

## CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT

Dear Student,

Thank you for choosing California State University, San Bernardino, in achieving your Bachelor of Science in Nursing (BSN) degree. Managing your health and non-health compliance documents is very important and essential in making sure that you are provided a clinical assignment throughout the program. When submitting documents, you must submit a copy of each item on the checklist provided on page four (4) by uploading these documents in the CastleBranch compliance tracker.

All documents submitted to the Department of Nursing become the property of the department and will not be provided to anyone, including the student. This ensure protection of your private information. It is the student's responsibility to retain copies of all documentation submitted. The Department of Nursing will NOT make copies of any documents submitted and will NOT provide in any other way copies of records. The department will keep documents in a secured location and access to information will be limited in order to maintain privacy and confidentiality.

It is the student's responsibility to keep all compliance requirements updated, by submitting documentation of renewed documents such as CPR and health insurance to the Department of Nursing prior to any and all expiration dates. Please note that most hospitals require that health documents not expire in the middle of a clinical term but rather it is good for the entire duration of the clinical time. Compliance requirements are all subject to change.

For any questions, please contact the nursing staff first:

For SBC: contact Ms. Kara Daniels via email [kara.daniels@csusb.edu](mailto:kara.daniels@csusb.edu);

For PDC: contact Mr. Marc Wittlif via email [marc.wittlif@csusb.edu](mailto:marc.wittlif@csusb.edu).

For any unresolved concerns please contact Assistant Directors: Dr. Dawn Blue (SBC) and Ms. Nancy Wolf (PDC) and/or Program Director, Ms. Gagalang.

Program Director Ms. Angie Gagalang via e-mail [egagalang@csusb.edu](mailto:egagalang@csusb.edu)

Assistant Director Dr. Dawn Blue (SBC) via e-mail [dblue@csusb.edu](mailto:dblue@csusb.edu)

Assistant Director Ms. Nancy Wolf (PDC) via e-mail [nwolf@csusb.edu](mailto:nwolf@csusb.edu).

Thank you for your cooperation.

Angie Gagalang, PhD(c), MSN, RN  
CSUSB Department of Nursing BSN Program Director

## CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT

### Required Compliance Items

- **Current state driver's license or state issued identification card**
- **Valid Social Security Card**
- **Valid Green Card (if applicable)**
- **Background Check – Read information carefully on attached form.**
  - Students at the SB Campus program will use CastleBranch for Background Check and Drug Screen.
  - Students completing a clinical rotation at PD Campus will use Hire Right and Forensic drug screen
  - Additional Background and Drug Screen may be required by clinical agency throughout program.
- **HIPAA Certification** – Watch HIPAA video during orientation/clinical class, fill out form and submit to faculty
- **Universal Precautions and Blood Borne Pathogens** - Watch BBP video during orientation/clinical class, fill out form and submit to faculty
- **Handbook Acknowledgement Form**
- **Proof of Transportation**
  - Current auto insurance policy or
  - Notarized letter
- **Proof of Current Health Insurance Coverage**
- **Measles, Mumps & Rubella (MMR)\*** - Positive antibody titers for all 3 components (lab report required). If you report an equivocal or negative titer, you MUST receive two doses of MMR, 4-6 weeks apart. No follow up titer is needed. \*(see NOTE below)
- **Varicella (Chicken Pox)\*** - Positive antibody titer (lab report required) for Varicella. IgG results must be reported. If you report an equivocal or negative titer, you MUST receive two doses of Varicella, 4-6 weeks apart. No follow up titer is needed. \*(see NOTE below)
- **Hepatitis B\*** - Positive antibody titers for all 3 components (lab report required). If you report an equivocal or negative titer, you MUST receive three doses of the Hep B booster at 0, 1, 6 months. Post-vaccination student must draw a titer 1-2 months after the series; If the report shows equivocal or negative titer, student may ask for a signed declination waiver. \*(see NOTE below)
- **TB Skin Test** - a 2 step TB Skin Test (1-3 weeks apart); OR 2 consecutive annual TB Skin Tests (no

## CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT

more than 12 months between tests AND at least one being within the last 12 months); OR 2 consecutive annual TB blood test (QuantiFERON Gold Test or T-spot with lab report). If the results are positive, a clear Chest X-Ray (with lab report) PLUS documentation from your healthcare provider that you are free of TB symptoms using CSUSB form.

- **Tetanus, Diphtheria & Pertussis (Tdap):** documentation of a Tdap booster within the past 10 years OR one Tdap at any point and Td booster within the past 10 years.
- **Influenza** - Documentation of a flu shot administered during the current flu season.
- **CPR Certification**
  - Must be the American Heart Association Healthcare Provider course.
  - Copy of front & back of signed card received following completion of an American Heart Association Healthcare Provider course.
- **Physical Examination**
  - Present “Essential Duties to Meet Clinical Requirements” to provider prior to physical exam.
  - Fill out form provided, and have it signed by your provider.
- **CSUSB nursing students are covered by the CSUSB Student Professional Liability Insurance Program while engaged in for-credit internships with CSUSB partners.**

**\*NOTE: This is a multi-step process that requires immediate attention. You must schedule to allow enough time for result and final submission by required deadline.**

## CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT

### CSUSB DEPARTMENT OF NURSING CHECKLIST OF COMPLIANCE REQUIREMENTS

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Current state driver's license or state issued identification card \_\_\_\_\_

\_\_\_\_ Copy of a Valid Social Security Number \_\_\_\_\_

\_\_\_\_ Copy of a Valid Green Card (if applicable) \_\_\_\_\_

\_\_\_\_ Background Check – Actual Report print out (Instruction/CSUSB codes attached) \_\_\_\_\_

\_\_\_\_ Drug Screen Test – Actual Report print out (Instruction/CSUSB codes attached) \_\_\_\_\_

\_\_\_\_ HIPAA Form (Annually-obtained in orientation/clinical) \_\_\_\_\_

\_\_\_\_ Blood Borne Pathogen Form (Annually-obtained in orientation/clinical) \_\_\_\_\_

\_\_\_\_ Handbook Acknowledgement Form \_\_\_\_\_

\_\_\_\_ Proof of Transportation (copy of current car insurance or notarized letter) \_\_\_\_\_

\_\_\_\_ Current Health Insurance Expires \_\_\_\_\_

\_\_\_\_ Rubella, Rubeola, Mumps, Varicella, Hepatitis B (Positive Titers) \_\_\_\_\_

\_\_\_\_ PPD Initial Two-Step Skin Test done/ show proof (1-Step/QuantiFERON gold Annually) \_\_\_\_\_

\_\_\_\_ If PPD is positive, need neg. CXR Every 4yrs. TB Questionnaire Sheet (Annually) \_\_\_\_\_

\_\_\_\_ Diphtheria, Tetanus Toxoid and Pertussis (Tdap) Booster \_\_\_\_\_

\_\_\_\_ Influenza [FLU] Vaccine Immunization/Declination form (Annually) \_\_\_\_\_

\_\_\_\_ CPR - AHA Health Care Provider (Every 2 years) Expires \_\_\_\_\_

\_\_\_\_ Physical Health Clearance Form (Attached) \_\_\_\_\_

NOTE: THIS CHECKOFF LIST MUST BE SUBMITTED WITH ALL COMPLIANCE DOCUMENTS via the CastleBranch Compliance Tracker as directed by the Department of Nursing.

# CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT

## California State University, San Bernardino

### Essential Duties to Meet Clinical Requirements

#### Physical Exam Health Clearance Form

(Give this to your provider prior to your physical exam)

Dear Healthcare Provider:

To enter into and to complete the nursing program, students must be able to meet the emotional and physical requirements of the Department of Nursing (DON) and the agencies in which students are placed for clinical. If accommodations are required for a student to meet these requirements, the student and faculty are to work with *Services to Students with Disabilities (SSD)* to determine what accommodations would be reasonable in a clinical setting.

**Emotional Requirements** The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of performing nursing care in real patient situations while being observed by instructors and other health care personnel.

**Physical Requirements** In order to participate in CSUSB DON, students are required to travel to agencies and hospitals, and to homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program.

The following physical requirements are necessary to participate in the clinical application courses in nursing:

1. **Strength:** Sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR, which requires sufficient body weight and adequate lung expansion.
2. **Mobility:** Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around physically and adequately in confined spaces (patient rooms, bathrooms, treatment settings, around patient equipment, etc.). Be able to perform all physical skills required to deliver patient care such as CPR, ambulation, transport, reposition, lifting, and other nursing duties.
3. **Fine Motor Movements:** Necessary to manipulate syringes and IVs; to assist patients with feeding and hygiene; to write appropriate notations; to document in health record; to perform sterile procedures and other skilled procedures.
4. **Speech:** Ability to speak clearly in order to communicate with staff, physicians and patients; need to be understood on the telephone.
5. **Vision:** Visualize patients in order to assess and observe their health status; skin tone, color changes, dermatological conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, etc.
6. **Hearing:** Hear and see patients, monitor signs and symptoms, hear alarms, patient voices, call lights, and assess patient conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, hear through the stethoscope to discriminate sounds, and accurately hear on the telephone.
7. **Touch:** Ability to palpate both superficially and deeply and to discriminate tactile sensations.

## CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT

**California State University, San Bernardino**  
Essential Duties to Meet Clinical Requirements  
**Physical Exam Health Clearance Form**

**Client (Student or Faculty) Name:** \_\_\_\_\_

**Date of Physical Exam:** \_\_\_\_\_ (Within last 3 months)

**Health Care Provider Printed Name:** \_\_\_\_\_ (MD, DO, NP, PA only)

**Office Address:** \_\_\_\_\_

*"I have seen the above-named student and completed a screening history and physical exam. The student does not present with apparent clinical contraindications to the daily activities as a nurse, and the student is able to meet the Essential Duties for Clinical Requirements. Our screening physical does not substitute for ongoing clinical care and monitoring."*

*Recommendations for further evaluation* \_\_\_\_\_

*Recommended restrictions* \_\_\_\_\_

Should you have any questions, please contact me at

(\_\_\_\_) - \_\_\_\_\_

\_\_\_\_\_

**Physician's Signature & Date**

# CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT

## California State University San Bernardino-Department of Nursing

### *Annual Health Screening Questionnaire for History of Positive TB Skin Test*

**Instructions:** Annual symptom screening is required for all students who have a history of a positive tuberculosis skin test [PPD skin test]. Students are required to see a licensed healthcare provider for symptom screening and completion of this form yearly only if they have a history of a positive TB skin test.

When did you convert to a positive PPD? \_\_\_\_\_

What is the date of your last chest x-ray? \_\_\_\_\_

Result:

Do you **currently** have symptoms of?

	YES	NO
Weight loss [unrelated to dieting]	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite for > 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Bloody sputum	<input type="checkbox"/>	<input type="checkbox"/>
Night sweats/fever	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue for > 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Persistent cough for > 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>

**Answering "yes" to any of the above questions constitutes a positive screening evaluation and requires further treatment as recommended by your health care provider.**

I am aware that misrepresentation of health information may result in dismissal from the program. I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Student ID# \_\_\_\_\_

**Health Care Provider verifying information [THIS FORM MUST BE SIGNED BY A HEALTH CARE PROVIDER]  
-Nurse Practitioner, Physician, Physician's Assistant or a public health official-**

Name of Health Care Provider [Print]

Telephone [area code + number]

Signature of Health Care Provider

Date

Address of Health Care Provider

Rev. 9.2018 EFG

Revised 7.1.2020

# CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT

FOR CLINICAL ROTATIONS IN SAN BERNARDINO CAMPUS



## California State University How to Place Order

Welcome to my 

### To place your order go to:

<https://portal.castlebranch.com/CV10>

Package Name (if applicable):

select program you are currently in

PLACE ORDER

SELECT PROGRAM

SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

**Please have ready personal identifying information needed for security purposes.**

**The email address you provide will become your username.**

Contact Us: 888.914.7279 or [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)



### Hire Right Background Check

- Step 1. You will receive an email invitation from Kara Daniels to proceed with the background check.
  - Step 2. Log on to [www.HireRight.com](http://www.HireRight.com) using the login and password provided in the email.
  - Step 3. Pay the required fee (approximately \$40.53).
  - Step 4. When you receive the email notification from Hire Right, print the full report.
  - Step 5. Submit to Marc Wittlif
- NOTE: The background check averages 5-10 working - days.

CSU SAN BERNARDINO DEPARTMENT OF NURSING STUDENT  
FOR CLINICAL ROTATIONS IN THE COACHELLA VALLEY (DRMC, EMC, JFK)

# FORENSIC

## DRUG TESTING SERVICES

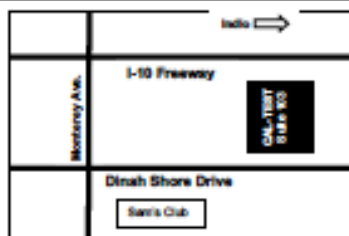
D.O.T. Compliance - Corporate - Court - Private - D.N.A.

Donor ARRIVAL Time:

### DRUG TEST ORDER FORM

\*\*\* This order may also be placed On-line at [www.fdti.com](http://www.fdti.com) under "Order A Test - Client" \*\*\*

DONOR'S NAME:	<input type="text"/>	SSN:	<input type="text"/>
SCHOOL NAME:	<input type="text"/>	DOB:	<input type="text"/>
Requesting Person Email:	<input type="text" value="marc.witlif@csusb.edu"/>	Requesting Phone:	<input type="text" value="909-537-5380"/>
<b>TEST REQUESTED:</b> <input type="checkbox"/> STANDARD LAB BASED Urine Drug Test, 10 Panel (NO ALCOHOL) \$30.00		<b>REASON FOR TEST:</b> <input type="checkbox"/> College Classes / Pre-Enrollment <input type="checkbox"/> College Classes / Job Placement	



73-700 Dinah Shore Drive # 206, Palm Desert, CA 92211  
Behind "White Cap" Construction Center  
Phone: 760-770-8068  
Fax: 760-770-0806  
HOURS: 8:00AM-5:00PM



612 South J Street, Suite 8, Imperial, CA 92251  
Next to the Fairgrounds  
Phone: 760-355-0796  
Fax: 760-355-4643  
HOURS: 8:00AM-5:00PM

#### SPECIAL INSTRUCTIONS FOR DONORS/CUSTOMERS:

- IDENTIFICATION:** PHOTO ID IS REQUIRED in order to be tested (Driver's License, State ID, Passport, etc).
- CHILDCARE:** FDTIS does not offer Childcare. Please arrange for childcare off-site BEFORE coming to FDTIS.
- PREPERATION:** Please limit your fluid intake for at least three hours PRIOR to testing. No more than 40 ounces.
- MEDICATIONS:** There is no need to bring or list your medications. The MRO will call you, if needed.
- SAMPLE TAMPERING:** In the event sample tampering is suspected, we have instructed the Collector to recollect a new sample, under same-sex direct observation. This means the Collector must watch your urine leave your body into the sample cup. The Collector will also ask you to lift your shirt and lower your undergarments mid-thigh, to do a visual inspection prior to sample collection.
- DEADLINE:** YOU MUST ARRIVE BEFORE YOUR DEADLINE or the Company will consider this a Refusal to Test !!!!

73-700 Dinah Shore Drive, Suite 206, Palm Desert, CA 92211 (760) 770-8068/ FAX: (760) 770-0806  
612 South J Street, Suite 8, Imperial, CA 92251 (760) 355-0796/ FAX: (760) 355-4643

FDTIS, Inc. (760) 770-8068

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## CSUSB Department of Nursing Compliance Requirement Deadlines – Fall 2020

<b>Compliance Document</b>	<b>Submission Deadline</b>
Copy of Valid Driver's License or California ID	July 29, 2020
Copy of Social Security Card or Passport or Green Card	July 29, 2020
Background Check	July 29, 2020
Drug Screen	July 29, 2020
HIPAA Certification	July 29, 2020
Universal Precautions & Blood Borne Pathogens	July 29, 2020
Student Handbook Acknowledgment	July 29, 2020
Health Insurance	July 29, 2020
Access to Transportation	July 29, 2020
Measles, Mumps, & Rubella (MMR) Titer	August 14, 2020
Varicella (Chicken Pox) Titer	August 14, 2020
Hepatitis B (Titer)	August 14, 2020
TB Skin Test (Two-Step)	August 14, 2020
Tetanus, Diphtheria, & Pertussis (TDAP)	August 14, 2020
CPR Certification	August 14, 2020
Physical Examination	August 14, 2020
Flu Shot**	TBD*
COVID-19 Waiver	August 14, 2020

\*Flu shot deadline will be announced and required when the 2020 flu vaccine is released by the Centers for Disease Control and Prevention.

\*\*Previous year's flu shot is acceptable until a new shot is received.