BSN Program Requirements: This checklist will help guide you collect all the required documents.

All forms can be found in Blackboard-Organizations- Nursing News- BSN Nursing Program Requirements

NOTE: The Approved Medical Source List for Immunization Documents: [must include student full name and DOB]

· State immunization records of vaccinations
· On-line program/Electronic system
· Elementary/Middle/High School/College/University records of vaccinations
· Military records of vaccinations
· Clinic/Hospital documentation or letterhead
· Documentation signed (electronic, typed, stamped) by a healthcare provider
· Pharmacy receipt

Please check your DU email for updates for submitting requirements to approved document system.

Please scan this signed form to **Nursing News [Blackboard Organization]** by the by the **July 31st or November 15th** deadline. If the documentation is incomplete, you will be unable to start your nursing courses.

HLTH101- Drug Screening and Criminal Background Check

Drug screening will take place separately within your **HLTH101 Blackboard** course assigned annually.

DO NOT OBTAIN THE DRUG SCREEN ON YOUR OWN - wait for instructions provided within your course. Please direct any questions you have about this process to your Clinical Coordinator. If there is a possibility a test will be positive due to prescribed medication, please submit documentation of such prescription to the site you are presenting to for testing.

Note: Urine is screened for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, metabolite, ethyl alcohol, methadone, opiates, phencyclidine, propoxyphene, and tricyclic antidepressants. A POSITIVE RESULT may have the consequence of dismissal from the Davenport University Nursing Program.

Student Name
Banner ID#
Academic Year

☐ **Initial BSN Health Screening Form**

I have had this form completed and signed by a licensed physician, physician assistant, or nurse practitioner of my choice.

☐ **Professional Standards Form**

I have completed and signed the form indicating I have shared these requirements with my healthcare provider and accept responsibility for compliance for clinical participation. I understand that I will have to submit a new Attestation form each year.

☐ **AHA BCLS for Health care Providers (Bi-annually)**

I have completed BCLS for Healthcare Providers through American Heart Association. Required is a copy of my BCLS for Healthcare Providers card.

- Basic Life Support (BLS) Provider (American Heart Association 2025 guidelines) must include in-seat skills testing for CPR & AED (must include Adult, Child and Infant).
- I understand that I must not let this certification expire and that it is my responsibility to renew my certification every 2 years before expiration.

☐ **Tetanus/Diphtheria/Pertussis (Tdap) (every 10 years)**

I have provided documentation of receiving the Tetanus, Diphtheria, and Pertussis vaccine within the last 10 years. See **NOTE** for approved Medical Source List.

- As a healthcare provider caring for infants and children you must have one dose of Tdap as an adult (>18 years of age)

☐ **Varicella**

I have received the Varicella vaccine, which consists of two doses and have provided documentation. See **NOTE** for approved Medical Source List.

OR

I have had a blood test titer for Varicella showing proof of immunity (positive/reactive). I have included documentation of results. See **NOTE** for approved Medical Source List.

☐ **Measles, Mumps, and Rubella (MMR)**

I have received the MMR vaccine, which consists of two doses and have provided documentation of vaccination. See **NOTE** for approved Medical Source List.

OR

I have had a blood test titer showing proof of immunity to all three: Measles, Mumps, and Rubella. I have included documentation of titer results. See **NOTE** for approved Medical Source List.

Student Name
Banner ID#
Academic Year

☐ **TB Test [2 options: Blood test or Skin test] (annually)**

Initial Skin test: I have had two negative TB tests within 7-21 days of each other (3 months prior to the start of the academic year). I have included documentation and results of both negative TB tests. See **NOTE** for approved Medical Source List.

OR

Blood test: I have had one blood test 3 months prior to the start of the academic year. I have included documentation of results of one blood test. See **NOTE** for approved Medical Source List.

QuantiFERON®–TB Gold In-Tube test (QFT-GIT) or the T-SPOT®.TB test (T-Spot).

TB blood tests (interferon-gamma release assays or IGRAs) are also accepted. TB blood tests are the preferred TB test for: People who have received the TB vaccine bacille Calmette–Guérin (BCG). Or People who have a difficult time returning for a second appointment to look for a reaction to the TST.

OR

Follow-up for Positive result: I understand that a chest x-ray is required on the initial year if the TB test is positive. A TB Symptom Survey will need to be completed annually for any student whose TB test is positive and signed by their provider. See **NOTE** for approved Medical Source List.

☐ **Hepatitis B**

I have had a blood test titer for Hepatitis B showing proof of immunity (positive/reactive) (anti-HBs ≥10 mIU/mL are considered hepatitis B immune). I have included documentation of titer results. See **NOTE** for approved Medical Source List.

OR

I have had a negative/nonreactive blood test titer (anti-HBs <10mIU/ml) and will follow the steps within the Hepatitis B Negative form in coordination with my Healthcare provider.

☐ **Covid**

I have received a previous COVID vaccination. See **NOTE** for approved Medical Source List.

OR

DU religious exemption - complete this online form and submit approved exemption [you will need to reapply each consecutive year]

OR

DU medical exemption - complete the Accommodation Request and submit approved exemption [you will need to reapply each consecutive year]

☐ **Influenza**

I will receive the most current strain of influenza vaccine after September 1st and prior to October 1st of the upcoming academic year. See **NOTE** for approved Medical Source List. ***Do not delay submitting your other immunizations.***

OR

DU religious exemption - complete this online form and submit approved exemption [you will need to reapply each consecutive year]

OR

DU medical exemption - complete the Accommodation Request and submit approved exemption [you will need to reapply each consecutive year]

BSN Program Requirements: This checklist will help guide you collect all the required documents.

Student Name

Banner ID#

Academic Year

Student Attestation:

• I have compiled the appropriate documentation ready for submission.
• I understand that failure to provide the required documentation may result in losing my place in the Davenport University Nursing Program.

I understand that the clinical coordinator has permission to verify all records recorded within this document.

I must retain a copy of each of these items that will remain within my Clinical Compliance folder that I take with me to every clinical experience I participate in. All clinical sites may request, at any time, a copy of my paperwork. It is mandatory that I keep a copy for these purposes.

Signature:_____ Date: _____