

**Montgomery County Community College
Nursing Refresher/Reactivation Program**

REQUIREMENTS NEEDED to ATTEND CLINICAL ACTIVITIES

If your questions remain unanswered, you may call the Nursing Program Office at 215-641-6431 or Pamela Roberts- 215-641-6366

All Requirements must be completed by the date designated on the website.

- ☐ 1. **Certification in CPR** (Cardio-Pulmonary Resuscitation). Students must take a BCLS course, HeartSaver is not acceptable. Please submit both sides of your card or your eCard.

You may check local Community Centers, Fire Stations, YMCAs, and Hospitals for this course offering. You could also visit the American Heart Association link to find a class in your area:

http://www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp. Enter your zip code and choose the “classroom” course delivery method.

- ☐ 2. **Professional Liability Insurance.** You must provide your **Certificate of Insurance** (malpractice policy) listing the terms under which you are insured - no other paperwork is accepted. ***Coverage amounts must be \$1,000,000 per incident and \$6,000,000 aggregate for a Nursing Program student.*** Coverage must be effective the first day of class. The on-line application and payment site for NSO insurance is www.nso.com. You may use this company or choose a different company. Current fees prevail. **Note:** If you work in the healthcare field, you may need to be covered both as a professional and as a student, please check with your provider.

- ☐ 3. **PA Child Abuse History Clearance Policy, PA Criminal Record Check, and FBI Fingerprinting – These reports may take four (4) or more weeks to obtain so begin work on these immediately.**

Note: A Child Abuse History will, and a PA Criminal Record and/or FBI Record may, exclude a student from participation in the Nursing Program. Any potential concerns with these requirements may be discussed confidentially with Dr. Linda Roy, Director. (LRoy@mc3.edu)

- ☐ a) **Child Abuse History Clearance:** This clearance is available electronically by visiting the DHS website, via CastleBranch: <https://www.compass.state.pa.us/CWIS>.
- ☐ b) **PA Criminal Record check:** To complete the Pennsylvania State Police Request for Criminal Record Check, (results can be immediate or take up to 4 weeks). If your Criminal Background check contains any offenses, you will receive the report and attachments (rap sheet) by mail. All attachments must accompany the report when submitted.
- ☐ c) **FBI Criminal Background Fingerprint Check:** You must register for fingerprinting with IndentoGO and pay the fee. Then you need to go and obtain the fingerprints you can make an appointment or walk in, students are telling us the walk in is quicker.

The Code is 1KG756

You must go to an approved site to be fingerprinted after you have registered, paid, and printed the authorization. If your report has attachments, these must accompany the report when submitted. (Please note this can take up to 5-6 weeks)



4. **Completed Health History/Physical Form and Immunization Form.** The “Physical Examination form” and “Immunization Record” is to be completed, signed and dated by your Healthcare Provider. The “Health History Contact Sheet” must also be completed and signed by you.

The Immunization Form requires:

- ☐ a) A two-step Mantoux-PPD test. ***Both steps must be administered even when the first-step result is negative.*** PPD application/read requirement is that the second step be applied no less than ONE WEEK AFTER the READ DATE of the first step. If the result of the PPD is positive, a chest X-ray is required. **Note:** If your doctor is aware that you will test positive because of BCG vaccination, have the doctor notate that on the Health/Physical form and bring in the results of a **current** (no older than 6 months) chest X-ray.* The QuantiFERON Gold or T-Spot tests for TB are acceptable replacements for PPD two-step application/reading.
***Most people who have received the BCG vaccine could use the QuantiFERON Gold or T-Spot test and obtain a negative result. Consult with your physician.**
- ☐ b) Dates of vaccination or titer levels indicating immunity for measles (Rubeola), mumps, German measles (Rubella) and chicken pox (Varicella). **A response of “had disease” IS NOT ACCEPTABLE.** If you have had any of these diseases, you must submit the titer level report showing immunity and attach it to the Health Form. If titer levels are low, you will need to receive booster vaccines as indicated.
- ☐ c) Dates of vaccination, titer, or a signed Declination Statement for Hepatitis B. The Hepatitis vaccination requires a series of three (3) injections spaced over six months. If you begin the series today, you may have had one or two of the injections by the time the course begins. While you are in the process of receiving the vaccination - or should you choose not to have the hepatitis vaccine series you must have a signed and dated Hepatitis B Declination Statement (included) on file.
- ☐ d) Tdap inoculation (Tetanus vaccine with Pertussis component) received within 10 years of starting the course. **This must be a Tdap,** as required by our Clinical Affiliates.
- ☐ e) Urine drug screen. The **results** of the urine drug screen **must be negative** to be eligible for the clinical component of the Program, the list of substances needed is listed on the Physical Form.
- f) Influenza Vaccination is required for **all** students in the Program. Spring semester admissions must provide proof of flu vaccination administration with their requirements. Fall admissions are required to submit proof of influenza vaccination administration no later than October 20.

If you have any difficulty or do not understand the requirements, please use the course contact information for clarification.

Thank you.