

**SHEPHERD UNIVERSITY DEPARTMENT OF NURSING EDUCATION
NEW STUDENT INSTRUCTION AND CHECKLIST**

Complete each step to ensure that you have met all requirements prior to beginning the nursing program. **Send and post-mark your Health Requirements Verification (HRV) form (completed and signed by a Physician or Nurse Practitioner only), a copy of your current CPR card, and any other requested documentation to the Department of Nursing Education no later than December 17, 2009.**

Please maintain copies of all documents for your records; we will not provide students with copies of documentation maintained in our files.

REQUIREMENT	✓ COMPLETED
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CPR CERTIFICATION

- We **ONLY** accept the **AMERICAN HEART ASSOCIATION HEALTHCARE PROVIDER** course
- CPR **must be current and must not expire** before the end of Spring 2010 Semester.
- COMPLETED** the American Heart Association Healthcare Provider Course (**no other course is acceptable**)
- COPY** made (front & back) of current CPR certification card
- COPY mailed** to Department of Nursing Education, post-marked by **Thursday, December 17, 2009**

HEALTH REQUIREMENTS VERIFICATION FORM (Use this checklist to confirm completion.)
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- **Proof of DPT Immunization**
 - **Proof of TETANUS booster**
 - **Proof of TDAP booster**
 - DPT** date provided on **HRV** form
 - Tetanus booster** date provided on **HRV** form (if **after 1/08**)
 - OR**
 - Tdap booster** date provided on **HRV** form (see note)
- NOTE: If your last tetanus booster was **before 1/2008**, you need a one-time Tdap booster. If your last Tetanus booster was after 1/2008, you do not need a Tdap booster at this time.

- **MMR** (measles, mumps, rubella):
Proof of **two doses**, or **titer results**
 - 1st MMR** date provided on **HRV** form
 - 2nd MMR** date provided on **HRV** form
 - OR**
 - Titer results** provided on **HRV** form
 - **POLIO** immunization:
Proof of **four doses**, or **titer results**
 - Polio vaccination** date provided on **HRV** form
 - OR**
 - Titer results (polio types 1, 2, & 3)** provided on **HRV** form
- NOTE: If you receive a polio titer, you must have titers drawn for polio types 1, 2, & 3 to prove true immunity.

- **VARICELLA** (chickenpox)
Proof of **disease**, or **vaccine**, or **titer results**
- Chickenpox disease** date provided on **HRV** form
- OR**
- Varicella vaccination** date provided on **HRV** form
- OR**
- Titer results** provided on **HRV** form

- **HEPATITIS B**
Proof of **three vaccinations**
 - 1st injection** date provided on **HRV** form
 - 2nd injection** date provided on **HRV** form
 - 3rd injection** date provided on **HRV** form
 - OR**
 - Titer results** provided on **HRV** form
 - OR**
 - Student waiver** signed and dated on **HRV** form
- NOTE: If you have just begun the vaccine series, simply supply the records of the injections that you have had and continue the series during the Fall Semester. (You will be required to provide the record of the other injections as you receive them.)

- **PPD (Tuberculin Test) READ CAREFULLY!**
- HAVE NOT HAD** a PPD within last 12 months: You must do a **2-step PPD**.
- HAVE HAD** a PPD within the last 12 months: You may do a **1-step PPD**. (Example: If you received your last PPD on or after 1/2009, you only need one more PPD.)
- 2-step PPD:**
- 1st PPD** date & result provided on **HRV** form (Wait at least 2 weeks before receiving **2nd PPD**.)
- 2nd PPD** date & result provided on **HRV** form
- 1-step PPD:**
- Old PPD** date (within last 12 months) & result provided on **HRV** form
- New PPD** date & result provided on **HRV** form (see note)

- NOTE: If your PPD is current and you regularly keep your PPDs up to date, please provide copies of the records of your two most recent PPDs (with one being current).
- **Document Induration (mm)**
- All students:**
- Physician/nurse practitioner signature** and contact information provided on **HRV** form
- Reading results** – Document induration (mm)

- IF PPD is POSITIVE:**
- Chest x-ray** date/result/recommendations/meds information provided on **HRV** form

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- **PHYSICAL EXAMINATION**
Proof of physical exam given **within 1 year of admission date** to nursing program. (Physical must be recorded on Department of Nursing Health Requirements Verification form.)
- COMPLETED and SIGNED** by physician or nurse practitioner on HRV form.

CRIMINAL BACKGROUND CHECK (NOTE: See Department Website for <u>fingerprint card instructions!</u>)
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- **Complete fingerprint card** per *specific* instructions on the nursing department website
- **Schedule fingerprinting appointment** with Shepherd Campus Police – 304-876-5374
DO NOT LEAVE FINGERPRINT CARD or MONEY ORDER with CAMPUS POLICE!
- **DO NOT MAIL CARD to WV STATE POLICE!**
- SCHEDULE** an **APPOINTMENT**
- TAKE PROVIDED FINGERPRINT CARD** to appointment
- OBTAIN \$20.00 MONEY ORDER (or cashier's check)** payable to **WV State Police**
- Mail FINGERPRINT CARD and MONEY ORDER** to Department of Nursing Education by **December 17, 2009.**

REQUIRED TEXTBOOKS (See welcome letter for additional details and other recommended textbooks.)
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- Purchase and read prior to Spring Semester:**
- **A good thinking approach to NCLEX . . .** (2007) by Poorman et al. (2nd ed.) - **Read Chapters 1-4**
 - **Medical terminology: A short course** (5th ed.) by Chabner – **Read entire text**
 - **Calculate with confidence** (5th ed.) by Gray Morris – **Read Student Preface and Chapters 6-9 and 13-18** in preparation for **QUIZ on January 14, 2010.**
 - COMPLETED “Good Thinking”** Chapters 1,2,3,7
 - COMPLETED “Medical Terminology”** entire text
 - COMPLETED “Calculate with Confidence”** Student Preface, Chapters 6-9 and 13-18
 - PREPARED for January 14th, 2010 QUIZ**

ATI STANDARDIZED TESTING (Refer to letter for additional details.)

- **Online registration and payment** must be made by **December 17, 2009** to avoid a late fee.
- **The latest date to register for ATI is December 17, 2009; after this date, you will not be permitted to register and you will not be able to start the nursing program.**
- E-mail all questions about ATI to Professor Kathy Dilley: kdilley@shepherd.edu
- VISIT WEBSITE** www.atitesting.com by **December 17, 2009.**
- GET LOGIN**, click **REGISTER** (or **SIGN-IN** if already registered). Login using Shepherd e-mail ID and password.
 - Payment made**
 - Cost \$410 (nonrefundable)**

RESOURCES & INFORMATION

- **Mail health forms & all other documents to:**
Shepherd University
Department of Nursing Education
Attn: Darlene Witt
P.O. Box 5000
Shepherdstown, WV 25443-5000
- **www.shepherd.edu/nurseweb**
Visit the Department of Nursing Education Website to view important dates, print forms, and view instructions (including the fingerprinting instructions--**VERY IMPORTANT!!**). There you can get an estimate of first-semester costs on the **New Student Information** link, find contact numbers on the **Faculty and Staff** link.
- **Immunization/ CPR/ Background Check Questions?**
Sharon Mailey, Director and Chair
Department of Nursing Education
Phone 304-876-5344
e-mail smailey@shepherd.edu
- **ATI Customer Service Department**
1-800-667-7531
- **Shepherd University Police Department**
Sara Cree Hall 105
1-800-344-5231 ext. 5374 (8 a.m.-4:30 p.m.)
- **Low-cost immunizations:**

Jefferson County Health Department
1948 Wiltshire Road, Suite 1
Kearneysville, WV 25430
Phone 304-728-8416 | Fax 304-728-3319

Berkeley County Health Department
800 Emmett Rousch Drive
Martinsburg, WV 25401
Phone 304-263-5131 | Fax 304-263-1067
- **American Heart Association**
CPR Line: (800) 242-4277
www.americanheart.org
- **General questions?**
Darlene Witt, Administrative Secretary Sr.
Phone 304-876-5341
e-mail dwitt@shepherd.edu