



## RPN to BScN Blended Learning Program Initial Basic Clinical Clearance Forms Package Instructions

Upon admission to the program, and on an annual basis, each student must submit their non-academic clinical clearance requirements to obtain clearance for clinical courses. Please read the following instructions carefully and reach out as soon as possible with any remaining questions.

**KEEP YOUR ORIGINALS!** Placement agencies may require copies of clearance documents and it is your responsibility to supply them. All blank forms are available through the Nursing Clearance Website. You must upload each completed document, in PDF format, to the clearance website for review. It is important to note that your clinical clearance package WILL NOT be reviewed until you have uploaded each document and have selected the “Submit Application” button. If you have not submitted your package for review before the final deadline date, your clinical clearance package will not be reviewed.

The January clearance period will run from January 1, 2024, to April 1, 2024. No additional forms or corrections are accepted after April 1, 2024. Students who are unable to complete all clinical clearance requirements before the final deadline will not be eligible to participate in clinical practicum.

### Document Submission Guidelines:

- We strongly recommend submission of your clinical clearance package by March 1, 2024. Early submission ensures time for review and allows students the time needed to make any necessary corrections. The final deadline to submit your final completed clinical clearance package is April 1, 2024.
- Photos are accepted if the entire document is captured clearly and saved in PDF format.
- Multiple page documents must include all pages and saved as one single, multiple-page PDF document.
- You must scan each complete document separately (both sides if applicable) and ensure the image is clear, complete, and the information is legible.
- When you have successfully uploaded each document, a “**Submit Application**” button will appear at the bottom left-hand side of the clearance website. Clinical clearance application packages must be submitted to be reviewed. You will receive an email confirming successful submission immediately upon submission. If you have not received an email confirmation of successful submission, please go back, and ensure you have “submitted” your clearance package in for review. If you have not received a response to your submitted clearance package within five business days. Please email [clinicalclearance@nipissingu.ca](mailto:clinicalclearance@nipissingu.ca) to inquire on the status.
- Only clearance documents submitted through the clearance website will be reviewed. Paper copies, emails, and/or faxes will not be accepted. Documents must be uploaded to the nursing clearance website, in PDF format, and submitted no later than the final deadline.

**Students are strongly encouraged to submit completed clearance packages a minimum of 30 days prior to the final submission deadline.** Submitting documentation early will allow time for the School of Nursing to review your submission prior to the deadline. Documentation submitted less than 30 days prior to the deadline that is incomplete, out of date, or missing may not allow sufficient time for your revision. Any documentation received after the final deadline will NOT be accepted nor will additional time be granted.

Failure to submit all completed clearance documents by the deadline outlined will result in removal from any clinical planning for the Spring/Summer 2024 and Fall 2024 semesters.

### **Non-Academic Placement Requirements Instructions and Additional Information**

Please review the following pages for specific requirements for each item to successfully complete your clearance package for clinical placement. If you have additional questions or concerns, please contact our office as early as possible to request clarification.

**1. RPN to BScN Blended Learning Program Clinical Clearance Instructions, Declaration and Consent Form\*\***

Read the instructions and declaration attached to this instructions page in its entirety. Complete all sections and sign and date the declaration acknowledging you understand and agree.

**2. RPN to BScN Confidentiality of Information Form\*\***

Read the form in its entirety. Sign and date acknowledging you understand and agree.

**3. HSPnet Consent Form\*\***

Read the form in its entirety. Sign and date acknowledging you understand and agree.

**4. WSIB Student Declaration of Understanding\*\***

Read the form in its entirety. Sign and date acknowledging you understand and agree.

**5. Consent to Release Personal Information Form\*\***

Read the form in its entirety. Complete the required information and sign and date acknowledging you understand and agree.

**6. Ministry of Labour Certificate\*\***

Available at [www.labour.gov.on.ca/english/hs/elearn/worker/index.php](http://www.labour.gov.on.ca/english/hs/elearn/worker/index.php)

Go to the link provided and complete the training. Upon completion of the training, a certificate is provided upon completion. Please save the certificate as a PDF and upload as part of your clearance package in the section reserved.

**7. WHMIS\*\***

Complete the training via Blackboard using instructions from the clearance portal. Link is provided in the clearance website in the section reserved for WHMIS. Upon successful completion of the training, you will be awarded a certificate which you must save as a PDF and upload as part of your clearance package submission.

## **8. Communicable Disease Screening Form (CDSF)\*\***

Information is only to be submitted using the CDSF. All required documentation must be transcribed onto your CDSF and each page verified by a licensed healthcare provider (RPN, RN, NP or MD) in the healthcare provider declaration section. **IMPORTANT:** The CNO professional misconduct provides guidance on conflict of interest. Asking family members or close friends to sign your Communicable Disease Screening Form's healthcare provider declaration is considered a conflict of interest and will not be accepted. Additional instructions are available directly on your CDSF. Please see below for additional information on Appendix A and B.

### Appendix A – TB Surveillance Letter (Positive TB skin test only) \*\*

The TB surveillance letter is to be completed by your primary healthcare provider only for students who have a history of positive TST testing and is required annually. A chest x-ray report must be accompanied with your initial clearance package, must be less than one year old if receiving a new positive result or a change in risk assessment. Subsequent chest x-rays are not required after first submission unless there is a change in risk assessment. A TB surveillance letter and chest x-ray (if applicable) must be scanned, saved in PDF format, and included with your CDSF submission.

### Appendix B – Polio Vaccination Attestation Letter (only to be submitted if proof of vaccination is unavailable or vaccination is insufficient) \*\*

The Polio vaccination attestation letter is only to be completed by students who do not have proof of the polio vaccination (full child or adult series) or if their Polio records are insufficient. Additional information on your polio vaccination status must be completed by your primary healthcare provider. The completed letter must be included with your CDSF submission.

## **9. COVID-19 Proof of Vaccination**

A completed primary series COVID-19 vaccine is **mandatory**. Clinical placement is considered high risk as per Nipissing University's COVID-19 Policy, Nipissing University School of Nursing Policy, and our affiliated placement agency policies. You are required to upload your enhanced vaccine certificate, including QR code, name, and date of each dose received to the designated area on the nursing clearance site as one PDF document. You can download a copy of your COVID-19 vaccine record at <https://www.ontario.ca/get-proof/>

**\*\*Specific form and/or additional information available through the School of Nursing Clearance Website**



### RPN to BScN Clinical Clearance Declaration and Contact Information

I \_\_\_\_\_ have reviewed the information and instructions outlined on the Clearance Forms package in its entirety.

As a means of personal verification, I understand that all documents and correspondence must be sent to and received by my Nipissing University email account.

To the best of my knowledge, the package I am submitting is complete, all documents are authentic and have not been falsified or altered. I understand that if I submit false, misleading, misrepresented, altered, omitted, or forged documentation that I am knowingly committing academic dishonesty and will be subject to the consequences associated with this infraction. Consequences of academic dishonesty include but are not limited to; receiving a 0 or U in the course, suspension from the university, special conditions for readmission, expulsion from the program, and the incident will be reported to the College of Nurses of Ontario (for more information, please consult the Student Handbook and academic calendar).

I agree that I was given the opportunity to submit my documentation for review in advance and I understand that any documentation received after the deadline will not be accepted. I understand that if I choose to submit my documentation after the suggested submission date and it is not complete and/or correct, no additional time will be granted for follow up or revision.

I understand that failure to submit a correct and complete package by the deadline will result in my inability to participate in clinical for the next semesters.

By signing below, I agree to the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nipissing University Email: \_\_\_\_\_

#### Home Address

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Emerg. Contact Phone #: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_