

Nicholls State University
College of Nursing and Allied Health
Department of Nursing
Master of Science in Nursing Program

REQUIREMENTS PRIOR TO ENTERING MSN PROGRAM

STUDENTS:

Evidence and validation of the following requirements must be provided and validated through Castle Branch®.

1. **CPR Certification:** Must be *American Heart Association* Health Care Provider Course. Copy of BOTH the front AND the back of your card is required and the card MUST be signed. Renewal date will be set based on expiration of certification. Temporary certificate or letter from provider will be accepted and temporarily approved for 30 days by which time the permanent documentation must be uploaded.
2. **Health Insurance:** MSN students may be exposed to a number of communicable diseases while caring for clients in clinical settings, they may be at a higher risk than other University students for contracting a communicable disease. For this reason, the Department of Nursing requires all MSN students to retain a health/hospitalization insurance policy. Provide a copy of your current health insurance card OR proof of coverage.
3. **Physical Examination:** Upon *admission* to the MSN program, a physical examination must be completed. The physical exam form is to be filled out by a physician or nurse practitioner.
4. **Professional Liability Insurance:** MSN students are required to have liability insurance. Professional Liability Insurance for Registered Nurses with a minimum of \$1,000,000 coverage for each claim and \$6,000,000 annual aggregate. Provide documentation of current Professional Liability insurance coverage. The date of expiration will be set as the renewal date.
5. **Nurse Practitioner Student Rider:** Required for MSN students in the FNP or PMHNP practicum courses. Nurse Practitioner Student Rider is added on to the Professional Liability Insurance.
6. **Professional License:** Verification of State of Louisiana RN license must be uploaded annually.
7. **Influenza vaccination:** Students must provide documentation of flu shot administered during the current flu season (September-March).
8. **Varicella:** Students must provide documentation of 2 vaccines or a positive antibody titer. Titers are only accepted if submitted on a Lab Report. For negative or equivocal titers, documentation of a repeated vaccine series is required.
9. **Measles, Mumps & Rubella:** Students must provide documentation of 2 vaccines or 3 component positive antibody titer. Titers are only accepted if submitted on a Lab Report. For negative or equivocal titers, documentation of a repeated vaccine series is required.
10. **Tetanus:** Students must provide documentation of a Tdap booster administered within the past 10 years.
11. **Hepatitis B:** Students must provide documentation of 3 vaccines or a positive antibody titer. Titers are only accepted if submitted on a Lab Report. For negative or equivocal titers, documentation of a repeated vaccine series is required.
12. **Tuberculosis (TB):** Students must provide documentation of annual TB Skin testing. Acceptable documentation for negative results includes a negative QuantiFERON Gold blood test administered within the past 12 months, a negative one- or two-step skin test administered within the past 12 months, or a negative T-Spot blood test administered within the past 12 months. Acceptable documentation for positive results includes a clear chest x-ray report following last positive test result, administered within the past 12 months; *and* a symptom free TB questionnaire following last positive test result, administered within the past 12 months, submitted on school specific form only; *and* a physician clearance documented on letterhead following positive test results, completed within the past 12 months.

13. Successful completion of HIPAA & OSHA certification course upon admission to the program with no renewal requirements.
14. **ICMSN Orientation Certificate:** Submit ICMSN approved certificate of completion by February 1st for spring admission and September 1st for fall admission. Must include Student Name.

Addition Requirements but not uploaded:

1. Written physician's release is required to return to any practicum and/or laboratory experience for any event, injury, illness, or other health related situation that may affect safety in the practicum and/or laboratory experience.
2. List of prescription maintenance drugs.
3. It is your ethical responsibility to know your HIV status. If you believe you are at risk for HIV exposure or HIV antibody development, then it is your professional obligation to be tested via your individual physician and follow his/her orders for care/treatment.

No waivers for vaccines are accepted. Students who fail to provide required evidence of clinical compliance as listed above will not be allowed to enter practicums nor remain enrolled in any practicum course. Failure to renew health requirements that are expired during the semester will prevent the student's participation in practicum activities. The department assumes no liability for students with compromised immune systems acquiring other communicable diseases while assigned to specific units and/or patients in clinical learning experiences.

Student Responsibility to Inform Regarding a Limitation or Condition

In the event a student is experiencing any limitation or condition (for example, pregnancy, high blood pressure, epilepsy, diabetes) or is on prescription medication that may impede performance whereby safety is jeopardized, it is the responsibility of the student to disclose this information and/or list of medications to their clinical faculty.

Failure to remain current with these requirements will prohibit attendance in the practicum setting and may jeopardize successful completion of the course.