**Checklist for 1st Year Students – Bachelor of Science in Nursing Program**

**Document Package Deadline Date: October 20th**

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| **Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Program: Bachelor of Science in Nursing**  **Compressed \_\_\_\_ Collaborative \_\_\_\_**  **(check one)** | **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\*All documents must cover the full academic year to April 6th. You may provide an existing document if it meets this criteria\***

**\*\*Provide photocopies of documents only – keep your originals in a safe and easily accessible location\*\***

**Suggestion: Scan & store all documents (each year) on your computer/memory stick ensuring they are secure but easily accessible at all times – they may be required by your placement agency when you are in your final year**

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| **\*\*\* Do not submit an incomplete package – complete package must include the 10 items listed below and this page \*\*\*** | |  | |
| **1.** | ✔ **when complete**  **\_\_\_\_\_** | **HSPnet Consent Form** (on Nursing website under “Forms”) – Also see HSPnet Identified Purposes Summary for overview on  Collection, use & disclosure of personal health information. https://www.lakeheadu.ca/academics/departments/nursing/current-students |  |
| **2.** | **\_\_\_\_\_** | **WSIB Student Declaration Form** (on Nursing website under “Forms”) |  | |
| **3.** | **\_\_\_\_\_** | **CPR at Health Care Provider Level** (HCP) – Various providers, some offer 1, 2 & 3-year expiry. On-line certification not accepted – you must attend the course in person. If no expiry date on certificate, School of Nursing applies a 2-year expiry. |  | |
| **4.** | **\_\_\_\_\_** | **AODA** Training – log into <http://myucourselink.lakeheadu.ca/> and click “Self-Registration” on the right under “Support”. Click “Accessibility and Health and Safety Training”. Follow the steps until it confirms you’ve been registered. At that point you can go to the course. Click on “Click here to select your stream”. Click “Join Group”, beside “06 – Thunder Bay – Nursing Students”. Click “Content” and then follow instructions. When training is complete print certificate (sign & date). Also print page that shows 100% complete. |  | |
| **5.** | **\_\_\_\_\_** | **WHMIS** Certification - As above and follow instructions provided. Print certificate once completed. |  | |
| **6.** | **\_\_\_\_\_** | **Criminal Records Check with Vulnerable Sector Screening** (CRC with VSS [TB Police – PVSC])   * If unable to get the CRC VSS done (under 18) you must complete the “Interim Criminal Offence Declaration” (under “Forms” on the Nursing Website) and submit. * If you turn 18 during the academic year you must apply for your CRC with VSS on that date and submit photocopy when received. * Toronto Police Dept. has a specific application form that is required. Contact Registration & Information Assistant to get a copy of that form. * All other Police Depts. require a “Nursing Records Check Letter” when applying for your CRC with VSS. That form is found on “MyInfo” under “Forms”. https://erpwp.lakeheadu.ca/home/student |  | |
| **7.** | **\_\_\_\_ on campus**  **\_\_\_\_ off campus** | **Mask Fit Certificate** – You can either find an agency that provides this service in your hometown (*N95 Respirator – note 3M 1870 has been discontinued*) or choose to have this done on campus during the Sept/Oct timeframe. Sessions will be held for students who need to be tested and you will be emailed in advance of the dates for testing. |  | |
| **8.** | **\_\_\_\_\_** | **Official Immunization Record** – Provide a photocopy of all required childhood immunizations up to present immunizations. Tetanus has a 10-year expiry date. If tetanus expires during the academic year you must have it done prior to deadline date. Tdap vaccination is recommended. |  | |
| **9.** | **\_\_\_\_\_** | **Serology Report** for **Hepatitis B, Measles, Mumps, Rubella (MMR) & Varicella (Chickenpox)**  - All students must have blood work done to show immunity levels to those listed above. If non reactive (not immune) discuss options with your healthcare provider. You may have to restart the Hep B Series. Two childhood vaccinations required for MMR. If non reactive to Varicella 2 vaccinations are required. See info provided on Nursing Website. |  | |
| **10.** | **\_\_\_\_\_** | **2 Step TB (Tuberculosis) Skin Test -** This requires 4 visits to the healthcare provider to complete. A form is provided on Nursing Website (to be completed by your health care provider) for your convenience, (under “Forms”). A previous 2-step test can be provided along with a current 1-step TB Skin test that will cover you for the academic year. If TB skin test is positive, see Nursing website for more info. TB Skin Test results *recorded on immunization record* *are not accepted.* |  | |
| **11.** | **\_\_\_\_\_** | **FILL IN TOP PORTION OF THIS FORM AND ATTACH PAGE TO THE FRONT OF YOUR COMPLETED PACKAGE** |  | |

**\*\*\*\* For more in-depth information on the above go to Nursing website under Clinical Documentation \*\*\*\***

**\*\*\*\*\* Deposit package in the Clinical Document Drop box (down from SN 1021E) or submit in person to SN 1021E \*\*\*\*\***

The more items you can complete before the start of school the easier it will be on you.