

Directions for completing the requirements for clinical student packet:

-Item #1- Letter of Agreement & Certificate of Insurance. This is your school's responsibility to ensure there is an established Educational Institutional Letter of Agreement and certificate of insurance is on file.

-Item #2- Student Information Sheet. Save the form to your computer or the form can be printed and completed.

-Item #3- Non-Novant Health worker module documents. The following documents are found at the completion of the module. Sign each of the documents:

- Non-NH worker confidentiality agreement
- Non-NH worker education roster
- Tobacco free campus acknowledgement-There is a section on this form that asks for ID #. Please leave this space blank.

-Item #4-Educational Experience Agreement. This form needs signed by your university contact, in addition to your signature.

-Item #5- Medication Safety Module Certificate. The certificate is generated after completion of the medication safety module.

-Item #6-Immunizations & TB Screening. Records from birth to present must be provided when the packet is submitted.

- MMR: two doses or titers for Measles (Rubeola), Mumps, and Rubella.
- Varicella: two doses or titer for Varicella.
- **Hepatitis B:** Energix-B or Recombivax HB three dose series (at 0, 1 month, and 6 months); Heplisav-B two dose series at least four weeks apart; or HepA-HepB three dose series; or titer for Hepatitis B.
- Td/Tdap: Td booster every 10 years and one-time dose of Tdap as soon as possible if individual has not received Tdap previously (regardless of when previous dose of Td was received).
- Tuberculosis (TB) Requirements: <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>
 - **Baseline Individual TB Risk Assessment** including TB symptom evaluation **AND Initial TB/PPD:** Two-step PPD within the last 12 months (2nd PPD administered 1-3 weeks after 1st PPD is read) or a TB Blood Test with program admission or readmission.
 - Students with positive TB skin test in the past, due to TB exposure/infection or BCG vaccination, a chest x-ray within the last 5 years is required along with the Baseline Individual TB Risk Assessment and TB symptom evaluation. (Note: If a PPD is positive, chest X-ray should be negative for TB disease and individual asymptomatic for TB).
 - **Annual Tuberculosis Risk Assessment and Attestation Form:** [Download TB Attestation Form](#)
- **COVID-19 Vaccine-(Optional)** Complete vaccination series of any of the three vaccine products:
 - Johnson & Johnson (Janssen) – Single dose
 - Pfizer-BioNTech – Two doses, 21 days apart
 - Moderna – Two doses, 28 days apart
- Influenza: current seasonal vaccination for rotations from October-April.

-Item #7 & #8 Background Check & Drug Screen. The criminal background check and the drug screen are the student's responsibility and expense. Most schools have established contracts or processes for students to get criminal background checks and drug screens. There are some programs that require the student to obtain a background check and drug screen independently. Novant Health has an account with Castlebranch for students to get the background check and drug screen for a nominal fee paid by the student. To obtain the background check and drug screening using Castlebranch visit <https://portal.castlebranch.com/VD79> If you choose to use another vendor, please ensure that the company/vendor you use does the correct check.

- The background check must include: Criminal records check (CRC) includes a nationwide check in each state for the past 7 years based on the student's security number and address history. The check also must include sex offender and OIG.
- The drug screen must include the following 10 drugs 1)AMP amphetamine 2)BAR barbiturates 3)BZP benzodiazepines, 4)COC cocaine 5)METH methamphetamines 6)MTD methadone 7)OPI opiates 8)OXY oxycodone 9)PCP phencyclidine 10)THC marijuana

-Item #9- Scrub suit size survey. **ONLY** for students in surgical and/or OBGYN areas that require use of Novant Health issued scrubs.

***NOTE: All required documentation must be submitted in one complete packet from the school 30 days before the start date to studentprograms@novanthealth.org. We are unable to process information sent by individual students.**

Post-Secondary Clinical Student Requirements

1. Verify a signed Letter of Agreement between School and Novant Health and current Certificate of Insurance is on file.
2. Student information sheet
3. Non Novant Health worker packet documents:
 - Signed Non-NH worker confidentiality agreement (Non-NH Worker module)
 - Signed Non-NH education roster (Non-NH Worker module)
 - Signed Tobacco Free Campus Acknowledgement (Non-NH Worker module)
4. Signed Education Experience Agreement
5. Medication Safety Module Certificate (Medication Safety & Security Module)
6. Immunizations & TB screening (birth to present)
 - MMR: two doses or titer for Measles (Rubeola), Rubella, and Mumps
 - Varicella: two doses or titer for Varicella
 - Hepatitis B (HepB): Energix-B or Recombivax HB three dose series (at 0, 1 month, and 6 months) Heplisav-B two dose series at least 4 weeks apart; or Hep A-BepB three dose series, or titer for Hepatitis B
 - Td/Tdap: Td booster every 10 years and one-time dose of Tdap as soon as possible if individual has not received Tdap previously (regardless of when previous dose of Td was received).
 - Tuberculosis (TB) Requirements:<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>
 - Baseline Individual TB Risk Assessment including TB symptom evaluation AND Initial TB/PPD: Two-step PPD within the last 12 months (2nd PPD administered 1-3 weeks after 1st PPD is read) or a TB Blood Test with program admission or readmission.
 - If a student has had a positive TB skin test in the past, such as due to TB exposure/infection or receiving the BCG vaccine, a chest x-ray will be required along with the Baseline Individual TB Risk Assessment and TB symptom evaluation. (Note: If a PPD is positive, chest X-ray should be negative for TB disease; X-ray should be no older than 5 years and individual asymptomatic for TB).
 - Annual Tuberculosis Risk Assessment and Attestation Form: [Download TB Attestation Form](#)
 - **COVID-19 Vaccine- (Optional)** Complete vaccination series of any of the three vaccine products:
 - Johnson & Johnson (Janssen) – Single dose
 - Pfizer-BioNTech – Two doses, 21 days apart
 - Moderna – Two doses, 28 days apart
 - Influenza: current seasonal vaccination for rotations from October-April.
7. Criminal Background check (nationwide SS# trace, OIG, Sex Offender Register)
(Except High School Students and Minors)
8. Drug Screening to include these 10 drugs: 1)AMP amphetamine 2)BAR barbiturates 3)BZP benzodiazepines, 4)COC cocaine 5)METH methamphetamines 6)MTD methadone 7)OPI opiates 8)OXY oxycodone 9)PCP phencyclidine 10)THC marijuana
9. **Scrub suit size survey. ONLY** for Advanced Practice Students (PA, NP, medical, SRNA) that will be in surgical and/or OBGYN areas that require the use of Novant Health issued scrubs

NOTE: All of the required documentation must be submitted in one complete packet sent directly from the school to NH student programs at studentprograms@novanthealth.org. All documents should be submitted 4 weeks (30 days) before start of rotation. We are unable to process information sent by individual students.

EDUCATION EXPERIENCE AGREEMENT

Novant Health (NH) allows certain students (“Students”) to participate in education experiences in NH facilities in an effort to assist the student in achieving educational objectives. In order to protect the safety and welfare of the patients and employees, as well as myself, I agree as follows:

- I will fulfill the responsibilities assigned to me by the Facility during the clinical training program. I agree to comply with Facility’s rules, regulations and policies.
- I will follow the *Faculty and Student Dress Code* and will wear an Identification Badge prominently at all times during my education experience.
- I will be on time. I will remember to bring money for lunch and parking fees.
- I will treat patients, visitors, team members, and physicians with respect. Patients have the right to refuse to allow me to participate and/or observe their care and I will honor that.
- I will cooperate with NH team members in arranging the dates, times, and length of my education experience.
- I will follow the *Confidentiality Agreement* and hold all information I learn about patients in strict confidence. I will review the [Mission, Vision and Values](#) information.
- I will follow the direction of my preceptor and remain with my preceptor at all times.
- I will work with my preceptor and others to make sure that my education experience is meaningful.
- I will observe proper hand hygiene and other infection control measures.
- In the event I am involved in an accident on NH property and need help, NH will provide access to first aid or emergency care. If I am seen in the Emergency Department, I will be charged normal Emergency Department fees.
- I am responsible for my own actions while I am participating in the education experience, including any negligent or intentional acts that may result in a claim against a NH team member or facility.
- I will not make or receive personal calls and/or text messages during the educational experience, regardless of the phone used, may result in the student being removed from the facility. Please leave your cell phone with your personal belongings. You may make personal calls and send text messages during non-educational time (breaks, lunch, etc.). Please make sure that your friends and family members are aware they should not call during the educational experience unless it is an emergency.
- I authorize NH and my educational institution to exchange a copy of my records, including health and immunization records.
- In the event that I am employed by NH, apply for employment at NH or provide services in any capacity to NH outside the scope of this clinical training program, I authorize NH to disclose the results of my Criminal Background Check, Office of Inspector General Report, Drug Screen and any other information related to my performance during this experience to Novant Health’s Human Resources Department and Employee Occupational Health Department if the results of those reports would disqualify me or otherwise impact my employment or other relationship.

| | |
|----------------------------------|-------|
| Print Name of School: | |
| Student Printed Name: | |
| | |
| Student Signature: | |
| | Date: |
| Instructor/Advisor Printed Name: | |
| Instructor/Advisor Signature: | |