

Franklin University
Clinical/Practicum Documentation Checklist

<p>All students participating in clinical / practicum experiences must meet the following health and safety requirements. Documentation must meet requirements at all times.</p>	
SUBMITTED ONCE	SUBMITTED EVERY YEAR (AS APPLICABLE)
<p>Tuberculin Status A. Two-Step TST#1 B. Two-Step TST#2 C. TB IGRA D. If new positive/Exam/X-ray OR Positive TST/Negative X-Ray</p>	<p>Tuberculin Status A. Annual TST (given less than one year from previous TST) B. Annual TB IGRA (drawn less than one year from previous IGRA) C. If new positive/exam/Chest X-ray D. Known positive/ possible treatment/ annual symptom check from health care provider</p>
<p>Hepatitis B (3 primary series shots at 0, 1, 6 months plus titer confirmation 6-8 weeks later). If negative titer after initial series of 3 vaccines then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer. OR Signed declination; History of disease; Known non-responder</p>	<p>Influenza Effective dates: 10/1-4/30 annually Proof Or Signed declination (Note: clinical/practicum facility has the right to refuse access to the site or require masks at their discretion)</p>
<p>Measles, Mumps, Rubella (MMR) two vaccines OR immunity by titer (for each component) Tetanus/Diphtheria/Pertussis Tdap or Td Varicella (Chicken Pox) vaccine or immunity by titer</p>	<p>Professional Liability Insurance Policy (must be current through a semester to be placed in clinical/practicum) *See page 2 for details</p>
<p>CPR American Heart Association (AHA) BLS provider or Military Training Network (MTN) course (must be current through a semester to be placed in clinical/practicum)</p>	<p>Background Check National Criminal Background Check including excluded Provider Search on OIG and GSA. (Note: clinical/practicum facility has the right to request additional background checks including monthly OIB & GSA and drug screens)</p>
<p>Authorization for Release of Record to clinical/practicum site</p>	<p>Additional Requirements: this list may change as clinical/practicum sites may require more than our standard minimum. Changes will be communicated to you in writing within 10 days of notification to the University</p>
<p>General Waiver and Release of Liability form</p>	
<p>Required Education- each healthcare institution will communicate to faculty and students any required educational content to be completed prior to participating in clinical/practicum experience</p>	

License must be active and unencumbered in the student primary licensing state as well as the state of clinical placement, as applicable, throughout the MSN program. Licenses will be verified prior to each clinical rotation.

Health Insurance must be maintained in active status throughout clinical courses.

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Liability Insurance Students are required to purchase student liability insurance annually with no lapse in coverage at \$1,000,000 per occurrence & \$3,000,000 aggregate. This may be an additional role for your registered nurse carrier and may require an additional fee or can be purchased separately. Typically liability insurance provided by an employer will not have the option of adding a student role.

Several resources for insurance are listed below (other companies may be available). Please check with the carrier to be certain the policy includes coverage as a nurse practitioner student.

- HPSO: <http://www.hpsso.com/individuals/professional-liability/student-malpractice-insurance-coverage-description>
- NSO: <https://www.nso.com>
- Proliability: <http://www.proliability.com/professional-liability-insurance/student-nurse>
- CMF Group: <https://www.cmfgroup.com/professional-liability-insurance/nurse-practitioner-insurance/>

In both instances, a copy of the liability policy summary/face sheet showing coverage amounts and dates of coverage/expiration or liability insurance application form indicating payment has been made must be submitted **prior to starting the first course with a practicum or clinical experience. Failure to do so will prohibit you from starting your experience.**