** Positive

Annual Update: Date: _____ Date of Reading: _____ Results: Negative **OR** Positive

OR Chest x-ray Date: _____ Results: _____ Date of Symptom Sheet _____



E. Hepatitis B: Documented evidence of completed series or positive antibody titer. If you have not received any injections, do not get a titer. If you are beginning the series, first injection must be prior to admission, the second injection is 1 to 2months after the first dose and the third injection is 4 to 6 months after the first dose. A Hepatitis B titer is recommended 1-2 months after dose #3 to confirm immunity.

Date Titer received: _____ Results: _____

Date of 1st injection: _____

Date of 2nd injection: _____

Date of 3rd injection: _____

OR

HBV Vaccination Declination Form Date: _____

F. CPR Card (Healthcare Provider level): Date card issued: _____ Expiration Date: _____

An official **card** is required, online certificates are not accepted)

G. Level One Fingerprint Clearance Card: Date card issued: _____ Expiration Date: _____

H. Health Care Provider Form: Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician’s assistant within the past six (6) months. _____

I. Certified Background Clearance Document: Date: _____

IMPORTANT:All students placed in MaricopaNursing must provide documentation of compliance for the vaccinations and testing required to protect patient safety. Only students providing documentation of health and safety requirements are enrolled in nursing courses. The Nursing Department will accept only photocopies of all documentation of health-related materials. Students are responsible for maintaining their records and must submit documentation when due.

All immunization records must include your name and the signature of your healthcare provider.

A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.

Flu Vaccine: During flu season, students will be required to receive an annual flu vaccination. Details will be provided by the MaricopaNursing program you are attending.

Health and Safety requirements are subject to change depending on clinical agency requirements.



EXPLANATION OF HEALTH AND SAFETY REQUIREMENTS

A. MMR (Measles/Rubeola, Mumps, & Rubella)

Options to meet this requirement:

- a. Attach a copy of proof of positive IgG antibody titer for Measles/Rubeola, Mumps and Rubella or completion of one series of MMR immunizations. One “series” of immunizations includes immunization for each disease on separate dates at least 28 days apart.
- b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn.
 1. If the titer results are POSITIVE, attach a copy of the lab results to the health declaration form.
 2. If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and attach documentation to this health and safety documentation checklist. The second MMR must be completed after 28 days and proof submitted to the nursing department.

B. Varicella (chickenpox)

Options to meet this requirement:

- a. Attach a copy of proof of a positive IgG titer for varicella.
OR
- b. If the titer is NEGATIVE or EQUIVOCAL, attach a copy of proof to this health and safety documentation checklist that you received the first vaccination. Complete the second vaccination 30 days later and submit proof to the nursing department.

C. Tetanus/Diphtheria/Pertussis (Tdap):

Tdap = Tetanus / Diphtheria / Pertussis

Td = Tetanus / Diphtheria

Options to meet this requirement:

You must provide proof of a one-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years. The most recent immunization must be within the past two years. Attach proof of a Tdap vaccination and Td if indicated.

D. Tuberculosis (TB)

What is a Two-Step TB Skin Test? It consists of an initial TB skin test and a boosted TB skin test 1-3 weeks apart.

- a. Follow these steps: After the first test is placed and read, have a second test placed and read 1-3 weeks later.
- b. If you have had the initial 2-step test, include the subsequent annual updates. Annual update testing must have been done within the last 6 months.
- c. Documentation for TB skin testing requires date given, date read, result, and the name and signature of the healthcare provider.
- d. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years and annual documentation of a TB disease-free status by completing a Tuberculosis Screening Questionnaire.



E. Hepatitis B

If you have not received the injections in the past, do not get a titer. You must obtain the first injection and attach a copy as requested. The second injection is given 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose.

- a. Submit a copy of proof of a positive HbsAb titer.

OR

- b. Attach a copy of your immunization record, showing completion of the three Hepatitis B injections.
- c. If the series is in progress, attach a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, it is recommended that you have an HbsAb titer drawn.

OR

- d. Submit a copy of proof of a positive HbsAb titer.

F. Submit CPR Card: You must have a Healthcare Provider Level CPR card. CPR certification must include infant, child, and adult, 1 and 2-man rescuer, and evidence of a hands-on skills component. Attach a copy of both sides of the CPR card to this form. CPR certification must remain current through the semester of enrollment. A fully online CPR course will not be accepted.

G. Level One Fingerprint Clearance Card: Applications are available from MaricopaNursing advisors or email MaricopaNursing at nursing@domail.maricopa.edu to request a packet be mailed. The original Fingerprint Clearance Card (FCC) will need to be presented and validated prior to course registration. The FCC must remain current throughout the semester of enrollment. If at any time your card becomes sanctioned or is revoked, the student must immediately notify the Director of the MaricopaNursing program he or she is attending.

H. Health Care Provider Signature Form: Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months.

I. Certified Background Clearance Document: Information on the background clearance is obtained from MaricopaNursing once you are accepted into a program.



Health Care Provider Signature Form

Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign the Health Care Provider Signature Form **within six (6) months of program admission** and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician’s assistant.

(Please Print)

Applicant Name _____ Student ID Number _____

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I have reviewed the MaricopaNursing Essential Skills and Functional Abilities. I believe the applicant _____ WILL OR _____ WILL NOT be able to function as a nursing student as described above.

If not, explain: _____

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____

Phone: _____

Essential Skills and Functional Abilities for Nursing Students

Individuals enrolled in MaricopaNursing must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made. The ultimate determination regarding reasonable accommodations will be based upon the preservation of patient safety.

Functional Ability	Standard	Examples Of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	<ul style="list-style-type: none"> -Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. -Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc). -Tactile ability to feel pulses, temperature, palpate veins, etc. -Olfactory ability to detect smoke, odor, etc.
Behavioral/ Interpersonal / Emotional	<ul style="list-style-type: none"> -Ability to relate to colleagues, staff and patients with honesty, civility, integrity and nondiscrimination. Capacity for development of mature, sensitive and effective therapeutic relationships. -Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. -Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. -Negotiate interpersonal conflict -Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes. 	<ul style="list-style-type: none"> -Establish rapport with patients/clients and colleagues. -Work with teams and workgroups. -Emotional skills sufficient to remain calm in an emergency situation. -Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients. -Adapt rapidly to environmental changes and multiple task demands. -Maintain behavioral decorum in stressful situations.
Safe environment for patients, families and co-workers	<ul style="list-style-type: none"> -Ability to accurately identify patients. -Ability to effectively communicate with other caregivers. -Ability to administer medications safely and accurately. -Ability to operate equipment safely in the clinical area. -Ability to recognize and minimize hazards that could increase healthcare associated infections. -Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls. 	<ul style="list-style-type: none"> -Prioritizes tasks to ensure patient safety and standard of care. -Maintains adequate concentration and attention in patient care settings. -Seeks assistance when clinical situation requires a higher level or expertise/experience. -Responds to monitor alarms, emergency signals, call-bells from patients, and orders in a rapid and effective manner.



Functional	Standard	Examples Of Required Activities
Ability		
Communication	<ul style="list-style-type: none"> -Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language). -Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy -Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors. 	<ul style="list-style-type: none"> -Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care. -Elicits and records information about health history, current health state and responses to treatment from patients or family members. -Conveys information to clients and others to teach, direct and counsel individuals in an accurate, effective and timely manner. -Establishes and maintain effective working relations with patients and co-workers. -Recognizes and reports critical patient information to other caregivers.
Cognitive/ Conceptual/ Quantitative Abilities	<ul style="list-style-type: none"> -Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis. -Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities. -Ability to comprehend three-dimensional and spatial relationships. -Ability to react effectively in an emergency situation. 	<ul style="list-style-type: none"> -Calculates appropriate medication dosage given specific patient parameters. -Analyze and synthesize data and develop an appropriate plan of care. -Collects data, prioritize needs and anticipate reactions. -Comprehend spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths. -Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers. -Transfers knowledge from one situation to another. -Accurately processes information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.
Punctuality/ work habits	<ul style="list-style-type: none"> -Ability to adhere to MCCDNP policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and student handbook and course syllabus. -Ability to complete classroom and clinical assignments and submit assignments at the required time. -Ability to adhere to classroom and clinical schedules. 	<ul style="list-style-type: none"> -Attends class and clinical assignments punctually. -Reads, understands and adheres to all policies related to classroom and clinical experiences. -Contacts instructor in advance of any absence or late arrival. -Understands and completes classroom and clinical assignments by due date and time.
Environment	<ul style="list-style-type: none"> -Recognize the personal risk for exposure to health hazards. -Use equipment in laboratory or clinical settings needed to provide patient care. -Tolerate exposure to allergens (latex, chemical, etc.) -Tolerate wearing protective equipment (e.g. mask, gown, gloves) 	<ul style="list-style-type: none"> -Takes appropriate precautions for possible exposures such as communicable disease, blood-borne pathogens, and latex. -Uses personal protective equipment (PPE) appropriately.