



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

Upon admission to the program, and on an annual basis, each student is required to submit their non-academic clinical placement requirements to obtain clearance for clinical. Please read the following instructions carefully to ensure that all requirements are completed accurately.

KEEP YOUR ORIGINALS! Some agencies require original documents, and it is your responsibility to supply them.

You will have access to all forms through the **Nursing Clearance Website**. You must upload each completed document in PDF format into the website for review. The annual clearance period is from September 1 to November 15.

January intake students complete their first clearance period from January 1, 2024, to April 1, 2024, and then again in Fall 2024 with the annual clearance period.

Document Submission Guidelines:

- We strongly recommend submitting your package by March 1, 2024, to ensure me to review and fix any errors. The final deadline to submit is April 1, 2024.
- Documents must be scanned and saved as a PDF and uploaded to the nursing clearance site no later than the final deadline.
- Photos will be accepted if the entire document is captured clearly and saved as a PDF for submission.
- Multiple page documents must include all pages and be saved a single, multiple-page PDF document.
- You must scan each complete document (both sides if applicable) and ensure that the image is clear, and the information is legible. For example, Police Vulnerable Sector Checks (PVSC) that are legal sized must be scanned in full. It is not acceptable to scan the top and bottom of documents separately.
- When you have successfully uploaded each requirement, a "**Submit**" button will appear at the bottom of the nursing clearance site. Your clearance package is NOT complete until you "Submit" your application to the Nursing Office through this button. If you have not received a response in five business days, please go back and ensure you have "submitted" your clearance package.
- Only clearance documents submitted through the nursing clearance site will be reviewed. Paper copies, email, and/or faxes will not be accepted.

You are strongly encouraged to submit your clearance package a minimum of 30 days prior to the final submission deadline. Submitting documentation early will allow me for the School of Nursing to review your submission prior to the deadline. Documentation submitted less than 30 days prior to the deadline that incomplete, out of date, or missing will not allow sufficient me for your revision. Any documentation received after the final deadline will NOT be accepted nor will additional me be granted. Failure to submit your clearance documents by the deadlines outlined will result in removal from any clinical planning for the Spring/Summer 2024 and Fall 2024 semesters.

Revised January 2024



Required Documentation

Please review the following pages for specific requirements for each item to successfully complete our 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 Instructions, Clinical Clearance Declaration, and Contact Form**

Read the declaration in its entirety. Sign and date the declaration acknowledging you understand and agree. You must also update any address changes in WebAdvisor directly if necessary.

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 in full, 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

Go to the link provided and complete the training. Upon 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.

7. CPR Level C, Health Care Provider (HCP) or Basic Life Support (BLS)**

CPR recertification is required on an annual basis and must not be dated prior to September 1. Accepted submissions of CPR certifications must document your name, the training agency, CPR classification, and date of issue. The cost of this certification and recertification is the responsibility of the student. The School of Nursing **does not** accept online certification for CPR, the training session must include an in-person component delivered by an approved healthcare training agency. CPR certificates are only considered valid by the School of Nursing for one year from the date of issue, regardless of the expiry date provided on the card or the policy at your place of employment.

8. Mask Fit**

It is the responsibility of the student to be Mask Fit Tested upon admission to the program. The scheduling and cost (if any) are the responsibility of the student. Mask Fit testing is valid for 2 years and cannot expire before September 1st of the following clearance period, regardless of the policy at your place of employment. **Accepted submission of Mask Fit card/certificates must include your full name, mask fit size result, and date of issue. Copies of workplace name badges are not accepted.**



9. **Police Vulnerable Sector Check (PVSC)****

Processing times vary by region, and you must contact your local police department ASAP to ensure you meet the final clearance deadline. Your PVSC must have a request date within the first 30 days of the clearance period, or it will not be given special consideration due to delayed processing if your completed PVSC is not received by the final deadline. PVSCs are only considered valid by the School of Nursing for one year from the date of issue. Some agencies have alternate “dates of validity”, students may be required to submit an updated PVSC if required. Your local police department may require a “Consent to Disclosure” form or letter from the School of Nursing. A personalized letter will be prepared and sent to your Nipissing University email by the Clearance Office. If the police department requires additional information, please contact our office.

10. **WHMIS****

Download the form on the clearance site, follow the instructions, and complete the training via BlackBoard. Upon successful completion of the training, you will be awarded a certificate which you must save as a PDF to include in your clearance package submission.

11. **Communicable Disease Screening Form (CDSF)****

Please see CDSF on the nursing clearance site for more information and instructions.

NOTE: Information is only to be submitted using the CDSF. All required documentation must be transcribed onto your CDSF and verified by a licensed healthcare provider.

Appendix A – TB Surveillance Letter *(positive TB skin test only)*

The TB surveillance letter is only to be completed by students who have a history of positive TST testing and is required annually. A TB surveillance letter and chest x-ray report (less than one year old) 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 child series, adult series or have insufficient vaccination records. 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.

12. **COVID-19 Proof of Vaccination**

The 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 vaccine certificate that includes the 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/getproof/>.

****All forms can be found in the online system available through the Nursing Clearance Site**



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: _____