**Shepherd University Department of Nursing Education New Student Instructions and Check List**

Complete each step to ensure that you have met all requirements prior to beginning the Nursing program. Go online to [www.CastleBranch.com](http://www.CastleBranch.com) to purchase the Immunization Tracker by **May 10, 2017** and upload all required documentation to the Immunization Tracker no later than **May 10, 2017**. **ALL uploaded documents must have a provider’s signature**. Students are responsible for maintaining and keeping copies of all documents uploaded to the Immunization Tracker.

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| **REQUIREMENT** | * **COMPLETED**
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| **CPR CERTIFICATION –** Upload by **May 12, 2017** |
| * We **ONLY** accept the **AMERICAN HEART ASSOCIATION HEALTHCARE PROVIDER** course.
* CPR must be current and must not expire before the end of **Fall 2017** Semester.
 | * **COMPLETED** the American Heart Association Healthcare Provider Course (no other course is acceptable).
* **UPLOAD** copy to Immunization Tracker by **May 10, 2017**.
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| **HEALTH REQUIREMENTS VERIFICATION FORM** (YELLOW PAPER) – Upload by **May 10, 2017** |
| * **Proof** of **DPT** Immunization
* **Proof** of **TETANUS** Booster

**Proof** of **TDAP** BoosterNOTE: If your last Tetanus Booster is more than 2 years old, then one-time TDAP Booster is required. | * DPT date provided on HRV form.
* Tetanus Booster date provided on HRV form (if after 6/01/10), ***OR***
* TDAP Booster date provided on HRV form (see NOTE).
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| * **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,
* Titer results provided on HRV form, **AND** upload a copy of titer results from lab.
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| * **POLIO** immunization:

**Proof** of four doses, or titer resultsNOTE: If you receive a polio titer, you must have titers drawn for polio types 1, 2, and 3 to prove true immunity. | * Polio vaccination date provided on HRV form, ***OR***
* Titer results (Polio types 1, 2, & 3) provided on HRV form ANDupload titer results from lab.
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| * **VARICELLA** (chickenpox) immunization:

**Proof** of vaccination (two dates), or titer results | * Varicella vaccination two dates required on HRV form,***OR***
* Titer results provided on HRV form **AND** upload titer results from lab.
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| * **HEPATITIS B** immunization:

**Proof** of three injectionsNOTE: 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 Spring Semester. (You will be required to upload the record of subsequent injections to the Immunization Tracker as you receive them.) | * 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 **AND** upload titer results from lab, ***OR***
* Student Waiver signed and dated on HRV form.
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| * **INFLUENZA** immunization:

**Proof** of annual immunization | * FLU Shot date provided on HRV form.
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| * **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. NOTE: If your PPD is current and you regularly keep your PPDs up to date, please upload copies of the records of your two most recent PPDs (with one being current) to the Immunization Tracker.* **Document Induration (mm)**
 | **2-step PPD:*** 1st PPD date and result provided on HRV form (wait at least 2 weeks before receiving 2nd PPD).
* 2nd PPD date and result provided on HRV form.

  **1-step PPD:*** Old PPD date (within last 12 months) and result provided on HRV form.
* New PPD date and result provided on HRV form (see NOTE).

**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.
* **UPLOAD** HRV form and any immunization records to the Immunization Tracker no later **May 10, 2017**.
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| **HEALTH INSURANCE –** UPLOAD by **May 10, 2017** |
| * Proof of personal health insurance
 | * **UPLOAD** copy of personal health insurance verification to Immunization Tracker no later than **May 10, 2017**.
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| **DRUG SCREENING –** ORDERby **May 10, 2017** |
| * Go online to [www.CastleBranch.com](http://www.CastleBranch.com) to purchase drug testing service in Hagerstown (SH01DT1) or

Martinsburg (SH02DT2). | * **COMPLETED** order before **May 10, 2017;** drug screening control form will be distributed first week of classes.
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| **CRIMINAL BACKGROUND CHECK** – DUE by **March 27, 2017** |
| * Your background check will be done at MorphoTrust (IdentoGo), located at 121 North Queen St., Martinsburg, WV. Bring money order for $45.00 payable to MorphoTrust. Appointments can be made at [www.identogo.com](http://www.identogo.com) or by calling 855-766-7746.
* Fingerprinting for the WV Employer Record Check will be done **digitally** while fingerprinting for the Federal Background Check will be done on **paper cards**.
* Complete Applicant Information Form for the Federal Background check and return it with your completed fingerprint cards to the Nursing Department Office in EOB Hall along with a money order for $18 payable to the Treasury of the United States.
 | * **COMPLETED** fingerprinting by MorphoTrust by **March 27, 2017** at121 North Queen Street, Martinsburg, WV 25401.
* **OBTAINED** $45.00 payable directly to MorphoTrust in the form of a money order.
* **CARRY** fingerprint card to Department of Nursing Education with your **money order** for $18.00 payable to the Treasury of the United States by **March 27, 2017**.
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| **PROFESSIONAL LIABLITY INSURANCE –** UPLOADby **May 10, 2017** |
| * Go online to [www.nso.com](http://www.nso.com) and click on “professional liability insurance” tab and click on “student nurse” to purchase professional liability insurance for nursing students.
 | * **COMPLETED** order before **May 10, 2017**.
* **UPLOAD** verification of coverage to the Immunization Tracker no later than **May 10, 2017**.
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| **REQUIRED READING & COMPUTER MODULE –** COMPLETE PRIOR to **FIRST DAY OF CLASS** |
| **Purchase and read prior to Spring Semester:*** *Fundamental success: A Q&A review applying critical thinking to test taking* (4th ed., 2015) by Nugent & Vitale.
* *Medical Terminology: A Short Course* (7th ed., 2015) by Chabner.
 | * **COMPLETED** *Fundamental success: A Q&A review applying critical thinking to test taking*.
* **COMPLETED** *Medical Terminology: A Short Course*
* **PREPARED** for first week of school.
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| **ATI STANDARDIZED TESTING** – FIRST PAYMENT DUE **May 10, 2017**; SECOND PAYMENT DUE **August 25, 2017** |
| * **Online registration and payment of first increment ($120) MUST be made before midnight EST May 10, 2017; payment of the second increment ($550) must be made before midnight August 25, 2017 (Eastern Time zone) to avoid a $35 late payment fee.**
* After this date, you will not be permitted to register and you will not be able to start the Nursing program.
 | * **VISIT WEBSITE** [www.atitesting.com](http://www.atitesting.com) by **May 10, 2017 to make first payment ($127.50) and by August 25, 2017 to make second payment ($583.00).**
* **GET LOGIN**, click **REGISTER** (or SIGN-IN if already registered). Login using Shepherd e-mail ID and password.
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| **RESOURCES & INFORMATION** |
| * **Upload health forms and all other documents** to Immunization Tracker at [www.CastleBranch.com](http://www.CastleBranch.com).
* **Immunizations/CPR/Background Check Questions?**

 Dr. Sharon Mailey, Director and Chair Department of Nursing Education Phone: 304-876-5344 E-mail: smailey@shepherd.edu* **General Questions?**

 Wendy Atha, Admin. Secretary Phone: 304-876-5341 E-mail: watha@shepherd.edu | * **ATI Customer Service Department:** 1-800-667-7531
* **Low-cost immunizations:**
* Jefferson County Health Department

1948 Wiltshire Road, Suite 1Kearneysville, WV 25430Phone: 304-728-8416* Berkeley County Health Department

800 Emmett Rousch DriveMartinsburg, WV 25401Phone: 304-263-5131* **American Heart Association**

CPR Line: 1-800-242-4277[www.americanheart.org](http://www.americanheart.org) |

Revised 10/2015