

# Department of Nursing

A yellow swoosh graphic that starts under the 'D' in 'Department', goes under 'ment of Nursing', and then curves upwards to end with a small yellow bird icon flying towards the top right.

BEAVER COLLEGE OF HEALTH SCIENCES  
APPALACHIAN STATE UNIVERSITY

## **RN-BSN STUDENT HANDBOOK 2020-2021**

**Physical Location**

Department of Nursing, 5<sup>th</sup> Floor  
Leon Levine Hall of the Beaver College of Health Sciences  
1179 State Farm Road Boone, NC 28608-2151

**Simulation Labs**

Leon Levine Hall of the Beaver College of Health Sciences, 3<sup>rd</sup> Floor  
1179 State Farm Road Boone, NC 28608-2151

**Mailing Address /Contact Information**

ASU PO Box 32151  
Boone, NC 28608-2151  
Phone: (828) 262-8039  
Fax: (828)262-8066

**App State Online**

400 University Hall Drive, 2<sup>nd</sup> Floor  
ASU Box 32054  
Boone, NC 28608-2151  
Phone: 828-262-3113  
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online@appstate.edu

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## FORWARD

Welcome to the Appalachian State University Department of Nursing. This handbook contains the most essential and commonly used policies of the University, as well as specific nursing program policies. Please note that the Handbook is subject to change as the program grows and policies are refined.

As you begin your nursing education at Appalachian State University, remember that you are the nursing leaders of tomorrow. Take pride in Appalachian State University and in the education that is shaping you to be an outstanding professional nurse.

Appalachian State University's Department of Nursing supports the mission of the University and the Beaver College of Health Sciences which includes excellence in teaching/learning and the fostering of scholarship and service to community. The complete text of these statements is included in the *Appalachian State University Undergraduate Bulletin, 2020- 2021*. The Department of Nursing does not discriminate on the basis of race, national origin, gender, religion, or disability.

### NURSING DEPARTMENT DIRECTORY

Name	Office Number	Office Phone	Email
<b>ADMINISTRATION</b>			
Rayman, Kathleen PhD. Department Chair	532C	828-262-7460	raymankm@appstate.edu
Bernard, Jean, PhD. Undergraduate Program Director	512B	828-262-8468	bernardjs@appstate.edu
Fiske, Elizabeth PhD. Graduate Program Director	506	828-262-8087	fiskeea@appstate.edu
Heavner, Angela Administrative Assistant	532D	828-262-8039	heavneram@appstate.edu
Turpin, Rebecca PhD, Assistant Professor Director of Compliance & Student Support	514	828-262-8080	turpinrl@appstate.edu
Coleman, Mary, MSN RN to BSN Coordinator	Remote Office	828-262-8054	<a href="mailto:colemanml@appstate.edu">colemanml@appstate.edu</a>
<b>FACULTY</b>			
Almond, Rebekah MSN Clinical Faculty	512D	828-262-8091	<a href="mailto:almondre@appstate.edu">almondre@appstate.edu</a>
Brackney, Dana PhD. Associate Professor	520	828-262-8028	brackneyde@appstate.edu
Haley, Tammy PhD. Assistant Professor	510	828-262-8005	haleytm@appstate.edu
Hicks, Whitney MSN Clinical Faculty	521	828-262-8082	<a href="mailto:hickswh@appstate.edu">hickswh@appstate.edu</a>
Koontz, Angela MSN Clinical Faculty	508	828-262-8015	koontzam@appstate.edu
<u>Lane, Susan</u> PhD. Associate Professor	512A	828-262-8047	lanesh@appstate.edu
Martin, Sarah MSN Clinical Faculty	504	828-262-8074	martinsr4@appstate.edu
Marler, Gregory DNP, ACNP-BC, Assistant Professor	512C	828-262-8004	marlergs@appstate.edu
Morgan, Kristen MSN, Clinical Faculty	515	828-262-8093	morgankml@appstate.edu
Rudisill, Michele DNP, MHA, Clinical Faculty	517	828-262-8043	<a href="mailto:rudisillml@appstate.edu">rudisillml@appstate.edu</a>
Venrick, Heather DNP, FNP-C Clinical Faculty	516	828-262-2541	venrickhw@appstate.edu
Welborn, Amber PhD. Assistant Professor	518	828-262-8050	<a href="mailto:welbornac@appstate.edu">welbornac@appstate.edu</a>

**ASU Department of Nursing**  
**VISION STATEMENT, MISSION, GOALS, PHILOSOPHY,**  
**AND EXPECTED OUTCOMES**

**VISION STATEMENT:**

Appalachian State University Department of Nursing will provide evidence-based nursing education in an intellectually stimulating and challenging environment that is designed to prepare the professional nurse with the knowledge and skills needed to practice in diverse settings in a highly complex health care system.

**MISSION:**

The mission of the Department of Nursing at Appalachian State University is to advance our students' cultural, intellectual, and personal development in order to prepare them for professional practice as registered nurses in entry level and advanced roles. This mission is achieved through the efforts of faculty committed to excellence in teaching, scholarship, and service. A broad, in-depth curriculum is provided built on the study of arts, humanities, mathematics, natural and social sciences, and standards for professional nursing practice. Graduates serve their community by applying research and principles of education in their practice of nursing in the entry level and advanced roles.

**GOALS:**

The goals of the RN-BSN program are to:

1. Provide a quality program in nursing based on a liberal education and professional nursing values, competencies, and knowledge.
2. Facilitate the development and implementation of professional nursing roles in caring for individuals, families, groups, and communities from diverse geographical and cultural backgrounds through the application of knowledge, theory, and research from nursing as well as other related disciplines.
3. Instill in students an appreciation for and commitment to lifelong learning, scholarship, and service in order to promote their personal growth, advance the profession of nursing, and meet the health needs of society.
4. Prepare nurses who can practice as generalists in any health care setting.
5. Provide a foundation for graduate nursing education.

Approved 8/2018



## **PHILOSOPHY:**

### **Nursing**

Nursing is a practice discipline that provides a vital and distinctive service to global society through utilization of principles from nursing, physical, biological, and social sciences, arts, humanities and mathematics to assist individuals, families, groups, communities and populations achieve an optimal level of health. The focus is on holistic health through evidence-based practice and patient centered care. Professional nursing care is predicated on effective communication and critical thinking skills, current knowledge for evidence-based practice (EBP), technical and assessment skills, the nursing process, and a code of professional ethics.

Nurses are vital members of the collaborative healthcare team and practice in multiple and diverse environments, to promote optimal healthy functioning of persons.

### **Person**

Each person is a holistic being who embodies inherent dignity and worth, and the right to self-determination. The focus of nursing care is persons as individual, family, groups, communities and/or populations. There is a synergistic relationship among person, nursing, health, and environment

### **Health**

Health is defined by the perception of each person. Health is viewed holistically and includes the way persons interact with their environment.

### **Environment**

Environment provides the context for human life, internal and external. The combined influences of the external and internal environments determine the growth and development of persons and their state of health.

### **Nursing Education**

Nursing education encompasses scholarly inquiry and evidence-based practice to prepare professionals to enhance well-being and healthcare outcomes for individuals, families, groups, communities and/or populations.

While the faculty is committed to appreciating each student's uniqueness and accommodating each student's learning needs, the faculty expects students to be responsible for their own learning and to engage with the faculty in a dynamic, interactive, educational process. Nursing Education is a mutual endeavor in which students and faculty share, pursue, and generate knowledge in a collaborative setting.

Approved 4/2016

**PROGRAM OUTCOMES:**

The following educational outcomes are based on the mission, goals, and philosophy of Appalachian State University's Department of Nursing.

The program graduate will:

1. Provide holistic nursing care to individuals, families, groups, communities, and populations across the lifespan based on professional nursing standards.
2. Engage in evidence-based practice through the utilization of critical thinking skills and state-of-the art knowledge for persons with varying health promotion, health maintenance, and health restoration across the lifespan.
3. Demonstrate accountability for formal and informal experiences that promote both personal and professional growth and lifelong learning.
4. Employ competent communication skills (listening, verbal, nonverbal, written and electronic) with individuals, families, groups, communities, and populations as well as members of the interprofessional healthcare team facilitating a culture of quality and safety.
5. Competently utilize technology and health information resources for self, colleagues, individuals, families, groups, and communities.
6. Exhibits leadership skills such as coordinating, collaborating, delegating, and supervising nursing care provided by others.
7. Collaborate with individuals, groups, communities, and populations through mutual goal setting, advocacy, and education to promote health and wellness.
8. Exhibit a patient centered approach that reflects the professional values of altruism, autonomy, human dignity, integrity, and social justice.
9. Adhere to economic, ethical, legal, and professional nursing standards in nursing practice.
10. Appraise the continuum of care and resource utilization based on the liberal arts foundation and nursing knowledge.

Mission, Goals, and Outcomes: Adopted April 4, 2007 Philosophy: Adopted April 25, 2007 Revised: October, 2008 Revised: February 2009 Revised January, 2013 Reviewed January, 2014, Revised April 2016.

<b>Crosswalk of Major Concepts and Professional Nursing Roles</b>			
<b>Concept</b>	<b>Providing</b>	<b>Designing, Managing, and Coordinating</b>	<b>Nursing Professional</b>
Holistic Nursing Care	Nursing Process Technical Skills Safety/Quality Diversity Values Caring Legal/ethical issues Cultural Competence Teaching/learning Theory-based Practice Patient-centered Care Evidence-based Practice and Research	Theory-based Practice EBP/Research Professional Values Safety/quality Legal/ethical issues Caring	Theory-based Practice Safety/Quality Caring
Communication	Educator Clinical Judgment Collaboration Cultural Competence Diversity Inter- and Intraprofessional Communication	Collaboration Health Literacy Information management (access, evaluate, and disseminate healthcare information) Interprofessional healthcare team member Intraprofessional communication	Advocate Educator Empowerment Interprofessional and intraprofessional communication
Critical Thinking	Inquiry Goal Setting Clinical Judgment Evaluating outcomes Interpretive reasoning Application of knowledge Prioritizing and discriminating	Inquiry EBP/research Prioritizing Goal setting Evaluating outcomes Application of knowledge	EBP/research Clinical judgment
Leadership	EBP/research Professionalism Empowerment Safety/quality Autonomy Evaluating Outcomes	Delegation Evaluation EBP/research Professionalism Health Policy Supervision Accountability Legal/ethical issues Empowerment Health Care Systems	Professionalism Accountability Professional identity Professional values Global perspective Life-long learner Legal/ethical issues

Level Objectives 3000	Level Objectives 4000
1. Demonstrates skill in providing holistic nursing care to individuals and families across the lifespan based on professional nursing standards.	1. Provides competent holistic nursing care to individuals, families, groups, communities, and populations across the lifespan based on professional nursing standards.
2. Select evidence-based practice approaches through the utilization of critical thinking skills and state-of-the-art knowledge for persons with varying health promotion, health maintenance and health restoration needs across the lifespan.	2. Evaluate and utilize evidence-based practice through the utilization of critical thinking skills, and state-of-the-art knowledge for persons with varying health promotion, health maintenance, health restoration, needs across the lifespan,
3. Explore the attributes and the role of the professional nurse.	3. Participate in formal and informal experiences that promote both personal and professional growth.
4. Demonstrates effective communication (listening, verbal, non-verbal, written, and electronic) skills with individuals, families and groups as well as members of the interprofessional healthcare team facilitating a culture of quality and safety	4. Employs competent communication and developmentally appropriate skills in effective communication skills (listening, verbal, non-verbal, written, and electronic) with individuals, families, groups, communities, and populations as well as members of the interprofessional healthcare team facilitating a culture of quality and safety.
5. Identify health information resources for self, individuals, families, and colleagues.	5. Utilize technology and evaluate and disseminate health information resources for self, colleagues, and individuals, families, groups and communities.
6. Coordinates and collaborates with the healthcare team in the provision of care.	6. Demonstrates leadership skills in coordinating, collaborating, delegating, and supervising nursing care provided by others
7. Collaborates with individuals, families and groups through mutual goal-setting and education to promote health and wellness.	7. Collaborates with individuals, families, groups, communities, and populations through mutual goal-setting, advocacy, and education to promote health and wellness.
8. Participates in a patient centered (individual and family) approach that reflects professional values of altruism, autonomy, human dignity, integrity and social justice.	8. Displays a patient-centered approach (individual, family, groups, community, and populations) that reflects the professional values of altruism, autonomy, human dignity, integrity and social justice.
9. Follow procedures for economic, ethical, legal and professional nursing standards in nursing practice.	9. Demonstrates skill in economic ethical, legal, and professional nursing standards in nursing practice.
10. Applies a liberal arts education to the understanding of the continuum of care and resource utilization.	10. Evaluate the continuum of care and resource utilization based on the liberal arts foundation and nursing knowledge.

Approved 4/2016

## NURSING DEPARTMENT ORGANIZATION STRUCTURE

The Department Nursing is comprised of the Chair, Program Director(s), Tenure Track Faculty, Clinical Faculty, Adjunct Faculty and Administrative Staff. Unless otherwise noted in a specific policy, students are encouraged to address their concerns (when they arise) to their assigned course/clinical faculty member and subsequently to the program director, and finally to the department chair if not resolved.

## STUDENT ADVISEMENT

Academic advisement is provided by the Beaver College of Health Sciences Office of Advising and Academic Support located on the first floor of the Leon Levine Hall of Health Sciences 1179 State Farm Road, Boone NC. Ms. Larke Blanton is the current ASU Nursing Department Advisor, Room 101, Phone: 828-262-8877, email: [blantonla@appstate.edu](mailto:blantonla@appstate.edu).

For any concern or issue, students are encouraged to contact the RN to BSN Coordinator, Ms. Mary Coleman remotely at phone: 828-262-8054, email: [colemanma1@appstate.edu](mailto:colemanma1@appstate.edu) OR the Undergraduate Program Director, Dr. Jean Bernard, Room 512B Leon Levine Hall, 828-262-8468, [bernardjs@appstate.edu](mailto:bernardjs@appstate.edu).

## STUDENT INPUT INTO QUALITY PROGRAM IMPROVEMENT

The Department of Nursing invites students to provide input for quality program improvement through completion of faculty and course evaluations, participation in focus groups, and through representation on the Curriculum and Student Affairs committees.

## STUDENT INFORMATION

Throughout the nursing program, students are required to convey current information to the department regarding

- contact information (changes in name, address and phone number),
- family emergency
- illness, or injury
- course drops, additions, or withdrawals from one or more classes

Students must notify Program Director, Chair of the Department of Nursing, Beaver College of Health Sciences Nursing Advisor and Registrar's Office of intent to drop, add, or withdraw from one or more classes.

At the beginning of each academic year, students must complete the **Student Information Form (p. 14-15)** and sign a **Student Handbook Agreement** that documents receipt and review of the Department of Nursing Student Handbook (**p.16**).

Upon admission to the program, students must give consent and sign the **Blanket Release For Use of Photograph Form (p. 17)**.

Revised 5/11/2017, 5/9/18, 7/15/19



Please Check One:     RN to BSN     MSN

*This form is to be completed at the beginning of each academic year. Please print legibly.*

**Student Information:**

Full Name (*maiden and married*): \_\_\_\_\_

**Banner ID Number:** \_\_\_\_\_ **SS Number (last four digits):** \_\_\_\_\_

Date of Birth (*mm/dd/year*): \_\_\_\_\_

**Current Physical Address:** \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Phone Number(s) Cell: \_\_\_\_\_ Other: \_\_\_\_\_

ASU Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**Emergency Contacts**

Emergency Contact Name (1): \_\_\_\_\_

Emergency Contact Phone Number (1): \_\_\_\_\_

Emergency Contact Name (2): \_\_\_\_\_

Emergency Contact Phone Number (2): \_\_\_\_\_

*Please continue to page 2 for Employment Information*

## Employment Information

Student Name: \_\_\_\_\_

Job Status: (*Circle One*)      Employed

Unemployed    Current Name of

Agency of Employment:

\_\_\_\_\_

Current Unit and Job Description:

\_\_\_\_\_

Agencies Full Address:

\_\_\_\_\_

Current Manager: \_\_\_\_\_

Managers Phone: \_\_\_\_\_

Managers Email: \_\_\_\_\_

\_\_\_\_\_

*Student Program Contact: (This is the agency personnel who oversees students' needs related to clinicals, compliance and onboarding. The ASU Nursing Department's ultimate goal is to identify who at the facility handles contracts with the nursing schools. The office's business manager may be the contact. If you are unable to identify this person, please indicate this in your answer.)*

Student Program Contact Phone Number: \_\_\_\_\_

Student Program Contact Email: \_\_\_\_\_



**Department of Nursing  
STUDENT HANDBOOK AGREEMENT  
FORM**

**This form should be completed and submitted to  
CastleBranch™**

I, (print name) \_\_\_\_\_

- have received the academic year 2020-2021 ASU Department of Nursing Student Handbook.
- am aware that the handbook is available for review on the ASU Nursing Department website.
- have read in its entirety, the academic year 2020-2021 ASU Department of Nursing Student Handbook.
- acknowledge that I am responsible for its contents and for adhering to the policies therein.

- BSN handbook**
- RN-BSN**
- MSN**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

M: Student Handbook: Forms 6.30.20





**Department of Nursing  
BLANKET RELEASE FOR USE OF  
PHOTOGRAPH**

**This form should be completed and submitted to  
CastleBranch.™**

- I hereby grant to the Department of Nursing and Appalachian State University (hereafter referred to as “ASU”), its legal representative and assigns, and those acting with its permission, or its employees, the right and permission to make, use and/or copyright, reuse and/or publish, display (including in PowerPoint and other presentations), and re-publish photographic or digital pictures or images of me, or in which I may be distorted in character, or in form, in conjunction with my own or a fictitious name, or reproductions thereof, in color or black and white, made through any media by the Department of Nursing and/or ASU, for display or other purposes, including the use of any printed material in conjunction therewith.
- I hereby waive any right to inspect or approve the finished photograph, copy or printed material that may be used in conjunction therewith or to the eventual use that it might be applied.
- I hereby release, discharge and agree to save harmless the Department of Nursing, the State of North Carolina, the University of North Carolina, ASU, and their respective representatives, assigns, employees, agents or any persons, corporation or corporations, acting under its permission or authority, or any person, persons, corporation or corporations, for whom it might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution of the same, even should the same subject me to ridicule, scandal, reproach, scorn, or indignity.
- I hereby warrant that I am over eighteen years of age, and competent to contract in my own name insofar as the above is concerned.

**I HAVE READ THE FOREGOING RELEASE, AUTHORIZATION AND AGREEMENT, BEFORE AFFIXING MY SIGNATURE BELOW, AND WARRANT THAT I FULLY UNDERSTAND THE CONTENTS THEREOF.**

- |           |                          |                   |                          |         |                          |
|-----------|--------------------------|-------------------|--------------------------|---------|--------------------------|
| BSN       | <input type="checkbox"/> | Student from      | <input type="checkbox"/> | Staff   | <input type="checkbox"/> |
| RN to BSN | <input type="checkbox"/> | other institution |                          | Visitor | <input type="checkbox"/> |
| MSN       | <input type="checkbox"/> | Faculty           | <input type="checkbox"/> |         |                          |

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Address*

## ASU ACADEMIC AFFAIRS & POLICIES

Students must comply with all Appalachian State University policies including:

- Disability Resources
- Attendance
- Student Engagement in Coursework
- Academic Integrity

Examples of academic integrity violations include:

- Cheating
- Fabrication & falsification
- Multiple submission
- Plagiarism
- Abuse of academic materials
- Complicity in academic dishonesty
- Specific policies and requirements for infection reporting & prevention (COVID-19 or other)

Policies may be found at:

- <https://studentconduct.appstate.edu/>
- <https://academicaffairs.appstate.edu/resources/syllabi-policy-and-statement-information>
- <https://policy.appstate.edu/Academic Integrity Code>
- <https://www.appstate.edu/go/coronavirus/>

### Academic Integrity

Formal complaints related to academic dishonesty are addressed in the *Appalachian State University: Academic Integrity Code 2020-2021*.

Violations of the Academic Integrity Code are addressed on a case by case basis by the Office of Student Conduct.

### Plagiarism

Plagiarism is defined in the Appalachian State University Academic Integrity Code as “presenting the words or ideas of another as one’s own work or ideas”. All directly quoted material must be properly cited. Plagiarism includes but is not limited to borrowing, downloading, cutting, pasting and paraphrasing without acknowledgement, including from online sources, or allowing a person’s academic work to be submitted as another’s work.

Approved 5/11/2017; Revised 7.15.19

## ASU SUPPORT SERVICES

**Library Services (828-262-2186):** Students are encouraged to use the ASU’s library facilities. John Wiswell is the Health Sciences Librarian and can be reached at 828-262-7853 or wiswellj@appstate.edu.

**Counseling Center (828-262-3180), <http://counseling.appstate.edu/>:** ASU’s Counseling Center is available to students at any time. For emergencies, on weekends and evenings, students may contact ASU’s Police at (828)262-2150 if counseling staff member is needed. In addition, the counseling center may refer students to local mental health services.

**Student Health Services (828-262-3100), <https://healthservices.appstate.edu/>:** ASU’s BSN (Prelicensure) students have access to Student Health Services, however online nursing students do not pay the student health services fee and are not eligible.

**Disability Resources (828-262-3056), <https://odr.appstate.edu/>:** Appalachian State University is committed to making reasonable accommodations for individuals with documented qualifying disabilities in accordance with the Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973. **Students must complete the Student Disability Disclosure Form (p. 20)** as part of the process for determining accommodations.

Students seeking accommodations based on a substantially limiting disability must contact and register with The Office of Disability Resources (ODR). ODR engages in an interactive process to review requests for accommodations with consideration of course requirements and a student’s condition, history, and request. Once registration is complete, a student will meet with ODR staff to discuss eligibility and appropriate accommodations. ODR will contact and inform course faculty of needed accommodations. Faculty are very willing to assist students based on ODR’s recommendations.

**Inclusive Excellence (828-262-2144), <https://titleix.appstate.edu/getting-help>:** ASU is committed to Inclusive Excellence and does not position diversity as simply the presence of difference, but instead treats diversity as the **intentional inclusion** of the cultures, worldviews, gifts, talents, history, and traditions of all people and places. Inclusive Excellence employs a broad definition of diversity that includes:

• Disability	• Religion
• Gender identity	• Nationality
• Gender expression	• Age
• Sexual orientation	• Religion
• Race and ethnicity	• Social Class

ASU also fosters a campus that is safe and promotes the well-being of all individuals. Gender discrimination, sexual violence, and relationship violence are counter to our values institutionally. Students who experience interpersonal violence, may contact the Office of Title IX Compliance.

**Tutoring (828-262-2291), <https://studentlearningcenter.appstate.edu/tutoring-services> :** On campus students should discuss tutoring with course faculty member and/or academic advisor(s). Online students in need of tutoring may contact faculty or the online education department.

Suite 112, Anne Belk Hall  
APP STATE Box 32158  
Boone, NC 28608  
828-262-7904 (f) www.ods.appstate.edu

828-262-3056 (o)

## Student Disability Disclosure Form

It is essential that the information on this form is filled out by the student because it is considered in the eligibility determination process. Timely submission of materials is vital for the timely provision of accommodations. Please return this completed form along with proper disability documentation in accordance with university documentation guidelines found at www.ods.appstate.edu. If additional space is needed, please use the back of this form or use additional paper.

*Consistent with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, it is the policy of Appalachian State University that no qualified individual with a disability shall be excluded from, denied the benefits of, or be subjected to discrimination in any APP STATE program, service or activity. The Office of Disability Services (ODS) is the designated University office to determine and coordinate reasonable accommodations.*

Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Classification: Fr. \_\_\_ Soph. \_\_\_ Jr. \_\_\_ Sr. \_\_\_ Grad. \_\_\_

1. What is the nature of the disability you are requesting accommodations for?

2. In your own words, please describe the current impact and functional limitations of the disability:

3. Please describe any accommodations previously used and where:

4. Accommodations requested at Appalachian State University:

ODS sends all communications via APP STATE email.

*I give the Office of Disability Services (ODS) permission to consult with medical and mental health professionals at Appalachian State University in order to assist the ODS staff with the evaluation of my medical and/or psychological documentation. I understand that the medical and mental health professionals will keep this information confidential to the extent permitted by law.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*ODS cannot accept typed or electronic signature*

<b>ADDITIONAL RESOURCES</b>	
Academic Affairs	828-262-2070
Add a Class (Registrar's Office)	828-262-2050
Adverse Weather	828-262-7669
Appalachian Summer Festival	828-262-4046
Application for Graduation	828-262-6492
App State Online	828-262-3113
Athletic Tickets	828-262-2079
Dean's Office (Beaver College)	828-262-8145
Bookstore	828-262-3070
Career Development Center	828-262-2180
Cashier's Office	828-262-2113
Chancellor	828-262-2040
Change of Address (Registrar's Office)	828-262-2050
Computer Shop (bookstore)	828-262-3070
Computer Technical Support	828-262-6266
Counseling and Psychological Services	828-262-3180
Daymark and After-Hours Number	828-264-8759; 877-492-2785 (After hours)
Dean of Students	828-262-8284
Digital Learning Resources	828-262-6090
Digital Learning Studio	828-262-2186
Disability Resources	828-262-3056
Fees	828-262-2113
Financial Aid	828-262-2190
Grade Information (Registrar's Office)	828-262-2050
Handicapped Concerns (ODR)	828-262-3056
Health Services	828-262-3100
ID Cards	828-262-6141
Information (APP STATE Campus)	828-262-2000
Information (Student)	828-262-3030
Learning Center	828-262-2291
Legal Clinic	828-262-8284
Belk Library	828-262-2186
Loans	828-262-2190
Off-Campus Courses (Distance Ed)	828-262-3113
Parking and Traffic	828-262-2878
POLICE (Campus)	828-262-8000
Racial Trauma Healing Space	828-262-2083
Registrar	828-262-2050
Substances Abuse Mental Health Services Administration	1-800-662-HELP
Schaefer Center	828-262-4046
Scholarships	828-262-8453
Suicide Prevention	1-800-272-TALK (8255)
Testing Center	828-262-6801

Title Nine Equity Office (Grievances, etc.)	828-262-2144
Transcript (Registrar)	828-262-2050
Withdrawal (Registrar)	828-262-2050
Writing Center	828-262-3144

Revised 07/2019; 06/30/2020

## ASU Department of Nursing FINANCIAL AID

Listed below are resources for information on financial aid detailing up-to-date specifics to assist in the appropriate funding for your needs.

- **ASU’s Financial Aid office–(828)262-2059** <https://financialaid.appstate.edu/>  
They can help with programs such as Pell Grants and Stafford Loans, State-funded programs such as the NC Student Incentive Grant, work-study opportunities, and scholarships available only to Appalachian Students.
- **Beaver College of Health Sciences Scholarship page:** <https://healthsciences.appstate.edu/students/scholarships>
- **American Association of Colleges of Nursing:** <https://www.aacnnursing.org/Students/Financial-Aid>
- **American Nurses Association:** <https://www.nursingworld.org/education-events/scholarships/>
- **Black Excel**  
<http://www.blackexcel.org/nursing-scholarships.html>
- **College Foundation of North Carolina**  
<https://www.cfnc.org/>  
This program administers the NC Nurse Scholar’s Program, the NC Health, Science and Math Scholarship program, and many other relevant programs.
- **Johnson and Johnson Company:** <https://nursing.jnj.com/>
- **North Carolina Nurses Association Foundation:** <https://www.ncnurses.org/foundation/scholarships/>
- **National Student Nurses Association Foundation:** <https://www.nсна.org/foundation-of-the-nsna.html> & <https://www.forevernursing.org/>
- **Sigma Theta Tau:** <https://www.sigmanursing.org/advance-elevate/careers/nursing-scholarship-opportunities>
- **U.S. Department of Health and Human Services:** <https://bhwh.hrsa.gov/loansscholarships>
- **After College/AACN Nursing Student Scholarship Fund** <https://www.aftercollege.com/content/article/aftercollege-aacn-scholarship/>

## ASU Department of Nursing FORMAL COMPLAINTS

The Department of Nursing abides by the University guidelines in addressing formal complaints for:

### Unfair Treatment

- Students who believe they have been treated unfairly by a member of the ASU community regarding any type of discrimination (racial, age, sexual), affirmative action issue, pay inequity, and/or promotion concerns may contact Dean of Students, Plemmons Student Union, Room 324, [dos@appstate.edu](mailto:dos@appstate.edu), 828-262-8284.
- Students who believe they are victim of sexual harassment may contact ASU Office of Title IX Compliance, 123 I.G. Greer Hall, [titleix.appstate.edu](http://titleix.appstate.edu), 828-262-2144.

### Student Misconduct

**Definition of Misconduct** from the *Appalachian State University Code of Student Conduct 2020-2021*. "...any action by a student that endangers or threatens to endanger the health or safety of the University community or the education mission of the University, or any behavior that violates the standards of conduct specified in Article IV of this Code"

The Code of Student Conduct is the primary resource related to misconduct. It contains:

#### *Bill of Students' Rights*

- Disciplinary policies
- Role of Conduct Boards
- Procedure for conduct review
- Guidelines for determining appropriate sanctions
- Rights of an accused student during a hearing
- Guidelines for students appealing claims

In the event that a complaint has been made regarding student misconduct, every attempt is made to ensure that students' rights to a fair process are upheld. For complaints regarding student misconduct, please contact the Office of Student Conduct: Plemmons Student Union, Rm. 320, [studentconduct@appstate.edu](mailto:studentconduct@appstate.edu), 828-262-2704.

Consequences of Misconduct as per the ASU Code of Student Conduct may include:

- expulsion,
- suspension,
- reprimand,
- general probation,
- specific probation,
- community service, and
- restitution.

## ASU Department of Nursing

### RN to BSN MAJOR: ADMISSION, PROGRESSION AND GRADUATION POLICIES

#### The Bachelor of Science in Nursing (RN to BSN)

This accredited baccalaureate online program is designed for current registered nurses seeking to practice as generalists in a variety of healthcare settings. The RN to BSN program provides the academic knowledge and skills to advance in the nursing profession and builds a foundation for graduate nursing education.

#### Admission Criteria

Admission decisions for the RN to BSN program are made by the Department of Nursing. To meet the RN-BSN admission requirements, students must:

- be initially admitted to the Appalachian State University (ASU).
- hold an Associate in Applied Science in Nursing degree, or an Associate Degree in Nursing from an accredited institution, or a Diploma in Nursing from an accredited hospital nursing program.
- hold a current, unrestricted and unencumbered registered nurse (RN) license to practice in North Carolina or a compact state prior to and throughout the RN to BSN program.
- have a cumulative GPA of 2.5 on a 4.0 scale calculated over all college coursework (cumulative GPA as calculated by the Department of Nursing).
- have completed **all** lower division course work (required core, nursing cognate courses, and any elective courses) **before** starting the RN-BSN program (**pp.26-27**).
- provide health records and immunization documentation as requested by required deadline.

#### Transfer Credit:

- All baccalaureate degrees granted by Appalachian require the completion of a minimum of 50 semester hours at a senior college or university. (Note that credit awarded for credit by exam, military service, or “Life Experience” does not count as part of the required 50 hours.)
- All nursing courses must be taken at Appalachian. The Comprehensive Articulation Agreement (CAA) with NC community colleges will be followed in evaluating non-nursing credits from NC community colleges.
- Students who have successfully completed two terms of the RN-BSN program will be awarded 30 semester hours of Appalachian credit for previous learning and clinical competencies.
- The University Registrar has final control over whether courses taken at another institution of higher learning will transfer in to APP STATE. A copy of the previous course syllabus and/or catalog course description must be submitted.
- Nursing courses taken at other institutions will be evaluated by the Chair of the Department of Nursing who will determine if courses taken are equivalent to APP STATE’s nursing courses. A copy of the previous course syllabus and/or the course description from the catalog at the former institution must be submitted.



## Progression Requirements

- Upon admittance and to progress thereafter, students must:
  - adhere to all policies of the University and Department of Nursing
  - achieve a grade of 77% or higher in each nursing course.
  - maintain a cumulative nursing GPA of 2.5 at the end of fall semester and each semester thereafter.
  - maintain negative Drug Screen
  - maintain approved Criminal Background Check
  - maintain an unrestricted, unencumbered current license to practice nursing in NC or a compact state.
- Based on requirements of non-traditional clinical courses, students may be required to:
  - maintain malpractice/liability insurance through Appalachian State University
  - maintain current BLS certification at the healthcare provider level, American Heart Association.
  - maintain yearly tuberculosis screening
  - maintain all immunization requirements (annual flu vaccine, Tdap (every 10 years) particular to clinical agency requirements.
- The university does not specify time limits for completion of undergraduate degrees. However, nursing students who fail to achieve a “C (77%)” or higher in a nursing course cannot progress in the program, must reapply, and will be required to meet all admission standards. Readmission is a competitive process and is not guaranteed.

## Incomplete Courses

- If a student receives a grade of “incomplete” for a nursing course, the “incomplete” must be satisfied with a grade of 77% or higher before a student may progress to the next semester of nursing courses.
- Satisfaction of the incomplete coursework must occur no later than the end of the final grading period for the current term as noted on the official academic calendar (For example, incomplete grades for Spring and Summer terms are due by the last day to submit final grades in the following Fall term. Incomplete grades for Fall terms are due by the last day to submit final grades in the following Spring term)

## Withdrawals

- Students who need to withdraw (i.e., discontinue all classes) for the current term or a future term must complete the online [Enrollment Discontinuation Form](#) (available in AppalNET/Web Self-Service under the Student tab). Completed form will automatically be forwarded to the Registrar's Office for withdrawal processing. For withdrawal process questions, please contact the Registrar's Office at (828) 262-2050 or [registrar@appstate.edu](mailto:registrar@appstate.edu).
- New undergraduate students who no longer plan to attend Appalachian, must also notify the [Office of Admissions](#).
- Starting the first day of classes, discontinuing enrollment in all your classes is considered a withdrawal for the term. If the withdrawal occurs after the official last day to withdraw from the term (9<sup>th</sup> week of classes), there will be no refund and grade(s) will be recorded as "Withdrawal Failure" or “WF.” To find the last day to withdraw from the term, please refer to the academic calendar for that term.
- The [Withdrawal Checklist](#) [PDF] provides students with detailed information about necessary steps they need to take in the withdrawal process.

## Withdrawals (Continued)

- Courses in the nursing program are taught only once a year and are sequential. Students who withdraw must communicate via email with the Chair of the Department of Nursing (raymankm@appstate.edu), Program Director (bernardjs@appstate.edu), RN to BSN Coordinator (colemamma1@appstate.edu), Director of Compliance and Student Support (turpinrl@appstate.edu), and advisor (blantonla@appstate.edu).
- ASU Student Health Service must approve medical withdrawals and readmissions. The student may need to provide supporting documentation from healthcare provider.
- Students who plan to return after withdrawing, must follow the university and Department of Nursing readmission policies.

## Refund Policy

Information and/or questions regarding refunds can be found on the [Office of Student Accounts website](#) (or email them at [studentaccounts.appstate.edu](mailto:studentaccounts.appstate.edu).)

## Reduction of Class Schedule

- If students reduce their class schedules (drop some but not all courses) during the Drop/Add period (defined as the first five days of classes for a fall or spring term or the first two days of classes in a summer term), 100% of the difference in tuition and fees between the original and revised schedules will be credited to their accounts.
- Students who reduce their schedules (drop some but not all courses) after the Drop/Add period (defined as the first five days of classes for a fall or spring term or the first two days of classes in a summer term), will not be eligible for a refund.

## Graduation Requirements

- **The Bachelor of Science in Nursing (RN to BSN) consists of 120 semester hours.**
- An overall nursing GPA of 2.50 is required.
- **Required Core (44 SH)**  
ALL lower-division coursework (Nursing Required Core, Cognate Courses, and Elective Courses) must be completed prior to entry to the program:
  - **English Composition (6 SH)**  
Two English Composition courses
  - **Humanities/Fine Arts (12 SH)**  
One literature course required  
One fine arts course required  
Two additional courses from: art, dance, drama, foreign language, music, literature, interdisciplinary humanities, philosophy, and religion.
  - **Social/Behavioral Sciences(12 SH)**  
One history course  
An introductory course in sociology  
An introductory course in psychology  
An additional course from: anthropology, economics, geography, history, political science, psychology, and sociology

## **Graduation Requirements (Continued)**

- **Mathematics (6 SH)**  
Introductory mathematics course (survey, college algebra, trigonometry, calculus, etc.)  
Introductory statistics course (does not have to be math prefix)
- **Natural Sciences (8 SH)**  
Human Anatomy and Physiology with Lab

### **Nursing Cognate Courses (18 SH)**

Nursing cognates (18 SH) are support courses for the major that are required for the BSN degree, and must be completed at a community college or other accredited institution.

Cognate courses required for the RN-BSN program:

- Human Anatomy & Physiology\* - if not taken as part of the Required Core (8 SH)
- Microbiology with lab (4 SH)
- Developmental Psychology or Human Growth and Development\* - if not taken as part of the Required Core (3 SH)
- College level Statistics\* - if not taken as part of the Required Core (3 SH)

\* Courses in the cognate may also count as part of the Required Core, and additional hours needed are made up in General Electives to total the 120 semester hours required for the BSN degree.

### **Elective Course Requirements (to complete a total of 120 SH)**

The BSN degree requires a total of 120 semester hours. If a student has fewer than 120 hours on record after completing all other degree requirements, the remaining credit hours must be obtained by taking general elective courses that are transferable to Appalachian.

### **Nursing Major Coursework (30 SH, see p. 30)**

## Dismissal Policy

Students may be sanctioned or dismissed from the University for Just Cause (Appalachian State University Student Handbook: [https://policy.appstate.edu/Policy\\_Manual](https://policy.appstate.edu/Policy_Manual)). Students dismissed from the Nursing Department will receive notification via a formal letter from the Chair of the Department of Nursing with discussion of dismissal reason and eligibility for readmission, if applicable. Students may be disciplined or dismissed from the nursing program for:

- Non-compliance and/or violations of Appalachian State University and Department of Nursing policies and procedures.
- Non-compliance and/or violations of clinical agency policies and procedures.
- Non-compliance and/or violations of the North Carolina Nurse Practice Act and ANA's *Code of Ethics*.
- Failure to achieve a grade of at least "C" (77% or >) in a nursing (NUR) course.
- Physical or emotional problems that interfere with the ability to safely practice nursing and do not respond to treatment within a reasonable time frame.
- Use of substances that interfere with the ability to practice safe nursing.
- Denial by the clinical agency for access due to criminal background results, positive drug screen or other outcomes that impact safe nursing practice.
- Clinical behavior that is unsafe, unprofessional, unethical and/or beyond student's scope of practice (actions for which student has not been educated or authorized to perform).
- Uncivil behavior in classroom, lab, clinical or online settings directed toward patients, family, significant others, visitors, students, faculty or other healthcare providers.
- Behavior that threatens the physical, emotional, mental or environmental safety of patients, family members or significant others, visitors, students, faculty or other healthcare providers.
- Excessive absences, tardies and/or incomplete assignments.
- Disciplinary action by the NC State Board of Nursing and/or loss of license.

### Permanent Dismissal

Students are NOT eligible for readmission if they:

- Receive a grade of **lower than C- (74)** in any **one** nursing course (D+, D, D-, or F)
- Receive a grade of **C- (74-76.99) or lower in more than one** nursing course.
- Have been readmitted to the nursing program previously.
- Do not comply with university, department of nursing, and clinical agency policies and procedures.
- Engage in unsafe nursing practice.
- Receive a final clinical grade of "Unsatisfactory" in one clinical course.

## **Readmission**

- Students may seek readmission once if they:
  - Receive a grade of C- (74-76.99) in one nursing course one time.
- Application for readmission does not guarantee readmission.
- Students requesting readmission must submit a Letter of Appeal via email to the Chair of the Department of Nursing within four weeks of dismissal notification.
- Letter of Appeal must include:
  - Request for readmission
  - Factors that contributed to dismissal
  - Attempted remediation actions to prevent failure and/or dismissal.
  - Action plan for success including specific behaviors that will enhance learning if readmitted (decreased workhours, study group, testing accommodations).
- The Chair of the Department of Nursing and the Admissions Committee will review the Letter of Appeal with consideration of:
  - Student's accountability for lack of success
  - Plans for future success
  - Nursing GPA, coursework and clinical performance
  - Number of absences/ tardy episodes in nursing courses over the semester
- The Admissions Committee may request a conference with the student.
- Recommendation of the Admission Committee regarding readmission will be forwarded to the Chair of the Department of Nursing for final approval.
- The Chair of the Nursing Department will inform the student in writing of a readmission decision, rationale, and instruction for next steps.
- Students readmitted will receive a developmental plan for success formulated by the Admissions Committee with input from faculty and advisor. This plan may include focused content review, auditing of nursing courses, and scheduled meetings with faculty and/or program director.
- The student must agree with and sign the developmental plan which will be forwarded to the Program Director and faculty mentor.
- Students who are not readmitted will be advised regarding options for change of major and directed to proper departments for new advising.

## **Program Completion**

Students who must drop out of the program will be considered for re-admission if

- the student is in good standing in the department and meet nursing GPA requirement of 2.5
- space available;
- permission from the Department Chair is granted.

Upon readmission, students will continue with the original curriculum unless curriculum has changed; in this case, the student will be required to take current nursing courses.

Revised 5/11/17, reviewed 7.19

**ASU Department of Nursing**  
**CURRICULUM OVERVIEW RN-BSN PROGRAM**

Fall Semester:

- NUR 3000 Nursing Informatics (3 Semester Hours)
- NUR 3011 Concepts of Professional Nursing (4 Semester Hours)
- NUR 3021 Health Assessment (4 Semester Hours)

Spring Semester:

- NUR 4033 Nursing Research (3 Semester Hours)
- NUR 4021 Nursing Care of Communities (4 Semester Hours)
- NUR 4029 Nursing Leadership & Management (4 Semester Hours)

Summer Semester:

- NUR 3031 Nursing Care of Older Adults (3 Semester Hours)
- NUR 4032 Professional Nursing Synthesis (5 Semester Hours)

\* Students who successfully complete two terms of the RN-BSN program will be awarded 30 semester hours of Appalachian credit for prior learning.

## ASU Department of Nursing

### RN-BSN CURRICULUM – COURSE DESCRIPTIONS

#### **NUR 3000 Nursing Informatics (3); Fall.**

This course examines the integration of computer science, information science, and nursing science in the nurse's role of designer, manager of information, and coordinator of care.

The acquisition, evaluation, and application of information from a variety of sources are analyzed in terms of their applicability for evidence-based practice (EBP) as well as their validity for public access and utilization. Lecture three hours.

Prerequisite: admission to the online RN to BSN degree program.

#### **NUR 3011 Concepts of Professional Nursing (4); Fall.**

*GEN ED: Junior Writing in the Discipline (WID)*

This course introduces an expanded knowledge about nurses as members of the profession, providers of care, and coordinators, designers and managers of care related to differentiated practice. Nursing history, process, and roles are explored. Students receive an introduction to theory, practice, and research concepts. Evidence-based and community-based nursing are introduced along with critical thinking. The nursing process and principles that guide practice are explicated. Nursing trends and issues are identified. Lecture four hours.

Prerequisites: admission to the online RN to BSN degree program and R C 2001 or its equivalent.

#### **NUR 3021 Health Assessment (4); Fall.**

This course examines the integration of evidence-based knowledge and skills of health assessment into the nurse's roles of provider of care and designer, manager, and coordinator of care. Through the presentation of the concepts of health assessment, c o u p l e d with the nursing process, this course emphasizes assessment, identification and documentation of normal and abnormal physical and psychosocial findings across the lifespan with an appreciation of different cultural factors that may influence health.

Lecture three hours, laboratory two hours.

Prerequisite: admission to the online RN to BSN degree program.

#### **NUR 4021 Nursing Care of Communities (4); Spring.**

In this course, students concentrate on the nurse's roles of provider of care, designer, manager, and coordinator of care and member of the profession in caring for groups in a community setting. The focus is on assisting vulnerable populations to achieve improved health goals and outcomes. Students participate in a variety of techniques for improving health care, such as patient education. Also, students partner with community agencies to positively influence health care. Lecture three hours, 30 related clinical hours (community survey project)

Prerequisite: admission to the online RN to BSN degree program.

## **RN-BSN CURRICULUM – COURSE DESCRIPTIONS (Continued)**

### **NUR 4029 Nursing Leadership and Management (4); Spring.**

This course examines the role of research and theory in nursing practice and health care. In addition, it provides an overview and an analysis of research methodologies and the theoretical approaches with a continued look at evidence-based practice. The roles of the professional nurse as a member of the profession and provider of care as they relate to the application of nursing research in practice are explored.

Prerequisite: admission to the online RN to BSN degree program or permission of instructor.

### **NUR 4033 Nursing Research (3); Spring.**

This course examines the role of research and theory in nursing practice and health care. In addition, it provides an overview and an analysis of research methodologies and the theoretical approaches with a continued look at evidence-based practice. The roles of the professional nurse as a member of the profession and provider of care as they relate to the application of nursing research in practice are explored.

Prerequisite: admission to the online RN to BSN degree program or permission of instructor.

### **NUR 3031 Nursing Care of Older Adults (3); Summer.**

This course covers past, present and predicted trends of the elderly population and their relationship to nursing. The course explores the roles of the nurse with the older adult and her/his family as provider of care as well as designer, manager, and coordinator of care in the many settings where the elder adult lives. The student explores common and chronic health problems, holistic care, safety, ethics, resources, and a variety of health promotion techniques related to the care of the older adult and her/his family. Lecture three hours.

Prerequisite: admission to the online RN to BSN degree program.

### **NUR 4032 Professional Nursing Synthesis (5); Summer.**

*GEN ED: Capstone Experience*

This capstone course is a synthesis of knowledge, theories, and clinical experiences from course work throughout the nursing major. Students develop learning contracts incorporating the roles of provider of care, designer, manager, and coordinator of care, and the member of the profession. The course consists of 120 clinical hours.

Prerequisite: admission to the online RN to BSN degree program.



## **ASU Department of Nursing REMEDICATION POLICY**

The Department of Nursing seeks to facilitate success of every student in the program. When students' work indicates potential academic or clinical failure (a grade < 77%), faculty will meet with the student to complete a remediation plan within 1-2 weeks of the occurrence. Faculty will initiate a remediation form that will be signed by both the student and faculty.

Circumstances for remediation include:

- A failing grade (<77%) on a paper or exam in any nursing course.
- A mid-term evaluation with a grade of <77% in a course.
- Incompetency or difficulty applying nursing process
- Any deficiency in the classroom, lab, or clinical setting as determined by faculty.

Communication:

- The need for the Remediation Plan will be communicated to the RN to BSN Coordinator and Program Director.
- The Remediation Plan form will be kept in the student file
- Faculty will forward a copy of the plan to the Program Director and the Director of Compliance and Student Support within one week of meeting with the student.

## REMEDIATION FORM: ACADEMIC

<b>GENERAL INFORMATION</b>	
Student Name	Date:
Report Prepare by:	Class:
REASON FOR REMEDIATION	ACTIONS TAKEN
Level one or below ATI testing (state test_____)	Conference with student: date
Score below 77 on unit exam	Review of test
Writing problems	Suggest study skills
Critical thinking problems	Discuss stress reduction strategies
Stress / anxiety	Review test taking principles
Classroom behavior problems	Suggest decreasing amount of time working
Other: (Explain)	Suggest balance of college activities/ academics
	Discuss testing accommodations
	Referral to university services (e.g. counseling, etc.)
<b>Detailed Description of student need:</b>	
OTHER ACTION(S)	
Note on advising record: (date/s):_____	Team meeting (date/s):_____
Contacted course coordinator: (date/s):_____	Other action(s):
Contact undergraduate director: (Date/s): _____	
Conference with Chair: Date(s):_____	
ASSIGNMENTS OR REQUIREMENT(S) FOR STUDENT IF APPLICABLE	
<b>RESULTS (INCLUDE DATE):</b>	
STUDENT SIGNATURE: _____ DATE: _____	
INITIATING INSTRUCTOR SIGNATURE: _____ DATE: _____	
SIGNATURE OF FACULTY MEMBER(S) INVOLVED IN ASSESSING RESULTS OF ACTION: DATE:	

Remediation recommendations: Review material prior to coming to class as well as after class  
 Study in small groups  
 Work NCLEX questions every day (FA DAVIS or other sources)  
 Strive for 80% on NCLEX questions- review rationales (this is a very important part of learning to critically think). Work on activities provided in course textbook and associated websites.

## ASU Department of Nursing GRADING POLICIES

Students are required to pass didactic classwork with a grade of C (77%) and clinical coursework with a “Satisfactory” in order to progress in the nursing program. Grades are not rounded in the nursing department. Requirements for evaluating performance and generation of course grades are determined by the course instructor. Per faculty discretion, a 5% per day deduction in score may be applied to any late exam or assignment.

### Nursing Program Grading Scale

A	95-100
A-	92-94.99
B+	89-91.99
B	86-88.99
B-	83-85.99
C+	80-82.99
C	77-79.99
C-	74-76.99
D+	71-73.99
D	65-70.99
F	64.99 and lower

### Grading Disputes/Resolutions

- Students who believe that the course grade is unfair or inaccurate, must first discuss concerns with course faculty.
- If unable to resolve, the student may then discuss concerns with the Chair of the Nursing Department. At this point if there is a lack of resolution, the Appeal Procedure should be followed.

### Final Grade Appeal Final Grade Appeal

The ASU Nursing Department follows the greater university policies related to student grievances and grade appeals. Please refer to the Appalachian State University, Academic Affairs website. The information from their main link will always be the most current.

Academic Affairs: (from academic affairs: resources: Student Grievance and Appeal Policies and Procedures.

- <https://academicaffairs.appstate.edu/resources/final-grade-appeal-procedure>

Form for appealing: (From academic affairs: resources: forms)

- [https://academicaffairs.appstate.edu/sites/academicaffairs.appstate.edu/files/final\\_grade\\_appeal\\_enabled.pdf](https://academicaffairs.appstate.edu/sites/academicaffairs.appstate.edu/files/final_grade_appeal_enabled.pdf)

Revised 5/15, 5/11/2017, 5/9/2018, reviewed 7/2019

## Final Grade Appeal Form Appalachian State University

**To the student:** Before submitting an appeal to the Grade Appeals Committee, you must have

1. discussed the contested grade with the instructor (date \_\_\_\_\_)
2. appealed to the departmental chair about the contested grade (date \_\_\_\_\_)

**In addition,** you must attach the following to this form:

1. the syllabus for the course in which you received the contested grade
2. all documented grades (graded tests, papers, projects, etc.) that you have
3. a list of all other grades that you know you received in the course and any other factors that may have influenced the grade (e.g., your attendance record)

**Remember that the burden of proof in Grade Appeals Committee hearings lies with the student.**

Student's Full Name \_\_\_\_\_

ASU Box Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Course in which grade is being contested (with number and section): \_\_\_\_\_

Semester course taken \_\_\_\_\_

Grounds for appealing the grade:

Continued on back (if necessary)

Grade received \_\_\_\_\_

Grade you believe you earned \_\_\_\_\_

\_\_\_\_\_  
Date filed with Deans Office

\_\_\_\_\_  
Student Signature

The following Signatures are necessary **only if the student intends to seek a Grade Appeals Committee hearing**. They signify: (1) that the student has discussed the grade in question with the instructor and the appropriate departmental chair; and (2) that the information required for this form, including attachments, is complete.

Instructor \_\_\_\_\_ Departmental Chair \_\_\_\_\_

**To request a hearing before the Grade Appeals Committee, the student must file this completed form within the first 30 days of the following semester in the Office of the Dean of the college or school in which the grade was assigned.**

**ASU Department of Nursing**  
**CLINICAL POLICIES AND REQUIREMENTS**  
**Clinical Hours**

Clinical hours in the RN-BSN program are non-traditional and include a variety of projects in which the student may use their own work setting with permission of the facility's Student Programs Coordinator. The projects will be explained in detail when students are enrolled. **Clinical sites must be located within the state of North Carolina unless approval is given by the Undergraduate Program Director in advance.**

Although RN-BSN students do not participate in traditional clinical hours, they do complete an evidence-based research project in NUR4032, Professional Nursing Synthesis. This course is taught in the final semester of the program. Students may choose to complete this coursework at their place of employment or an alternative agency of choice. An affiliation agreement (contract) between ASU and the specific facility may be required.

**Professional Behavior:**

Students are responsible for adhering to all Department of Nursing policies and procedures related to clinical, practicum/ capstone, simulation laboratory learning experiences while enrolled in the nursing program. When in clinical settings, students are accountable for knowing and abiding by clinical agency guidelines, regulations, and policies related to professional dress; professional behavior that includes communication patterns, safety practices, and other parameters that support delivery of safe, effective, and quality professional nursing care. It is the student's responsibility to clarify with nursing faculty any area of professional conduct outlined in Department and/or agency policy that is unclear.

**Verification of BLS, OSHA, and HIPAA Training**

All students must comply with state, Nursing Department and clinical agency mandated regulations. Prior to beginning clinical experiences at any agency, students must provide proof of and upload in CastleBranch™):

- documentation of **The NCAHEC Online Core Orientation**. URL address: <https://www.wakeahec.org/hctriangeclinical.htm>
- current American Heart Association BLS CPR certification
- current OSHA and HIPAA training
- current health information and immunizations status (**forms on pp. 42-55**)
- requirements for clinical practice mandated by the clinical agency
- criminal background check (CBC)
- urine drug screen (DS) that includes:

AMP amphetamine	BAR barbiturates
BZP benzodiazepines	COC cocaine
MTD methadone	METH methamphetamines
MDMA ecstasy	OPI opiates
OXY oxycodone	PCP phencyclidine
PPX propoxyphene	THC marijuana

- NOTE: CBC, DS and test results from vendors other than CastleBranch™ will not be accepted.

## HEALTH AND IMMUNIZATION REQUIREMENTS

All Students admitted to the Department of Nursing are required to comply with all Appalachian State University Department of Nursing health requirements in order to complete the clinical related components of their courses. The requirements have been developed in accordance with Appalachian State University Student Health requirements, Center for Disease Control (CDC), Immunization Action Coalition and facilities utilized for clinical affiliations.

- Students must submit all health and immunization information including completed forms by November 1 of the fall semester. This information must also be uploaded and accepted into the Castle Branch data base. Students must include:
  - Name and Banner ID (ASU ID) on all pages
  - The name and address of the health care provider, facility and/or lab completing required forms.
  - Lab and X Ray results must be a laboratory or radiologist document.

### Student Physical Examination and Health Status

Upon admission to the program, students must have a physical completed by their health care provider. Results of this physical examination must be documented on the ASU Physical Form AND the Department of Nursing Safety and Technical Form.

- **ASU Physical Form (p.42)**
  - All blanks should be completed and signed by *both* student and health care provider
  - The Health Care Provider's address must be documented.
  - When fully completed, the ASU Physical Form must be uploaded into the Castle Branch Data Base.
- **Safety and Technical Standards Documents.**
  - Policy and Procedure: (pp. 43-47)
  - Students must complete and sign this document. (pp. 48-50)
  - The Health Care Provider must review, provide comments related to student's ability, and sign this form.
  - The completed forms should be uploaded into the CastleBranch™ data base.

While enrolled in the nursing program, students are required to immediately inform the Department of Nursing of *any change health status including illness or injury*. The student must notify the course faculty, Program Director, Department Chair, and the Director of Compliance and Student Support. Any condition that is deemed to have the potential to jeopardize the quality of nursing care or the safety of clients will be discussed with the student by the parties mentioned above and appropriate action will be taken. (Additional reporting may be required for COVID-19 or other).

**Immunization Requirements:**

- All immunization requirements and the provision of documentation to the department must be met *before students begin coursework*.
- Students must maintain current immunizations throughout the program.
- Refusal of immunizations may affect ability to complete program requirements.
- Additional immunizations or tests may be added to ensure that students are safe to practice in assigned clinical settings.

**Hepatitis B:**

- A series of 3 vaccines *and*
- A Hepatitis B surface antibody test (titer) showing immunity are both required.
  - Titer results should be on an official lab document. The lab name and address should be included in the documentation.
  - Should the titer be negative or equivocal the student must repeat the three-dose series (according to CDC schedule) AND the hepatitis B titer. The repeat titer should be obtained at least one month after completing the repeat vaccination series.

**Influenza:**

- One dose of the quadrivalent flu vaccination is required for all students. Documentation of the quadrivalent flu vaccination must be turned in to the Director of Compliance and Student Support between October 1 and October 31 of each calendar year.

**MMR (Measles (Rubeola), Mumps, and Rubella):**

- Two MMR vaccines
  - given at least 30 days apart
  - These should have been received at age 1 or older.
- Titers (laboratory evidence of immunity) for measles (rubeola), mumps and rubella showing immunity to all three disease may replace the need for documentation of the two dose MMR series.
  - Titer results should be on an official lab document. The lab name and address should be included in the documentation
  - If lab results are negative or equivocal, additional vaccinations are indicated.

**Tetanus, Diphtheria and Pertussis:**

- One dose of Tdap (Adacel or Boostrix) received at age ten or older is required. And
- A dose of a tetanus containing vaccination is required every ten years. This may be Td or Tdap.

**Varicella (Chicken Pox):**

- Two doses of the varicella vaccine
  - Received at or after age one.
  - Two doses separated by at least 30 days.
- OR**
- A titer (Varicella Igg) showing immunity to chickenpox is acceptable.
  - Titer results should be on an official lab document. The lab name and address should be included in the documentation
  - If lab results are negative or equivocal, additional vaccinations are indicated.

## **Tuberculosis (TB) screening:**

- Initial TB screening
  - Two separate TST (tuberculosis skin test).
  - The two TST tests are administered 7-21 days apart.
  - Each test is interpreted 48-72 hours later.
  - Tests should be documented ***only*** on **ASU Tuberculosis Testing forms (pp. 51-53)**
    - Form must include the Health Care Provider's signature and address.
    - Form must include the student's signature.
  
- A lab test for tuberculosis may replace the initial TST testing and an annual lab test may replace the annual TST test.
- This is described as an IGRA test (QuantiFERON Gold or T spot)
- Results must be on an official lab document. The lab name and address must be included in the documentation
- An annual TB screening test within 364 days of the previous year's screening is required for those having a negative test result.
- A positive TST on either the first or second step, a history of a positive TST or a positive IGRA blood test will require a chest x-ray and a review of findings by the healthcare provider.
  - Documented on the Initial Tuberculosis Screening form in handbook
  - Those persons who have a history of a positive test result are required to complete an annual TB exposure questionnaire.
  - If an individual has a history of completing medications for latent or active tuberculosis, documentation of this should be provided.
- If student is exposed to tuberculosis, subsequent testing will be required.
- Students with a positive tuberculosis test at any time must complete the Tuberculosis Risk Assessment (**p. 53**) If students are unable to receive further tuberculosis testing, the Tuberculosis Risk Assessment must be completed annually.

Revised: 06/30/2020





Department of Nursing  
**PHYSICAL EXAMINATION**

**This form should be completed  
 and submitted to CastleBranch™**

Students should keep a copy in their personal records for future use. 12

<b>NAME:</b>		<b>BANNER ID:</b>	
This Physical Examination is to be completed by a licensed healthcare provider. Please attach any additional documentation regarding any category below to this form. ASU Nursing Safety and Technical Form is also to be completed by the student and healthcare provider			
Temperature:	Pulse		
Respiration:	Blood Pressure:		
Height:	Weight		
<b>Eye Exam</b> (all fields must be completed. If healthcare provider is unable to complete, options for completion should be discussed with ASU Nursing Director of Compliance and Student Support)			
<b>Peripheral Vision:</b>	Normal/Abnormal		
<b>Acuity:</b> Near:	Right Eye:	Left Eye:	Correction Used: YES / NO
Far:	Right Eye:	Left Eye:	Correction Used: YES / NO
<b>Ishihara Color Test:</b>	Normal/Abnormal	Correct No. of Answers:	
	<b>Normal</b>	<b>Abnormal</b>	<b>Comments</b>
<b>General Appearance</b>			
<b>Skin</b>			
<b>HEENT</b>			
<b>Respiratory</b>			
<b>Cardiovascular</b>			
<b>Abdomen</b>			
<b>Neurological</b>			
<b>Speech</b>			
<b>Motor</b>			
<b>Sensory</b>			
<b>Musculoskeletal</b>			
<b>Muscle Strength</b>			
<b>Gait</b>			
<b>Extremities</b>			
<b>Spine</b>			
<b>Mental Health Status</b>			
<b>Current Medications:</b>			
<b>MD/DO/NP/PA Signature:</b>			<b>Date:</b>
<b>Address</b>			

<b>I understand</b> that the ASU Department of Nursing will share health and immunization information with appropriate clinical agencies or in the event of a medical emergency.	
<b>Student Signature:</b>	<b>Date:</b>

## ASU Department of Nursing

### SAFETY AND TECHNICAL STANDARDS POLICY AND PROCEDURE

**Purpose:** To validate all students' ability to meet the cognitive, affective and psychomotor requirements of the curriculum, with or without reasonable accommodations, while enrolled in any of the Appalachian State University Nursing programs. This policy and related procedures shall be implemented in a manner consistent with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as subsequently amended. In addition, students must be in compliance with the patient safety and quality standards of clinical and other regulatory agencies.

**Policy:** For admission and progression in any of the Appalachian State University Nursing programs, all students must:

- Meet the required eligibility requirements and the patient safety and quality standards of clinical and other regulatory agencies.
- Newly admitted students must:
  - Complete the health appraisal and have a physical examination performed by a licensed practitioner such as a physician or nurse practitioner.
  - Complete and obtain approval of the "Safety and Technical Standards" form (attached).
  - Provide documentation of required immunizations including completion of 2-step Mantoux (PPD) testing.
  - Provide documentation of current American Heart Association CPR certification in adult and infant/child at the health care provider level.
- In order to progress in the program, all current students must submit, at the beginning of each subsequent academic year, the *Annual Health, Safety and Technical Standards Self Evaluation* form (in the forms section of this document) for validation of meeting the safety and technical standards.
- All students must maintain currency of immunization status, PPD testing and CPR.
- Students who incur **subsequent illness or injury must be assessed at the time of said occurrence** to determine if they remain in compliance with this policy and its intent.

**Confidentiality:** The handling of all records and subject information will be strictly confidential and revealed only to those required to have access, e.g., ODR, Appalachian's Department of Nursing, clinical agencies, etc. Any breach of confidentiality will be considered serious and appropriate disciplinary action will be taken.

#### **Procedure:**

##### **Initial verification of student of meeting required safety and technical standards**

- Once the applicant has met the eligibility requirements for acceptance, the "Safety & Technical Standards" form will be sent from the Department of Nursing to the applicant with the official notification of provisional acceptance into any of the Appalachian State University Nursing programs.
- The student must complete the form and return it to the Department of Nursing by the specified return date.

## **SAFETY AND TECHNICAL STANDARDS POLICY AND PROCEDURE (continued)**

### **Annual verification by student of meeting required safety and technical standards**

- Prior to the beginning of subsequent academic years, each current student must submit the *Annual Health, Safety and Technical Standards Self Evaluation* form (found in the forms section of this document) for validation of health status and ability to meet the safety and technical standards.
- Failure to provide appropriate documentation as requested may result in the student's not being allowed to participate in clinical courses and/or dismissal from the program based on the inability to meet the safety and technical standards.

### **Reasonable Accommodations Due to a Disability**

- At any time within the program, students needing reasonable accommodations in order to meet any of the technical and performance standards must:
  - Make requests to the Office of Disability Resources (ODR).
  - ODR will engage in an interactive process to determine eligibility and may consult with the Department of Nursing to determine reasonable accommodations.
  - If reasonable accommodations are approved ODR will notify students regarding eligibility and will create an Accommodation Plan to identify the approved reasonable accommodations.

### **Temporary impairment verification by student of meeting required safety and technical standards**

- If a student is injured, is ill, or the student's health status changes, this must be reported to the Chair of the Department of Nursing within 24 hours and/or prior to clinical experience.
- The Director of Compliance and Student Support will request that the student provide verification from a health care provider of the student's continued ability to perform clinical activities. In addition, the student must also be cleared by the assigned clinical facility and the Department of Nursing in accordance with the facility's patient safety and quality standards.
- A copy of the "Safety and Technical Standards" form and a cover memo for the health care provider to verify that the student can meet the safety and technical standards will be provided to the health care provider by the student.
  - The student will return the health care provider-completed and signed memo to the Director of Compliance and Student Support.
  - If the student needs accommodations due to a temporary impairment requests should be made to ODR.
- The Department of Nursing will submit all associated documentation to the clinical facility for review and determination of the students' ability to participate in clinical.

**Until a decision is made, the student will not be allowed to participate in clinical courses.**

### **Failure to provide documentation**

Failure to provide appropriate documentation as requested may result in the student's not being allowed to participate in clinical courses and/ or dismissal from the program based on the inability to meet safety and technical standards.

## **SAFETY AND TECHNICAL STANDARDS POLICY AND PROCEDURE (Continued)**

### **Disputing the decision**

The student may make a written appeal of a decision made by the Department of Nursing pursuant to this policy. Such an appeal shall be made to the Chair of the Department of Nursing within fifteen (15) working days from the student's receipt of notice of the decision. If the situation cannot be resolved at the Department level, the student may appeal to the Dean of the Beaver College of Health Sciences within 15 working days of the Department's denial of the first appeal. The appeal to the Dean must be submitted in writing and include documentation related to the situation. The Department will also have an opportunity to provide written documentation about the situation. The documentation will include specific details regarding why the Department has denied the appeal, and a record of the communication with the student. The decision of the Dean is binding (final).

### **Misrepresentations**

Any identified misrepresentation, falsification, or material omission of information by the student may result in dismissal from the Nursing program.

**Amendments or Termination of this Policy:** Appalachian State University Department of Nursing reserves the right to modify, amend, or terminate this policy at any time.

Adopted 5/7/2010

Form revised 10/14, 2/16, 5/11/17, 1/28/19

## **SAFETY AND TECHNICAL STANDARDS REQUIREMENTS**

### **General abilities**

To provide quality nursing care, the student is expected to possess functional use of the senses of vision, touch, hearing, taste and smell. All data received by the senses must be integrated, analyzed and synthesized in a consistent and accurate manner. The student must be able to observe patients accurately at a distance and close at hand. In addition, the student is expected to possess the ability to perceive pain, pressure, temperature, position, equilibrium and movement.

### **Observational Ability**

The student is expected to be able to observe the patient/client holistically to accurately assess any health/illness alterations. Inherent in this observation process is the functional use of the senses and sufficient motor capability to carry out the necessary assessment activities.

### **Communication**

The student is expected to be able to effectively communicate and receive communication, both verbally and non-verbally. This requires the ability to see, speak, hear, read, write, and effectively utilize the English language. A student must be able to elicit information, describe changes in mood, activity and posture, and receive nonverbal communications. A student must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing. The student must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

### **Motor Ability**

The student is expected to be able to perform gross and fine motor movements required to provide holistic nursing care. Examples of care that the student must be able to perform include turning, transferring, transporting, and exercising the patients/clients. The student is expected to have the psychomotor skills necessary to perform or assist with procedures, treatments, administration of medications, and emergency interventions. Examples of emergency interventions reasonably required of nurses are cardiopulmonary resuscitation, the administration of parenteral medication, the application of pressure to stop bleeding, and the suctioning of obstructed airways. A candidate must also be able to protect the patients in emergency situations such as a fire event. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch, hearing, and vision. The student is expected to be able to maintain consciousness and equilibrium, and have the physical strength and stamina to perform satisfactorily in clinical nursing experiences.

### **Intellectual – Conceptual Ability**

The student is expected to have the ability to develop problem solving skills, and demonstrate the ability to establish care plans and set priorities. This includes the ability to calculate, analyze, and synthesize objective, as well subjective, data and make decisions that reflect consistent and thoughtful deliberation of the appropriate data. The student is expected to be able to listen, speak, read, write, reason, and perform mathematical functions at a level which allows the student to process and understand the materials presented (in both a written and a verbal format) throughout his or her course of study.

**Behavioral/Social Attributes**

The student is expected to have the emotional stability to fully utilize his/her intellectual abilities, exercise sound judgment, complete assessment and intervention activities, and develop sensitive interpersonal relationships with patients/clients, families, and others responsible for health care. The student is expected to have the flexibility to function effectively under stress; that is, the individual is expected to be able to learn to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Concern for others, integrity, accountability, interest and motivation are necessary personal qualities.

**Ability to Manage Stressful Situations**

The student must be able to adapt to and function effectively to stressful situations in both the classroom and clinical settings, including emergency situations. The student will encounter multiple stressors while in the nursing program. These stressors may be (but are not limited to) personal, patient care/ family, faculty/ peer, or program related.

8/4/2011 safetechnical\_standardshandbook[1].docx, Revised 06/30/20  
Form revised 10/14, 2/16, 1/28/19

**Appalachian State University Beaver College of Health  
Sciences Department of Nursing  
SAFETY AND TECHNICAL STANDARDS: INITIAL  
EVALUATION**

**This form should be completed and submitted to CastleBranch™ at the beginning of the program.**

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

1. If you had sufficient educational preparation would you be able to perform, with or without reasonable accommodations, the customary techniques for physical assessment such as auscultation (listening with a stethoscope), percussion (tapping of the chest or abdomen to elicit a sound indicating the relative density of the body part), palpation (feeling various body parts such as the breast or abdomen with the ability to discern the size, shape and consistency of masses), and visual observation sufficient to note such changes as skin and eye color, and body positioning as well as to use such instruments as an otoscope (magnifying instrument for examining the ear) and ophthalmoscope (magnifying instrument eye examinations)?  
 Yes (with or without accommodations)  No
2. If you had sufficient educational preparation would you be able to perform, with or without reasonable accommodations, basic nursing procedures such as giving injections of medications, inserting intravenous lines, transferring, lifting, and turning patients and assisting patients in their activities?  
 Yes (with or without accommodations)  No
3. If you had sufficient educational preparation would you be able to perform quickly and effectively, with or without reasonable accommodations, such emergency procedures as cardiopulmonary resuscitation and suctioning of obstructed airways?  
 Yes (with or without accommodations)  No
4. Are you able to communicate orally and in writing and receive communication so as to conduct patient interviews, to provide patient education, and to make your assessments and plans known to others on the health care team?  
 Yes (with or without accommodations)  No
5. Are you able to withstand the physical and psychological rigors of nursing education and practice? Both may entail long classroom and clinical hours, strenuous physical activity, exposure to latex and other allergens and taking care of patients with serious illnesses, contagious diseases, terminal diseases, and severe emotional disorders. Consistent class attendance is mandatory due to the clinical nature of the nursing program.  
 Yes (with or without accommodations)  No

6. Can you meet the immunization requirements for nursing students as listed below? For information on costs at APP STATE Student Health Services go to: <http://healthservices.appstate.edu/pagesmith/98>

**MMR vaccine requirement:** 2 MMR vaccines given after the 1st birthday and at least 30 days apart are required

**Tuberculosis screening requirement:** Initial TB screening – 2 separate PPD tests within one year (a.k.a., “two step”) or Provider Review if history of positive PPD. Then annual TB screening is required. .

**DPT/Td requirement:** A series of 3 doses of DPT, DTaP, or Td -- one within past 10 years; one dose Tdap (Adacel or Boostrix) (date must be after vaccine release day of May 2005). Td will be repeated if Tdap is  $\geq 10$  years.

**Hepatitis B vaccine requirement:** A series of 3 vaccines and a positive blood titer is required.

**Varicella/Chicken Pox Immunity requirement:** If a student has a history of chicken pox disease, a positive blood titer is required. If a student has no history of chicken pox disease, a 2-dose series of vaccine is acceptable.

**Annual Influenza Vaccine:** Required by clinical facilities.

Yes       No      If No, why:

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7. Are you able, with or without reasonable accommodations, to listen, speak, read, write, reason and perform mathematical functions at a level which allows you to process and understand materials which are presented to you (in either a verbal or a written format)?

Yes (with or without accommodations)       No

8. Having read the Safety and Technical Standards for Appalachian State University Department of Nursing, do you require reasonable accommodations, consistent with the Americans with Disabilities Act, to meet any of these requirements?

Yes       No

I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that submission of false or incorrect information may cause my application to be rejected or may result in my dismissal from Appalachian State University, if admitted. I understand that any request for accommodation will be evaluated to determine the reasonableness of the requested accommodation and the adequacy of the supporting documentation.

Applicant's Signature

Date

*If you have any questions regarding the above questions, please feel free to contact the Director of Compliance and Student Support for the Department of Nursing, Rebecca Turpin ([turpinrl@appstate.edu](mailto:turpinrl@appstate.edu)).*

Revised 8/4/2011, 10/14, 2/16, 5/11/17, 4/16/18, 1/28/19; 06/30/2020

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Safetechnical\_standardshandbook UPDATE



## Health Care Provider Verification

I have reviewed the information provided by the student in this document. I have discussed this information with the student. To the best of my knowledge, this student is able to meet the Safety and Technical Standards required for the BSN, RN-BSN or MSN program at Appalachian State University.

**MD/NP/DO/PA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department of Nursing**  
**TUBERCULOSIS TESTING RECORD: INITIAL**

**This form should be completed and submitted to CastleBranch™**

<b>NAME:</b> _____	
<b>Banner ID:</b> _____	
<b>Tuberculin skin Test (TST)</b> <b>Administered</b> 0.1 intradermal Date: _____ Time: _____ Arm (circle one): Left    Right Lot Number: _____ Expiration Date: _____ Administered by: _____ <b>Interpretation in 48-72 hours</b> Date: _____ Time: _____ Results: _____ mm    Circle one: Positive / Negative Interpreted by: _____	<b>Tuberculin skin Test (TST) 7-21 days after test #1</b> <b>Administered</b> 0.1 intradermal Date: _____ Time: _____ Arm (circle one): Left    Right Lot Number: _____ Expiration Date: _____ Administered by: _____ <b>Interpretation in 48-72 hours</b> Date: _____ Time: _____ Results: _____ mm    Circle one: Positive / Negative Interpreted by: _____
<b>Interferon Gamma Release Assay (IGRA: QuantiFERON Gold or T Spot)</b> Date lab obtained: _____ Time: _____ Lab Name: _____ Lab Address: _____ Attach a copy of the Lab Document to this form	
<b>Chest X Ray (CXR) required for any positive tuberculosis screening test</b> Date of CXR: _____ Active Disease detected(circle one):    Yes    No Attach a copy of the Radiology Report to this form Tuberculosis Risk Assessment completed and attached to this form	
<b>PROVIDER COMPLETING FORM (May by RN, MD, DO, NP, or PA )</b> Provider Name: _____ Provider Signature: _____ Provider Address: _____ Provider Phone: _____	
<b>STUDENT:</b> I understand that the Department of Nursing at ASU will share health and immunization information with appropriate clinical agencies or in the event of a medical emergency. Signature: _____ Date: _____	



**Department of Nursing**

**TUBERCULOSIS TESTING RECORD: ANNUAL**

This form should be completed and submitted to CastleBranch™

Name: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

**TUBERCULOSIS (TB) SCREENING TEST:**  
Annually (364 days or less after initial tb testing) one of the following is required:  
One tst or  
IGRA test for tuberculosis.  
Upon request of a clinical agency, additional TB testing may be required.

**TST 0.1ml intradermal in the left arm.**  
READ IN 48-72 HOURS.  
Date/Time administered: \_\_\_\_\_  
By: \_\_\_\_\_  
Date/Time read: \_\_\_\_\_  
Results: \_\_\_\_\_ mm  
By: \_\_\_\_\_

**OR**

IGRA (QuantiFERON Gold or T-Spot)  
Date and Results: \_\_\_\_\_  
*Attach an official copy of the results to this form.*

**Chest x-ray required if any TB screening test is positive, yearly for two years after first converting to positive. And every 5-6 years thereafter.**  
Date of x-ray: \_\_\_\_\_ Absence of active disease:  Yes  No

**Attach Radiology Report and fill out Annual Tuberculosis Surveillance Questionnaire.**  
If medication for latent tuberculosis has been completed, documentation should be provided.  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Nurse, MD, PA, FNP who completed any of the above

**Address:** \_\_\_\_\_

I understand that the Department of Nursing at Appalachian State University will share health and immunization information with appropriate clinical agencies or in the event of medical emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Nursing**

**TUBERCULOSIS RISK ASSESSMENT**

This form should be completed and submitted to CastleBranch™

NAME (printed): \_\_\_\_\_ DATE: \_\_\_\_\_

Please answer the following questions and provide additional information for any YES answers.

1. Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America, or Eastern Europe? YES NO

2. Have you traveled outside of the USA and lived for more than one month in Africa, Asia, Central America, South America, or Eastern Europe? YES NO

Date and duration of last travel to these countries: \_\_\_\_\_

3. Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medications (e.g. Prednisone, Remicade), leukemia, lymphoma cancer or the head or neck, gastrectomy or jejunal bypass, end stage renal disease (on dialysis), or silicosis? YES NO

Date of onset of any of the above conditions: \_\_\_\_\_

4. Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in a jail or prison, worked or resided in a homeless shelter, or worked as a healthcare worker in direct contact with patients? YES NO

Date of use of any of the above conditions: \_\_\_\_\_

5. Have you experienced any of the following symptoms in the past year?

Symptoms	YES	NO	Symptoms	YES	NO
Fatigue			Night sweats		
Weight loss			Low grade fever		
Loss of appetite			Chest pain		
Weakness			Bloody sputum		
Persistent cough**			Prolonged period of "just not feeling well"		

Have you followed up with your health care provider regarding any categories with "yes" answers? YES NO

*Answers of "Yes" should be discussed with the ASU Nursing Director of Compliance and Student Support*

Date of last CXR (or not applicable (n/a)): \_\_\_\_\_

Radiologist Report submitted to ASU Nursing Program: YES NO

Date completed medication for active or latent tuberculosis (or not applicable (n/a)): \_\_\_\_\_

*This information will be evaluated and you may be required to have a statement of clearance to participate in clinical from a healthcare provider of your choice.*

**The above information is accurate to the best of my knowledge.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Department of Nursing**

### **STUDENT CRIMINAL BACKGROUND CHECK AND DRUG SCREENING POLICY\***

#### **1. Introduction**

1.1 It is a condition of initial enrollment in the Appalachian State University Department of Nursing (the “Department”), and a condition of eligibility to continue enrollment in a Nursing program, that Nursing students meet all academic and other requirements imposed by the Department, as well as requirements of each external health and human service agency where the Department attempts to place the student in a given semester.

1.2 The Department must secure the cooperation of independent external health and human service agencies (“Agencies”) to provide appropriate educational, internship, clinical, or field experiences for its students. Increasingly, those Agencies will not accept students who do not meet requirements that apply to their employees, including drug tests and criminal background checks. Because criminal background checks are now required by the North Carolina Board of Nursing for all licensure applicants, and because of recommendations from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), many Agencies now require that Nursing students who will intern at their sites successfully complete criminal background checks and drug screening. Each student must undergo a criminal background check by a Department of Nursing-approved agency.

1.3 In addition to meeting all Department and other college and University academic and conduct requirements, students have the additional responsibility to meet requirements imposed by each Agency where they will receive clinical or field education, including internships. A student who is rejected by one or more Agencies because of failure to meet the Agency’s criminal background and/or drug testing requirements will be subject to dismissal from the Nursing Program in accordance with the Department of Nursing Academic Dismissal Policy.

#### **2. Agency Criminal Background Check Requirements**

2.1 Students not meeting requirements regarding the criminal background checks are subject to dismissal from the program. See Student Handbook Dismissal Policy on page 58.

2.2 University officials will have electronic access to the criminal background report.

2.3 The University seeks information on convictions, all pleas that are acknowledgements responsibility, and all pending criminal actions. Arrests or detention orders that do not result in convictions or pleas will not be considered. The candidate will be asked to provide information about the candidate’s criminal and discipline records. This information is critical, and a failure by the candidate to provide this data or to provide it accurately will result in a rejection of the candidacy or other decision adverse to the candidate. All materials collected pursuant to this policy will be held confidentially and securely, and it will be maintained in a file separate from the regular files maintained for each candidate.

## Agency Criminal Background Check Requirements (Continued)

- 2.4 The existence of a conviction or plea, or other determination or acceptance of responsibility for a crime or misconduct, does not automatically render a candidate unqualified. Where such matters are evident, the following factors will be considered by University officials in determining whether a candidate is qualified:
- A. the nature of the crime or misconduct;
  - B. the circumstances surrounding the crime or misconduct;
  - C. the existence, number and type of other incidents of crime or misconduct;
  - D. the time that has elapsed since the conviction or other determination;
  - E. the actions and activities of the student since the date(s) of reported crime(s) or misconduct;
  - F. the rehabilitation record of the student;
  - G. any related information;
  - H. the honesty of the student in disclosing and/or explaining the crime or misconduct;
  - I. any professional opinions about the possibility or likelihood of future criminal behavior or other misconduct;
  - J. explanations and/or other information provided by the candidate; and
  - K. the willingness of a healthcare facility or other agency to accept the candidate for any clinical experience.

**In addition, University officials may use the attached GUIDELINES FOR ASSESSING CRIMES AND MISCONDUCT AS THEY RELATE TO NURSING REQUIREMENTS AND ACTIVITIES.**

- 2.5 The criminal background check will only be used for evaluating the candidate's qualifications; it will not be used to discriminate on the basis of race, color, national origin, religion, creed, sex, gender identity and expression, political affiliation, age, disability, veteran status, or sexual orientation.
- 2.6 If a candidate has a criminal or disciplinary record, the University will:
- A. Compare the results of the background check to the application and supplemental information supplied by the candidate to determine discrepancies. If there are no discrepancies, and if the University has made an individual determination that the candidate is qualified for admission, continued matriculation, or certification or licensure, and there is no additional information indicating that a previous decision should be modified or rescinded, the previous decision may stand.
  - B. If there are discrepancies or information indicating that a decision should be further examined, college officials must provide the candidate an opportunity either to (1) demonstrate that the report of criminal, disciplinary or other relevant history was erroneous (e.g. wrong person) or to (2) explain the discrepancy.
  - C. If the background report is determined to be accurate and a discrepancy exists between the reported information and the application or supporting material that the candidate submitted, or there is additional information that amplifies the application information or otherwise indicates that the admission should be examined further:

## **GUIDELINES FOR ASSESSING CRIMES AND MISCONDUCT AS THEY RELATE TO NURSING REQUIREMENTS AND ACTIVITIES.** (Continued)

1. The presumption is that the candidate will not be admitted, allowed to continue matriculation or be recommended for certification or licensure if the candidate has failed to accurately disclose relevant information in response to a question on the application or inquiry by any University official. The burden is on the candidate to demonstrate that the omission or misinformation was the result of an honest mistake, that it was not intended to mislead, and that a decision should be rendered in favor of the candidate in spite of the failure to disclose;

2. If the failure to disclose accurate information does not result in a decision adverse to the candidate, but there is information that draws the decision into question, before the candidate may be admitted, matriculate, or obtain a recommendation for certification or licensure, an authorized University official must make an individual determination as to whether the nature of any crime committed or other behavior disclosed, together with other available information, suggests that the candidate is unqualified. If the official determines that the candidate is not qualified, that official or a designee must notify the candidate of the decision to deny admission or continued matriculation, or decline to make a positive recommendation for the candidate's certification or licensure. If not, the candidate may be admitted, matriculate or obtain a recommendation in accordance with other University policies and procedures.

2.7 University officials must maintain a record of the background checks, if any, conducted on each candidate and the results of those checks. If a candidate's record shows a history of conviction of, guilty plea to, or acceptance of responsibility for a crime or a significant disciplinary sanction at the University or another educational institution, the University shall maintain a record of the process used to determine whether or not the candidate was qualified and of the basis for that determination.

2.8 The student is accountable for reporting any charges of a misdemeanor or felonious nature that occurs while enrolled in the BSN Program within 48 hours of occurrence to the Chair of the Department of Nursing. Reporting means that the student directly contacts the Chair and requests an appointment to discuss the charges.

### **3.0 Drug/Alcohol Screening Requirements**

3.1 To ensure patient safety, and comply with clinical facility policies, the North Carolina Board of Nursing regulations [21 NCAC 36.0320(d)], and the 2004 Manual for Hospitals published by the Joint Commission on Accreditation of Hospitals and Healthcare Organizations (JCAHO), students are expected to maintain personal health and hygiene, including, but not limited to, avoidance of any chemical substance that could impair judgment or ability to perform clinical or other duties, or otherwise endanger patients or other members of the healthcare team. All students entering the nursing program are required to obtain a drug/alcohol screen. The Department of Nursing reserves the right to direct a student to undergo drug screening at any time.



## Drug/Alcohol Screening Requirements (Continued)

**3.2** Students are admitted to the Department of Nursing pending a negative drug test. Students are responsible for costs associated with the drug screen. Students must further agree that all results are available to the university and the clinical sites associated with the program. The program is responsible for ensuring that students comply with individual hospital policy regarding disclosure of results. Students not meeting requirements regarding the drug screen are subject to dismissal from the program. **See Dismissal Policy on p. 28**

**3.3** The nursing program maintains a no tolerance policy regarding substance abuse. All students must clear a drug/alcohol test. Failure to undergo this test, a positive drug/alcohol screen, or an altered sample will result in dismissal from the program. If the drug/alcohol screen produces a positive result and a valid prescription exists, the test will be deemed negative. For the purpose of this policy, a valid prescription is one that is verified during a time period when the student is under the current treatment of a licensed healthcare professional.

**3.4** Students must undergo drug testing at a Department of Nursing approved drug screening laboratory. Students will bear all expenses associated with meeting these requirements.

20100324 CBC Acknowledgement and Agreement  
(DTC rev).docx Revised 5/15: 2015 CBC\_DS  
policy.docx (BK rev),  
5/11/17

**DRUG SCREENING AND CRIMINAL BACKGROUND CHECK**  
**ACKNOWLEDGEMENT AND AGREEMENT**  
**APPALACHIAN STATE UNIVERSITY EDUCATION PROGRAMS REQUIRING EXTERNAL**  
**HEALTH OR HUMAN SERVICE AGENCIES**

**This form should be completed and submitted to CastleBranch™**

1. I understand and acknowledge that Appalachian State University (“University”) has affiliated with several health care and human service facilities (hereinafter “Agencies”) to provide internships, field placements or clinical experience for students (“Students”). I further understand and acknowledge that the Agencies have a compelling interest in the integrity of their services and the health and safety of their patients, others who may come into contact with Students, and the Students themselves.
2. I understand and acknowledge that in order to protect their interests, many Agencies require Students to comply with their drug testing and/or criminal background check policies and to undergo drug testing and/or criminal background checks as conditions of participation in their education programs. In addition, such Agencies often require that Students submit to the required drug testing and/or criminal background checks at the Students’ own expense. I understand that the University will provide Students with information to obtain the drug testing and/or criminal background checks required by the Agencies.
3. I understand and acknowledge that an Agency may, in accordance with its policies, reject or expel a Student from participation in its operations on the basis of results of the drug testing and/or criminal background checks.
4. I am or will be enrolled as a student in the University’s Nursing program, and I plan to participate as a Student in an educational experience at an Agency.
5. Because participation in Agency-related educational programs is a degree requirement for students in the Nursing program, I understand that I may be required to undergo a criminal background check and/or drug screening as a condition of my participation in an internship, field placement or clinical experience at an external health or human service agency.
6. As a condition of participation as a Student in the education program identified above, I hereby agree to comply with the criminal background check requirements at each Agency to which I am assigned. If the Agency facilitates criminal background checks, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo a criminal background check prior to my placement, I agree to undergo a criminal background check by a University-approved agency at my own expense. I hereby authorize University officials to submit my original results to the Agency, which shall determine whether the results of my criminal background check are acceptable.
7. The student is accountable for reporting any charges of a misdemeanor or felonious nature that occurs while enrolled in the BSN Program within 48 hours of occurrence to the Chair of the Department of Nursing. Reporting means that the student directly contacts the Chair and requests an appointment to discuss the charges.
8. I hereby agree to comply with the drug screening requirements at each Agency to which I am assigned. If the Agency facilitates drug screening, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo independent/third party drug screening prior to my placement, I agree to undergo drug testing by a University-approved testing laboratory at my own expense. I hereby authorize any testing laboratory performing such services to provide the test results to the University, and I further authorize the University to submit my original results to the Agency. Each Agency shall determine whether the results of my drug screening are acceptable.
9. I have read both the Criminal Background Check and Drug Screening Policy (“Policy”) and this Acknowledgement and Agreement, and I understand their contents. I have had the opportunity to ask questions of and discuss the Policy and this Acknowledgement and Agreement with appropriate faculty and administrators in the Department of Nursing. I understand that I am responsible for meeting the requirements set forth in the Policy and this Acknowledgement and Agreement.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Printed Name

20100324 CBC Acknowledgement and Agreement (DTC rev).docx Reviewed 5/2014(BLK APP STATE Office of General Counsel)  
2014CBC\_DS Acknowledgement and Agreement.docx

## ASU GUIDELINES FOR ASSESSING CRIMES AND MISCONDUCT AS THEY RELATE TO NURSING REQUIREMENTS AND ACTIVITIES

In making an effort to assess comprehensively a candidate's qualifications, the University will carefully consider evidence of criminal convictions, court-accepted pleas indicating acknowledgement of responsibility and dispositions of crimes and information regarding other candidate discipline matters. The following guidelines may be utilized to assess particular convictions, pleas, and other dispositions of cases as they relate to nursing and performance of professional duties.

- **Safety Risk:** Evidence of conduct that may create an unacceptable risk with respect to the safety of the University and/or school and University and/or school activities, employees, other students, including those in public school settings or related activities, or the public would likely disqualify a candidate. Such evidence may include, but not be limited to, conviction of one or more felonies and/or misdemeanors involving assault, assault with a deadly weapon, rape, sexual assault, armed robbery, reckless endangerment, or operation of a motor vehicle while impaired as a result of drug or alcohol ingestion and arson.
- **Integrity Risk:** Evidence of conduct that indicates fraudulent behavior, deceit or dishonesty may create an unacceptable risk with respect to positions and activities that involve confidential documents (including medical records), security issues, sensitive data or materials, regulated issues and materials, financial matters and accounting. Such evidence may include, but not be limited to, convictions of one or more felonies and/or misdemeanors involving embezzlement, fraud, income tax evasion, forgery, burglary, robbery, larceny, theft, check kiting, issuance of bad checks, shoplifting and similar crimes, as well as academic misconduct (e.g., plagiarism, fabrication of data, cheating on examinations or representing someone else's work as one's own).
- **Illegal Drug Risk:** Evidence of conduct that encompasses illegal drug distribution and sale or like activities may create an unacceptable risk for employees and students of Appalachian State University in light of Appalachian State University's strong stance concerning illegal drugs and its commitment to a drug-free workplace and educational and living environments, as well as employees and students in health care settings and related activities. Such evidence may include, but not be limited to, conviction of felonies and misdemeanors involving drug trafficking, drug sales or distribution, drug possession with intent to sell, drug and/or paraphernalia possession and similar crimes.
- **Safety Risk for Students, Employees and Patients:** Evidence of conduct that encompasses harm or injury to others may create an unacceptable risk with respect to a student's enrollment in any curricular programs or participation in healthcare activities that serve patients. Such evidence may include, but not be limited to, felonies and misdemeanors involving abuse or neglect, molestation, taking indecent liberties with a minor, contributing to the delinquency of a minor, and similar crimes.

## **ASU GUIDELINES FOR ASSESSING CRIMES AND MISCONDUCT AS THEY RELATE TO NURSING REQUIREMENTS AND ACTIVITIES (Continued)**

- **Motor Vehicle Operation Risk:** Evidence of conduct that encompasses illegal, violent, or dangerous operation of a motor vehicle may create an unacceptable risk with respect to employment in positions or volunteer activities that require operation of any motor vehicle (i.e., buses, vans). Such evidence may include, but not be limited to, DWI, DUI, speeding to **Motor Vehicle Operation Risk (Continued)** elude arrest, vehicular manslaughter, multiple convictions of careless and reckless driving and multiple convictions of speeding.
- **Particular Position Risk:** Evidence of conduct that is likely to impede the candidate's ability to perform a particular duty or satisfy curricular requirements, or that otherwise indicates a significant risk to the safety of the student or those for whom the student is responsible, or effective conduct of University or health care institution programs.

Approved: 5/7/2010 Reviewed: 5/15 (BKOGC)

**Students are accountable for reporting any adverse event of a misdemeanor or felonious nature that occurs while enrolled in the nursing program. Reporting must occur within 48 hours of occurrence to the Chair of the Department of Nursing.** Revised 5/11/2017

**Appalachian State University Beaver College  
of Health Sciences Department of Nursing  
Consent and Release Authorization Form**

**This form should be completed and submitted to CastleBranch™**

I hereby authorize Appalachian State University through its Department of Nursing (hereinafter “University”) to provide the following information to any and all clinical facilities and training sites to which I may request a clinical placement: criminal background check, drug testing, physical and safety and technical standards examination documents, immunization/titer records, TB testing records, proof of completion of clinical education requirements including information that constitutes an educational record as that term is defined by the Family Educational Rights and Privacy Act (FERPA) and any other documents required by the Affiliation Agreement between University and the clinical facility/training site. I understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

I hereby release, indemnify and hold harmless Appalachian State University, the University of North Carolina, the State of North Carolina and their respective trustees, directors, officers, agents, representatives and employees from and against any liability or damage in connection with the release of criminal background check, drug testing, other health information and requirements referenced above.

I understand and agree that it is my responsibility to keep the clinical requirements current for each semester. I should keep all original documents and be prepared to show them each semester if requested by the assigned health care facility. It is possible that participation at a particular facility may necessitate additional screening or that additional screening may be required during the course of the program (this may incur an additional cost at that time). I understand clinical facilities and/or training sites may refuse to permit me to access clients/patients based on information contained in the reports and that their criteria may differ from the criteria of the Appalachian State University’s Department of Nursing.

I further authorize the clinical facilities and/or training sites where I am placed for my clinical experience to share any information they have regarding my participation in the clinical training program at their site with University. I hereby release, indemnify and hold harmless the applicable clinical facility, training site(s) and their respective officers, employees, agents, contractors, and other representatives from any liability or damage in connection with their release of the information noted in this provision to University.

I have the right to terminate this consent and release at any time in writing, however, I understand that doing so will prevent the University from providing the information necessary for me to be placed at or permitted to engage in a clinical experience.

**I HAVE READ AND UNDERSTAND THIS CONSENT AND RELEASE AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE, AND I SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Banner ID

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone number

Check Program/Status: BSN                      RN-BSN                      MSN                      Faculty

## **ASU Department of Nursing**

### **UNIVERSAL CONFIDENTIALITY POLICY AND AGREEMENT**

#### **General**

The Department of Nursing (“Department”) at Appalachian State University (“University”) maintains strict compliance with all legal, regulatory, and policy requirements addressing confidentiality of patient, research subject, and student records. This departmental policy and the related Universal Confidentiality Agreement describe departmental expectations in this regard.

For purposes of this document, the term “students” includes undergraduate and graduate University Nursing students and students from other institutions who are completing graduate preceptorships with the University’s Department of Nursing Faculty.

#### **Policy**

It is the Department’s policy that students, faculty, staff, visiting professionals, and general visitors of the University comply with the requirements and regulations of this policy regardless of the agency or venue to which they are assigned. Such individuals may be involved in clinical placements and/or other activities, such as classes, labs, or conferences that involve indirect or direct contact with professional peers, clients, their families and/or significant others. This level of involvement requires the utmost level of professional behavior and responsibility.

Members of the aforementioned groups are provided access to placements/activities via a contractual agreement or Memorandum of Understanding between the University, the Beaver College of Health Sciences, the Department, and the agencies/facilities providing learning/clinical opportunities. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of information necessary to accomplish the intended purpose of the interaction.

Appalachian State University maintains strict confidentiality requirements and regulations in compliance with the Gramm-Leach-Bliley Act (GLBA), Family Educational Rights and Privacy Act of 1974 as amended (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA) in addition to other federal and state laws. These principles of confidentiality must be strictly adhered to without exception so that the privacy of the privileged information is totally safeguarded.

Clinical or case materials prepared or used for classroom, lab, community/professional presentations, assignments, or written materials must be altered so that there is no possibility that the persons involved can be identified. This requirement includes specific details and circumstances as well as names. The classroom itself is to be considered an area of confidentiality. Information shared, clinical and otherwise, and the reactions of classmates are not to be discussed with anyone other than the Faculty Member of record.

Any person who knows or has reason to believe that a breach of confidentiality has occurred in violation of this policy is required to report that information to the Chair of the Department of Nursing and to the Director of Compliance and Student Support.

## Breaches of Confidentiality

Violations of this policy include, but are not limited to, the following:

1. Failure to be knowledgeable of, adhere to and protect the policies of the University and assigned agencies/facilities.
2. Accessing or sharing of confidential/sensitive information that is not within the scope of the role/assignment
3. Misuse, disclosure, or alteration of any confidential/sensitive information, electronic access or restricted areas.
4. Use of any electronic/social media means to convey any confidential/sensitive information related to clinical, student or faculty interactions.

The information below provides examples of mishandling of confidential information. ***These examples are not exhaustive, and individuals with questions about the applicability of this policy are expected to err on the side of protecting confidentiality until clarification can be provided.*** Questions about the proper handling, use, or disclosure of confidential information should be discussed with appropriate personnel.

<p><b>Accessing information that is not within the scope of your job/role as student, staff or faculty member:</b>          Unauthorized reading of client/employee/student/subject account information.          Unauthorized reading of a client/employee/student/subject's chart/file.          Unauthorized access of personnel file or business/operational information.          Accessing information that you do not "need-to-know" for proper execution of your job or educational functions.</p>	<p><b>Misusing, disclosing without proper authorization, or altering patient or personnel information:</b>          Making unauthorized marks on a medical record.          Making unauthorized changes to a personnel file or research data files.          Sharing or reproducing information in a client / employee / student /subject's chart or personnel file with unauthorized personnel. Discussing confidential information in a public area such as a waiting room, cafeteria or elevator.</p>
<p><b>Disclosing to another person your sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas:</b>          Telling an unauthorized person your password so that he or she can log in to your work.          Telling an unauthorized person, the access codes for personnel files or patient accounts.</p>	<p><b>Using another person's sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas :</b>          Using another's password to log in to a hospital, agency, university, or other computer system.          Unauthorized use of a login code for access to personnel files or student/client/subject's information, or restricted areas.</p>
<p><b>Leaving a secured application unattended while signed on:</b> Being away from an electronic device while logged into a secure application.          Allowing another person to use your secured application for which he or she does not have access after you have logged in.</p>	<p><b>Attempting to access a secured application or restricted area without proper authorization or for purposes other than official business:</b>          Trying passwords and login codes to gain access to an unauthorized area of the computer system or restricted area.          Using a co-worker's application for which you do not have access after he or she is logged in.          Using badge or login codes to gain access to facility for purposes other than assigned clinicals/orientations.</p>
<p><b>Intentional or negligent mishandling or destruction of confidential information:</b>          Failure to properly secure confidential information.          Taking confidential information to areas outside your work area, e.g. out of the facility/agency, off campus, or to your home.          Disposing of confidential information in a non-approved container, such as a trash can.</p>	<p><b>Unintentional disclosure of personal information:</b> Failure to take necessary precautions to properly prevent unauthorized viewing of displayed or printed confidential information in all areas.          Discussing confidential information in public areas. Inappropriate removal of documents containing confidential information from clinical/departmental areas.          Using an email account <i>other than</i> an official University email account for conveying course/clinical/research/other University related business.</p>
<p><b>Intentional dissemination of confidential information:</b>          Distributing sensitive information via text, email, Facebook, blogs, etc. (See APP STATE Department of Nursing Handbook Social Media Policy).          Electronic or digital transmission of unauthorized pictures or audio/video recordings.</p>	<p><b>Intentional and unauthorized securement, distribution, dissemination, modification or copying of photographs, videos or digital course materials.</b>          The APP STATE Release For Use of Photograph must be completed prior to securing any photos or videos.</p>

## **Violations of Policy**

Violation of this policy may constitute grounds for corrective action up to and including loss of agency privileges, academic or employment suspension, or termination from the Nursing Department in accordance with applicable agency/facility, Department or University procedures. Allegations of student violations will be addressed as academic integrity matters and considered according to the procedures set forth in the University's Code of Academic Integrity. Allegations of violations by University faculty or staff, or by visitors, will be addressed by Department and Beaver College of Health Sciences administration consistent with applicable policies and procedures.

Violation of this policy by any member of the University's student body, faculty or staff may constitute grounds for termination of the contractual relationship or other terms of affiliation between the University and the agency.

Unauthorized release of confidential information may also subject the violator to personal, civil, and/or criminal liability and legal penalties.

### References:

<http://www.hhs.gov/ocr/privacy/>  
[http://www.jointcommission.org/standards\\_information/tjc\\_requirements.aspx](http://www.jointcommission.org/standards_information/tjc_requirements.aspx)

ASU Department of Social Work  
ASU Department of Communication Sciences and Disorders  
4837-4508-8291, v. 3

Approved 5/4/15 (BKrause OGC)





**Department of Nursing**  
**UNIVERSAL CONFIDENTIALITY AGREEMENT**

**This form should be completed and submitted to CastleBranch™**

- I have read, understand and agree to comply with the Appalachian State University Department of Nursing Universal Confidentiality Policy. Further, I will read and comply with all University, Department and agency/facility policies and standards relative to confidentiality and information security.
- I understand and agree that violation of the Universal Confidentiality Policy may constitute grounds for corrective action up to and including loss of agency privileges, academic or employment suspension, or termination from the Nursing Department in accordance with applicable agency/facility, Department or University procedures, as set forth in the Policy.
- I also understand and agree that unauthorized release of confidential information may subject me to personal, civil, and/or criminal liability and legal penalties.
- I further understand that violation of this policy by any member of the University’s student body, faculty or staff may constitute grounds for termination of the contractual relationship or other terms of affiliation between the University and the agency.

BSN \_\_\_\_\_ RN to BSN \_\_\_\_\_ MSN \_\_\_\_\_ Student from another institution \_\_\_\_\_

Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Visitor \_\_\_\_\_

---

*Signature*

*Date*

---

*Printed Name*

---

*Address*

## ASU Department of Nursing SOCIAL MEDIA POLICY

**Purpose:** To provide faculty and students with an understanding of the position of the Appalachian State University Department of Nursing regarding the use of use of social media and other electronic communications.

**Definition:** For the purpose of this policy Social Media is defined as any user-generated content or online network/applications that faculty or students may contribute to from a personal or professional perspective. Currently identified avenues include, but are not limited to texting, *Facebook, Twitter, YouTube*, personal or community blogs, or educational sites such as *ASULearn*.

**Rationale:** Social media is a promising innovation with the potential to enhance global health care information exchange and significantly impact patient care. However, social media is a tool, which when used inappropriately, has the potential to bring harm to colleagues, patients, the profession, and even nurses' careers. The ability of search engines to bring long forgotten information to current accessibility, with just a few keystrokes, may result in far-reaching consequences for individuals and the institution.

**Policy:** Representation of the University and the Department in a manner that is fair, accurate, in compliance with all confidentiality requirements and protective of the reputation of the individual(s) the university and any affiliated institution/agency should be the primary focus of faculty and students in any method of communication. To insure an understanding of the parameters of these emerging technology and applications, the following statements will serve as guidelines and will be modified as appropriate:

- All communications should be in compliance with the Appalachian State University Code of Student Conduct, the Appalachian State University Faculty Handbook and all university policies, as applicable.
- When representing the University, all communications should be made in a fair, accurate and legal manner that protects the brand and/or reputation of all involved and protects all confidential information.
- When expressing personal views and when your association with the University is shared, implied or apparent, make it clear that your opinions are personal and do not necessarily represent the views or opinions of the University.
- Communications should be made in a manner that protects confidential, sensitive, and proprietary information including such information relating to associated clinical facilities/agencies and their clients. HIPAA, University and other privacy, confidentiality and security guidelines must be followed at all times.
- Confidential and HIPAA protected information should not be posted in any avenue of social media or webpage.
- At no time should photographs or videos be made in a clinical facility/agency without the written permission of the administration of the facility/agency

## **SOCIAL MEDIA POLICY (continued)**

### **Considerations:**

- Think twice about posting to any site as no site is truly private. If you are unsure about a potential post, seek guidance and clarification from departmental faculty or staff.
- Respect your audience.
- You are responsible for your use of social media. It is possible to identify the source of communication when using so-called “hidden usernames”, text messages and other types of social media.
- Promptly report any concerns about breaches of social media activity to the Chair of the Department of Nursing.

### **Consequences:**

- Misuse of social media, including sharing of unprofessional or confidential information may result in disciplinary action that may include failure of the course or dismissal from the nursing program/position and/or penalties under HIPAA.
- Legal liability may be associated with communications found to be defamatory, harassing, or in violation of any other applicable law.

Please view the video at the link below which provides an overview of the National Council of State Boards of Nursing position on Social Media in the profession of Nursing.

- [www.youtube.com/watch?v=i9FBiZRnmo](http://www.youtube.com/watch?v=i9FBiZRnmo)
- <http://www.youtube.com/watch?v=oG7E-tR975g>

9/19/12OGApproved

## ASU Department of Nursing ACCIDENT AND INJURY POLICY AND PROCEDURE

### **Purpose:**

To be in compliance with Nursing Department and Appalachian State University institutional guidelines for reporting, providing appropriate intervention, and follow-up post-accident or injury.

### **Definition:**

An accident/injury is defined as an undesirable and unexpected event occurring in classroom, clinical, or clinical travel which results in potential or personal harm that impacts the student's ability to provide safe and quality patient care. In addition, an accident/injury includes occupational exposure to blood and body fluids, airborne pathogens or hazardous chemicals via opening in skin (needle stick, cut, puncture, chapped or abraded skin) or mucous membranes (eyes, nose or mouth).

### **Policy and Procedure:**

- Students must report any accident or injury to their faculty, Chair of the Department of Nursing, Program Director, and Director of Compliance and Student Support immediately.
- Students must complete the **Accident or Injury Event Report (pp. 76-77)** with faculty and turn in to Director of Compliance and Student Support within 48 hours of the event.
- Treatment should occur in a timely fashion. Students are advised to seek medical care with health care provider of choice or ASU Student Health Service. Students are responsible for the cost of any test or treatments due to accident/injuries
- Students are responsible for the cost of any test or treatments due to accident/injuries
- The Director of Compliance and Student Support will also complete a University Report via <https://hr.appstate.edu/hr-services/leave-management/workers-compensation/initial-notification-incidentinjury-form>
- The Department of Nursing will assess impact of accident/injury in regards to the Safety and Technical Standards Policy and Procedure to determine student's continuation of clinical activities
- **When students are exposed to blood or body fluids:**
  - Clinical facility personnel will follow agency procedure regarding serologic testing of patient source for evidence of HIV antibodies, hepatitis C antigen and, hepatitis B antigen.
  - The student exposed will have hepatitis B immunization history and risks evaluated, as well as serologic testing for HIV, and hepatitis C. Serologic testing may occur at clinical facility, ASU Student Health Service, or medical facility of student's choice.
  - If the patient source tests positive for AIDS, HIV antibody, hepatitis C antigen or hepatitis B antigen or refuses the test, the student will be counseled regarding the risk of infection, receive and evaluated clinically. Students with seronegative results for HIV should be retested in 6 weeks, 12 weeks, and 6 months post-exposure (CDC, 1990).
  - The student should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. An illness characterized by fever, rash, or lymphadenopathy may be indicative of recent HIV infection.

## **ACCIDENT AND INJURY POLICY AND PROCEDURE (Continued)**

- **When students are exposed to tuberculosis:**
  - The student must seek care from a medical facility of the student's choice or ASU Student Health Service. A baseline TST will be done at student's expense.
  - The student must be cleared by a physician or health care provider prior to return to clinical.

**Reviewed:** 5/26/11, 5/15; Revised 5/11/17, reviewed 7/2019

## ACCIDENT OR INJURY REPORT

### Part A: Documentation of Specifics Related to the Event

**Refer to Accident and Injury Policy and Procedure:** Report is to be completed legibly, in detail and with factual information by student and faculty member. Please use additional paper if needed.

<b>1. Date:</b>	<b>Time:</b>	<b>Location:</b>			
<b>2. Circle appropriate category for person involved:</b>		<b>Student</b>	<b>Faculty</b>	<b>Staff</b>	<b>Visitor</b>
<b>3. Name:</b>				<b>DOB:</b>	
<b>Address:</b>				<b>Phone Numbers:</b>	
<b>4. Detailed statement of facts related to event and description of injury if applicable:</b>					
<b>5. Causative Factors: Please list and describe any causative or contributing factors</b>					
<b>Person</b>					
<b>Equipment</b>					
<b>Other</b>					
<b>6. Description of Immediate Action Taken/Treatment:</b>					
<b>7. Witnesses: Please list information below regarding persons observing/involved in the event</b>					
<b>Name(s):</b>					
<b>Address:</b>					
<b>Phone numbers:</b>					
<b>Relationship to the event:</b>					
<b>8. Notification of Nursing Department and/or Clinical Facility</b>					
<b>Name(s) and position of person(s) notified:</b>					
<b>Date:</b>		<b>Time:</b>		<b>How notified:</b>	
<b>Printed Name and Signature of Person Completing Report</b>				<b>Date and Time</b>	
<b>Printed Name and Signature of Person Reviewing Report</b>				<b>Date and Time</b>	

**Part B: Documentation of Investigative Component of the Event**

<b>1. Date:</b>	<b>Time:</b>
<b>2. Name of person involved in event:</b>	
<b>3. Name and credentials of person investigating event:</b>	
<b>4. Documentation of calls placed regarding the event:</b>	
a. To whom	
b. Contact information	
c. Synopsis of information gathered	
<b>5. Descriptive documentation of interventions and/or treatment:</b>	
<b>6. Evaluation/Follow-up: Please circle appropriate category(s) and document action/plan below:</b>	
<p>Policy and procedure review      Counseling      Equipment change      Staff discussion</p> <p>Re-education and return demonstration      Disciplinary process</p>	
<b>7. Printed Name and Signature of Person Completing Report</b>	<b>Date:</b>

**ASU Department of Nursing  
EVENT REPORTING POLICY AND FORM**

**This document is a student education record protected as confidential under the Family Educational Rights and Privacy Act.**

**Purpose:** Event reports are used for improvement of patient care safety and quality as well as reduction of incidents that might cause or contribute to unsafe nursing practice. When used in this manner, event reports become a tool for the education of students/faculty and other healthcare providers lending support to agency quality and safety initiatives. This policy and the accompanying form are to be used only for the purpose of education of involved parties within the Department of Nursing.

**Definition:** An event is any occurrence that is not consistent with normal, routine operation of a clinical facility and the facility's policies and procedures **that may result in or have potential for injury and/or property damage.** This definition includes **near-miss situations** (situations that could have but did not necessarily result in harm). According to the Safe Medical Devices Act, event reports must be filled out if there is a malfunction of a piece of medical equipment. The FDA requires healthcare facilities to report when circumstances "reasonably suggest" that a medical device has caused or contributed to the death, serious injury, or serious illness of a patient. This type of event must be reported to the manufacturer and/or the FDA.

**Procedure:**

- This confidential form must be completed in conjunction with the clinical facilities' document and according to their policy.
- The person (student and/or faculty) discovering the event should report the event according to the facility policy and complete the facility document along with this form.
- This report must be submitted to the Chair of the Department of Nursing or the Director of Compliance and Student Support within 24 hours of the event.
- The Chair will keep the form on file in the Chair's office.
- A copy will not be placed in the student's file. The event will not be recorded on the student clinical evaluation anecdotal note.
- If circumstances documented suggest the need, the report will be discussed by the Chair of the Department of Nursing with the Dean (or designee) and the Office of General Counsel.

Reviewed September  
2016 Revised  
5/11/2017, 7/2019



**This document is a student education record protected as confidential under the Family Educational Rights and Privacy Act.**

This report is to be completed legibly, in detail and with factual information by student and faculty member. Please use back of form or additional paper if needed. Completed form should be given to the Nursing Department Chair within 24 hours of the event. Due to the nature of the information in the report, copies/scans of the form should not be made. This document is to be used only for the purpose of education of involved parties within the Department of Nursing.

<b>Initial Data:</b>					
<b>Date:</b>	<b>Time:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Facility Name:</b> <b>Facility Address:</b>			
<b>Exact location of event:</b>					
<b>Type of Event:</b> Patient <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____ Witnessed <input type="checkbox"/> Not Witnessed <input type="checkbox"/>					
<b>Name:</b>				<b>DOB:</b>	
<b>Address:</b>				<b>Phone Numbers:</b>	
<b>Student Name:</b>			<b>Faculty Name:</b>		
<b>Witness(es): use back of form if needed</b>					
Name:			Contact Info:		
Name:			Contact Info:		
Name:			Contact Info:		
Name:			Contact Info:		
<b>Provider(s): use back of form if needed</b>					
Name:		Notified: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date: _____ Time: _____	
Name:		Notified: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date: _____ Time: _____	
<b>Description of the Event: (WHO, WHAT, WHEN, WHERE, WHY, HOW) (use additional paper if needed)</b>					
<b>Medication Event: Yes <input type="checkbox"/> No <input type="checkbox"/> Check all that apply below</b>					
Wrong Drug	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wrong Dose	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wrong Time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wrong Patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Alert Med	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Misread Order (student)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transcription Error	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Abbreviation Error	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MAR Misinterpretation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Look/Sound Alike Med	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wrong Route	Yes <input type="checkbox"/>	No <input type="checkbox"/>	New Medication Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Misread Order (faculty)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Barcoding Error	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crowded med prep area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Multiple meds simultaneous prepared	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Omitted Required Assessment Prior to Administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Faculty present when med prepared	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Faculty present when med given	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Two unique patient identifiers used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Three safety checks omitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student competency verified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>OTHER:</b>		

<b>Treatment Management Event: Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Check all that apply below</b>	
Wrong: treatment Yes <input type="checkbox"/> No <input type="checkbox"/> patient Yes <input type="checkbox"/> No <input type="checkbox"/> time Yes <input type="checkbox"/> No <input type="checkbox"/>			
Treatment order verified Yes <input type="checkbox"/> No <input type="checkbox"/>		Treatment order difficult to read Yes <input type="checkbox"/> No <input type="checkbox"/>	
Crowded prep area Yes <input type="checkbox"/> No <input type="checkbox"/>		Wrong supplies/equipment used Yes <input type="checkbox"/> No <input type="checkbox"/>	
Omitted/Incorrect Assessment Prior to Treatment Yes <input type="checkbox"/> No <input type="checkbox"/>		Omitted/Incorrect Assessment Following Treatment Yes <input type="checkbox"/> No <input type="checkbox"/>	
Competency to perform verified Yes <input type="checkbox"/> No <input type="checkbox"/>		First time student performed treatment Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discrepancy between facility policy/procedure and Nursing programs teaching of skill		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER:			
<b>Patient Fall Event: Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Check all that apply below</b>	
Floor conditions Clean and smooth <input type="checkbox"/> Slippery or wet <input type="checkbox"/> Other (describe):			
Pt. identified as fall risk Yes <input type="checkbox"/> No <input type="checkbox"/>		Bed Level High <input type="checkbox"/> Low <input type="checkbox"/>	
Night light- Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ambulation privilege- <input type="checkbox"/> Unlimited <input type="checkbox"/> Limited with assistance <input type="checkbox"/> Complete bedrest <input type="checkbox"/> Other-			
Bed Rails <input type="checkbox"/> All down <input type="checkbox"/> 1 up <input type="checkbox"/> 2 up <input type="checkbox"/> 3 up <input type="checkbox"/> 4 up		Patient in bathroom <input type="checkbox"/> on bedpan <input type="checkbox"/> on bedside commode <input type="checkbox"/> in chair <input type="checkbox"/>	
Wheels unlocked on Bed <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair <input type="checkbox"/>			
Restraints (used, type and extent)			
Narcotic, analgesic, hypnotic, sedative, diuretic, antihypertensive or anticonvulsant administered during last 4 hours? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Drug:	Dose:	Time:	
Drug:	Dose:	Time:	
Drug:	Dose:	Time:	
Other contributing factors:			
<b>Other Safety Management Event: Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Check all that apply below</b>	
<b>Patient/Site Identification compromised</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Two unique patient identifiers used-</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe:			
<b>Patient Hand-off compromised</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Bloodborne Pathogens Protocol compromised</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Infection Control compromised</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Confidentiality/HIPAA breached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Other type event</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Persons notified other than physician: include name, date and time notified</b>			
<b>Nurse Manager:</b>			
<b>Risk Manager:</b>			
<b>Department Chair:</b>			
<b>Director of Compliance and Student Support:</b>			
<b>Additional info from faculty perspective:</b>		<b>Additional info from student perspective:</b>	
<b>Evaluation/Follow-up: Please circle appropriate category(s) and document action/plan below:</b>			
<input type="checkbox"/> Staff discussion <input type="checkbox"/> Policy and procedure review <input type="checkbox"/> Equipment change <input type="checkbox"/> Counseling <input type="checkbox"/> Re-education and return demonstration <input type="checkbox"/> Disciplinary process <input type="checkbox"/> Other _____			
<b>Printed Name and Signature of Faculty Completing Report</b>			<b>Date:</b>
<b>Printed Name and Signature of Student</b>			<b>Date:</b>

Reviewed September 2016, 5/11/2017, 6.19

## Department of Nursing

### NURSING DEPARTMENT GRADUATION

At the end of the nursing program, after successfully completing coursework, students must apply to graduate. Students will receive instructions for application from the Nursing Advisor (Ms. Larke Blanton, [blantonla@appstate.edu](mailto:blantonla@appstate.edu)). Students are invited to participate in both nursing department and university graduation ceremonies. During the department ceremony, students are recognized for their accomplishments in the baccalaureate (RN-BSN) program. At the university graduation, students are recognized again and receive their diplomas.

- All nursing students are encouraged to participate in both ceremonies and may invite family, significant others, and friends.
- Students are to wear cap and gown.
- Professional dress is required:
  - For women, dark dress slacks, skirts or dresses with dark dress shoes are recommended. For men, dress shirt with tie, dark dress slacks and dress shoes are recommended.
  - Dresses or skirts must not hang below graduation gown
  - No spiked high heels, platforms, flip-flops, or athletic shoes are permitted
  - Hair should be clean and up off the shoulders. Facial hair (mustache and beard) well groomed.
- Students must arrive and be in line (alphabetically) 30 minutes prior to the beginning of the ceremony.

# FORMS

**ACCIDENT OR INJURY REPORT**

**Part A: Documentation of Specifics Related to the Event**

**Refer to Accident and Injury Policy and Procedure:** Report is to be completed legibly, in detail and with factual information by student and faculty member. Please use additional paper if needed.

<b>1. Date:</b>	<b>Time:</b>	<b>Location:</b>			
<b>2. Circle appropriate category for person involved:</b>		<b>Student</b>	<b>Faculty</b>	<b>Staff</b>	<b>Visitor</b>
<b>3. Name:</b>				<b>DOB:</b>	
<b>Address:</b>				<b>Phone Numbers:</b>	
<b>4. Detailed statement of facts related to event and description of injury if applicable:</b>					
<b>5. Causative Factors: Please list and describe any causative or contributing factors</b>					
<b>Person</b>					
<b>Equipment</b>					
<b>Other</b>					
<b>6. Description of Immediate Action Taken/Treatment:</b>					
<b>7. Witnesses: Please list information below regarding persons observing/involved in the event</b>					
<b>Name(s):</b>					
<b>Address:</b>					
<b>Phone numbers:</b>					
<b>Relationship to the event:</b>					
<b>8. Notification of Nursing Department and/or Clinical Facility</b>					
<b>Name(s) and position of person(s) notified:</b>					
<b>Date:</b>		<b>Time:</b>		<b>How notified:</b>	
<b>Printed Name and Signature of Person Completing Report</b>				<b>Date and Time</b>	
<b>Printed Name and Signature of Person Reviewing Report</b>				<b>Date and Time</b>	

**Part B: Documentation of Investigative Component of the Event**

<b>1. Date:</b>	<b>Time:</b>
<b>2. Name of person involved in event:</b>	
<b>3. Name and credentials of person investigating event:</b>	
<b>4. Documentation of calls placed regarding the event:</b>	
a. To whom	
b. Contact information	
c. Synopsis of information gathered	
<b>5. Descriptive documentation of interventions and/or treatment:</b>	
<b>6. Evaluation/Follow-up: Please circle appropriate category(s) and document action/plan below:</b>	
Policy and procedure review      Counseling      Equipment change      Staff discussion Re-education and return demonstration      Disciplinary process	
<b>7. Printed Name and Signature of Person Completing Report</b>	<b>Date:</b>

05/11 Event Report for Accident or Injury.docx

**Department of Nursing  
 BLANKET RELEASE FOR USE OF PHOTOGRAPH**

**This form should be completed and submitted to CastleBranch™**

- I hereby grant to the Department of Nursing and Appalachian State University (hereafter referred to as “ASU”), its legal representative and assigns, and those acting with its permission, or its employees, the right and permission to make, use and/or copyright, reuse and/or publish, display (including in PowerPoint and other presentations), and re-publish photographic or digital pictures or images of me, or in which I may be distorted in character, or in form, in conjunction with my own or a fictitious name, or reproductions thereof, in color or black and white, made through any media by the Department of Nursing and/or ASU, for display or other purposes, including the use of any printed material in conjunction therewith.
- I hereby waive any right to inspect or approve the finished photograph, copy or printed material that may be used in conjunction therewith or to the eventual use that it might be applied.
- I hereby release, discharge and agree to save harmless the Department of Nursing, the State of North Carolina, the University of North Carolina, ASU, and their respective representatives, assigns, employees, agents or any persons, corporation or corporations, acting under its permission or authority, or any person, persons, corporation or corporations, for whom it might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution of the same, even should the same subject me to ridicule, scandal, reproach, scorn, or indignity.
- I hereby warrant that I am over eighteen years of age, and competent to contract in my own name insofar as the above is concerned.

**I HAVE READ THE FOREGOING RELEASE, AUTHORIZATION AND AGREEMENT, BEFORE AFFIXING MY SIGNATURE BELOW, AND WARRANT THAT I FULLY UNDERSTAND THE CONTENTS THEREOF.**

- |           |                          |                   |                          |         |                          |
|-----------|--------------------------|-------------------|--------------------------|---------|--------------------------|
| BSN       | <input type="checkbox"/> | Student from      | <input type="checkbox"/> | Staff   | <input type="checkbox"/> |
| RN to BSN | <input type="checkbox"/> | other institution |                          | Visitor | <input type="checkbox"/> |
| MSN       | <input type="checkbox"/> | Faculty           | <input type="checkbox"/> |         |                          |

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Address*

**Department of Nursing**  
**CLINICAL EVENT FORM**

**This document is a student education record protected as confidential under the Family Educational Rights and Privacy Act.**

This report is to be completed legibly, in detail and with factual information by student and faculty member. Please use back of form or additional paper if needed. Completed form should be given to the Nursing Department Chair within 24 hours of the event. Due to the nature of the information in the report, copies/scans of the form should not be made. This document is to be used only for the purpose of education of involved parties within the Department of Nursing.

Initial Data:			
<b>Date:</b>	<b>Time:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Facility Name:</b> <b>Facility Address:</b>	
<b>Exact location of event:</b>			
<b>Type of Event:</b> Patient <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____ Witnessed <input type="checkbox"/> Not Witnessed <input type="checkbox"/>			
<b>Name:</b>		<b>DOB:</b>	
<b>Address:</b>		<b>Phone Numbers:</b>	
<b>Student Name:</b>		<b>Faculty Name:</b>	
Witness(es): use back of form if needed			
Name:		Contact Info:	
Name:		Contact Info:	
Name:		Contact Info:	
Name:		Contact Info:	
Provider(s): use back of form if needed			
Name:		Notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: Time:
Name:		Notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: Time:
Description of the Event: (WHO, WHAT, WHEN, WHERE, WHY, HOW) (use additional paper if needed)			
Medication Event: Yes <input type="checkbox"/> No <input type="checkbox"/> Check all that apply below			
Wrong Drug	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wrong Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wrong Time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wrong Patient	Yes <input type="checkbox"/> No <input type="checkbox"/>
High Alert Med	Yes <input type="checkbox"/> No <input type="checkbox"/>	Misread Order (student)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transcription Error	Yes <input type="checkbox"/> No <input type="checkbox"/>	Abbreviation Error	Yes <input type="checkbox"/> No <input type="checkbox"/>
MAR Misinterpretation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Look/Sound Alike Med	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wrong Route	Yes <input type="checkbox"/> No <input type="checkbox"/>	New Medication Order	Yes <input type="checkbox"/> No <input type="checkbox"/>
Misread Order (faculty)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Barcoding Error	Yes <input type="checkbox"/> No <input type="checkbox"/>
Crowded med prep area	Yes <input type="checkbox"/> No <input type="checkbox"/>	Multiple meds simultaneous prepared	Yes <input type="checkbox"/> No <input type="checkbox"/>
Omitted Required Assessment Prior to Administration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Faculty present when med prepared	Yes <input type="checkbox"/> No <input type="checkbox"/>
Three safety checks omitted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Two unique patient identifiers used	Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Student competency verified	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>OTHER:</b>			



<b>Treatment Management Event: Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Check all that apply below</b>	
Wrong: treatment Yes <input type="checkbox"/> No <input type="checkbox"/> patient Yes <input type="checkbox"/> No <input type="checkbox"/> time Yes <input type="checkbox"/> No <input type="checkbox"/>			
Treatment order verified Yes <input type="checkbox"/> No <input type="checkbox"/>		Treatment order difficult to read Yes <input type="checkbox"/> No <input type="checkbox"/>	
Crowded prep area Yes <input type="checkbox"/> No <input type="checkbox"/>		Wrong supplies/equipment used Yes <input type="checkbox"/> No <input type="checkbox"/>	
Omitted/Incorrect Assessment Prior to Treatment Yes <input type="checkbox"/> No <input type="checkbox"/>		Omitted/Incorrect Assessment Following Treatment Yes <input type="checkbox"/> No <input type="checkbox"/>	
Competency to perform verified Yes <input type="checkbox"/> No <input type="checkbox"/>		First time student performed treatment Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discrepancy between facility policy/procedure and Nursing programs teaching of skill		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER:			
<b>Patient Fall Event: Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Check all that apply below</b>	
Floor conditions Clean and smooth <input type="checkbox"/> Slippery or wet <input type="checkbox"/> Other (describe):			
Pt. identified as fall risk Yes <input type="checkbox"/> No <input type="checkbox"/>		Bed Level High <input type="checkbox"/> Low <input type="checkbox"/>	
Night light- Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ambulation privilege- <input type="checkbox"/> Unlimited <input type="checkbox"/> Limited with assistance <input type="checkbox"/> Complete bedrest <input type="checkbox"/> Other-			
Bed Rails <input type="checkbox"/> All down <input type="checkbox"/> 1 up <input type="checkbox"/> 2 up <input type="checkbox"/> 3 up <input type="checkbox"/> 4 up		Patient in bathroom <input type="checkbox"/> on bedpan <input type="checkbox"/> on bedside commode <input type="checkbox"/> in chair <input type="checkbox"/>	
Wheels unlocked on Bed <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair <input type="checkbox"/>			
Restraints (used, type and extent)			
Narcotic, analgesic, hypnotic, sedative, diuretic, antihypertensive or anticonvulsant administered during last 4 hours? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Drug:	Dose:	Time:	
Drug:	Dose:	Time:	
Drug:	Dose:	Time:	
Other contributing factors:			
<b>Other Safety Management Event: Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Check all that apply below</b>	
<b>Patient/Site Identification compromised</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Two unique patient identifiers used-</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe:			
<b>Patient Hand-off compromised</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Bloodborne Pathogens Protocol compromised</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Infection Control compromised</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Confidentiality/HIPAA breached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Other type event</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe:			
<b>Persons notified other than physician: include name, date and time notified</b>			
<b>Nurse Manager:</b>			
<b>Risk Manager:</b>			
<b>Department Chair:</b>			
<b>Director of Compliance and Student Support:</b>			
<b>Additional info from faculty perspective:</b>		<b>Additional info from student perspective:</b>	
<b>Evaluation/Follow-up: Please circle appropriate category(s) and document action/plan below:</b>			
<input type="checkbox"/> Staff discussion <input type="checkbox"/> Policy and procedure review <input type="checkbox"/> Equipment change <input type="checkbox"/> Counseling <input type="checkbox"/> Re-education and return demonstration <input type="checkbox"/> Disciplinary process <input type="checkbox"/> Other _____			
<b>Printed Name and Signature of Faculty Completing Report</b>			<b>Date:</b>
<b>Printed Name and Signature of Student</b>			<b>Date:</b>

Reviewed September 2016, 5/11/2017, 6.19

**Appalachian State University Beaver  
College of Health Sciences Department of  
Nursing  
Consent and Release Authorization Form**

**This form should be completed and submitted to CastleBranch™**

I hereby authorize Appalachian State University through its Department of Nursing (hereinafter “University”) to provide the following information to any and all clinical facilities and training sites to which I may request a clinical placement: criminal background check, drug testing, physical and safety and technical standards examination documents, immunization/titer records, TB testing records, proof of completion of clinical education requirements including information that constitutes an educational record as that term is defined by the Family Educational Rights and Privacy Act (FERPA) and any other documents required by the Affiliation Agreement between University and the clinical facility/training site. I understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

I hereby release, indemnify and hold harmless Appalachian State University, the University of North Carolina, the State of North Carolina and their respective trustees, directors, officers, agents, representatives and employees from and against any liability or damage in connection with the release of criminal background check, drug testing, other health information and requirements referenced above.

I understand and agree that it is my responsibility to keep the clinical requirements current for each semester. I should keep all original documents and be prepared to show them each semester if requested by the assigned health care facility. It is possible that participation at a particular facility may necessitate additional screening or that additional screening may be required during the course of the program (this may incur an additional cost at that time). I understand clinical facilities and/or training sites may refuse to permit me to access clients/patients based on information contained in the reports and that their criteria may differ from the criteria of the Appalachian State University’s Department of Nursing.

I further authorize the clinical facilities and/or training sites where I am placed for my clinical experience to share any information they have regarding my participation in the clinical training program at their site with University. I hereby release, indemnify and hold harmless the applicable clinical facility, training site(s) and their respective officers, employees, agents, contractors, and other representatives from any liability or damage in connection with their release of the information noted in this provision to University.

I have the right to terminate this consent and release at any time in writing, however, I understand that doing so will prevent the University from providing the information necessary for me to be placed at or permitted to engage in a clinical experience.

**I HAVE READ AND UNDERSTAND THIS CONSENT AND RELEASE AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE, AND I SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Banner ID

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone number

Check Program/Status: BSN                      RN-BSN                      MSN                      Faculty

Appalachian State University Office of General Counsel JC document Adopted 5/10/18

**DRUG SCREENING AND CRIMINAL BACKGROUND CHECK  
ACKNOWLEDGEMENT AND AGREEMENT  
APPALACHIAN STATE UNIVERSITY EDUCATION PROGRAMS REQUIRING EXTERNAL HEALTH  
OR HUMAN SERVICE AGENCIES**

**This form should be completed and submitted to CastleBranch™**

1. I understand and acknowledge that Appalachian State University (“University”) has affiliated with several health care and human service facilities (hereinafter “Agencies”) to provide internships, field placements or clinical experience for students (“Students”). I further understand and acknowledge that the Agencies have a compelling interest in the integrity of their services and the health and safety of their patients, others who may come into contact with Students, and the Students themselves.
2. I understand and acknowledge that in order to protect their interests, many Agencies require Students to comply with their drug testing and/or criminal background check policies and to undergo drug testing and/or criminal background checks as conditions of participation in their education programs. In addition, such Agencies often require that Students submit to the required drug testing and/or criminal background checks at the Students’ own expense. I understand that the University will provide Students with information to obtain the drug testing and/or criminal background checks required by the Agencies.
3. I understand and acknowledge that an Agency may, in accordance with its policies, reject or expel a Student from participation in its operations on the basis of results of the drug testing and/or criminal background checks.
4. I am or will be enrolled as a student in the University’s Nursing program, and I plan to participate as a Student in an educational experience at an Agency.
5. Because participation in Agency-related educational programs is a degree requirement for students in the Nursing program, I understand that I may be required to undergo a criminal background check and/or drug screening as a condition of my participation in an internship, field placement or clinical experience at an external health or human service agency.
6. As a condition of participation as a Student in the education program identified above, I hereby agree to comply with the criminal background check requirements at each Agency to which I am assigned. If the Agency facilitates criminal background checks, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo a criminal background check prior to my placement, I agree to undergo a criminal background check by a University-approved agency at my own expense. I hereby authorize University officials to submit my original results to the Agency, which shall determine whether the results of my criminal background check are acceptable.
7. The student is accountable for reporting any charges of a misdemeanor or felonious nature that occurs while enrolled in the BSN Program within 48 hours of occurrence to the Chair of the Department of Nursing. Reporting means that the student directly contacts the Chair and requests an appointment to discuss the charges.
8. I hereby agree to comply with the drug screening requirements at each Agency to which I am assigned. If the Agency facilitates drug screening, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo independent/third party drug screening prior to my placement, I agree to undergo drug testing by a University-approved testing laboratory at my own expense. I hereby authorize any testing laboratory performing such services to provide the test results to the University, and I further authorize the University to submit my original results to the Agency. Each Agency shall determine whether the results of my drug screening are acceptable.
9. I have read both the Criminal Background Check and Drug Screening Policy (“Policy”) and this Acknowledgement and Agreement, and I understand their contents. I have had the opportunity to ask questions of and discuss the Policy and this Acknowledgement and Agreement with appropriate faculty and administrators in the Department of Nursing. I understand that I am responsible for meeting the requirements set forth in the Policy and this Acknowledgement and Agreement.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Printed Name

20100324 CBC Acknowledgement and Agreement (DTC rev).docx Reviewed 5/2014(BLK APP STATE Office of General Counsel) 2014CBC\_DS Acknowledgement and Agreement.docx

## Final Grade Appeal Form Appalachian State University

**To the student:** Before submitting an appeal to the Grade Appeals Committee, you must have

3. discussed the contested grade with the instructor (date \_\_\_\_\_)
4. appealed to the departmental chair about the contested grade (date \_\_\_\_\_)

**In addition,** you must attach the following to this form:

4. the syllabus for the course in which you received the contested grade
5. all documented grades (graded tests, papers, projects, etc.) that you have
6. a list of all other grades that you know you received in the course and any other factors that may have influenced the grade (e.g., your attendance record)

**Remember that the burden of proof in Grade Appeals Committee hearings lies with the student.**

Student's Full Name \_\_\_\_\_

ASU Box Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Course in which grade is being contested (with number and section): \_\_\_\_\_

Semester course taken \_\_\_\_\_

Grounds for appealing the grade:

Continued on back (if necessary)

Grade received \_\_\_\_\_

Grade you believe you earned \_\_\_\_\_

\_\_\_\_\_ Date filed with Deans Office

\_\_\_\_\_ Student Signature

The following Signatures are necessary **only if the student intends to seek a Grade Appeals Committee hearing**. They signify: (1) that the student has discussed the grade in question with the instructor and the appropriate departmental chair; and (2) that the information required for this form, including attachments, is complete.

Instructor \_\_\_\_\_ Departmental Chair \_\_\_\_\_

**To request a hearing before the Grade Appeals Committee, the student must file this completed form within the first 30 days of the following semester in the Office of the Dean of the college or school in which the grade was assigned.**



**Department of Nursing  
PHYSICAL EXAMINATION**

**This form should be completed  
and submitted to  
CastleBranch™**

Students should keep a copy in their personal records for future use.

<b>NAME:</b>	<b>BANNER ID:</b>
This Physical Examination is to be completed by a licensed healthcare provider. Please attach any additional documentation regarding any category below to this form. ASU Nursing Safety and Technical Form is also to be completed by the student and healthcare provider	

Temperature:	Pulse		
Respiration:	Blood Pressure:		
Height:	Weight		
<b>Eye Exam</b> (all fields must be completed. If healthcare provider is unable to complete, options for completion should be discussed with ASU Nursing Director of Compliance and Student Support)			
<b>Peripheral Vision:</b>	Normal/Abnormal		
<b>Acuity:</b> Near:	Right Eye:	Left Eye:	Correction Used: YES / NO
Far:	Right Eye:	Left Eye:	Correction Used: YES / NO
<b>Ishihara Color Test:</b>	Normal/Abnormal	Correct No. of Answers:	

	Normal	Abnormal	Comments
<b>General Appearance</b>			
<b>Skin</b>			
<b>HEENT</b>			
<b>Respiratory</b>			
<b>Cardiovascular</b>			
<b>Abdomen</b>			
<b>Neurological</b>			
<b>Speech</b>			
<b>Motor</b>			
<b>Sensory</b>			
<b>Musculoskeletal</b>			
<b>Muscle Strength</b>			
<b>Gait</b>			
<b>Extremities</b>			
<b>Spine</b>			
<b>Mental Health Status</b>			

<b>Current Medications:</b>

<b>MD/DO/NP/PA Signature:</b>	<b>Date:</b>
<b>Address</b>	

**I understand** that the ASU Department of Nursing will share health and immunization information with appropriate clinical agencies or in the event of a medical emergency.

<b>Student Signature:</b>	<b>Date:</b>
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## REMEDIATION FORM: ACADEMIC

GENERAL INFORMATION		
Student Name:	Date:	
Report Prepared by:	Class:	
REASON FOR REMEDIATION	ACTIONS TAKEN	
Level one or below ATI testing (state test _____)		Conference with student: date
Score below 77 on unit exam		Review of test
Writing problems		Suggest study skills
Critical thinking problems		Discuss stress reduction strategies
Stress / anxiety		Review test taking principles
Classroom behavior problems		Suggest decreasing amount of time working
Other: (Explain) _____		Suggest balance of college activities/ academics
		Discuss testing accommodations
		Referral to university services (e.g. counseling, etc.)
<b>Detailed Description of student need:</b>		
OTHER ACTION(S)		
Note on advising record: (date/s): _____		Team meeting (date/s): _____
Contacted course coordinator: (date/s): _____		Other action(s):
Contact undergraduate director: (Date/s): _____		
Conference with Chair: Date(s): _____		
ASSIGNMENTS OR REQUIREMENT(S) FOR STUDENT IF APPLICABLE		
<b>RESULTS (INCLUDE DATE):</b>		
STUDENT SIGNATURE: _____ DATE: _____		
INITIATING INSTRUCTOR SIGNATURE: _____ DATE: _____		
SIGNATURE OF FACULTY MEMBER(S) INVOLVED IN ASSESSING RESULTS OF ACTION: DATE: _____		

**Remediation recommendations:**

- Review material prior to coming to class as well as after class
- Study in small groups
- Work NCLEX questions every day (FA DAVIS or other sources)
- Strive for 80% on NCLEX questions- review rationales (this is a very important part of learning to critically think).
- Work on activities provided in course textbook and associated websites.



one dose Tdap (Adacel or Boosterix) (date must be after vaccine release day of May 2005). Td will be repeated if Tdap is  $\geq 10$  years.

**Hepatitis B vaccine requirement:** A series of 3 vaccines and a positive blood titer is required.

**Varicella/Chicken Pox Immunity requirement:** If a student has a history of chicken pox disease, a positive blood titer is required. If a student has no history of chicken pox disease, a 2-dose series of vaccine is acceptable.

**Annual Influenza Vaccine:** Required by clinical facilities.

Yes  No If no, why?

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7. Are you able, with or without reasonable accommodations, to listen, speak, read, write, reason and perform mathematical functions at a level which allows you to process and understand materials which are presented to you (in either a verbal or a written format)?

Yes (with or without accommodations)  No

8. Having read the Safety and Technical Standards for Appalachian State University Department of Nursing, do you require reasonable accommodations, consistent with the Americans with Disabilities Act, to meet any of these requirements?

Yes  No

I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that submission of false or incorrect information may cause my application to be rejected or may result in my dismissal from Appalachian State University, if admitted. I understand that any request for accommodation will be evaluated to determine the reasonableness of the requested accommodation and the adequacy of the supporting documentation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

If you have any questions regarding the above questions, please feel free to contact the Director of Compliance and Student Support for the Department of Nursing, Rebecca Turpin (turpinrl@appstate.edu).

### Health Care Provider Verification

**I have reviewed the information provided by the student in this document. I have discussed this information with the student. To the best of my knowledge, this student is able to meet the Safety and Technical Standards required for the BSN or RN-BSN Program at Appalachian State University.**

**MD/NP/DO/PA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved 5/7/2010  
Revised 8/4/2011, 10/2014, 2/2016, 5/11/2017, 4/16/18, 1/28/19  
safetechnical\_standardshandbook[1].doc  
Safetechnical\_standardshandbook UPDATE



ASU Box 32158  
Suite 112, Anne Belk Hall  
Boone, NC 28608  
828-262-3056 (o) 828-262-7904 (f)  
odr.appstate.edu



## Student Disability Disclosure Intake Form

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Consistent with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, it is the policy of Appalachian State University that no qualified individual with a disability shall be excluded from, denied the benefits of, or be subjected to discrimination in any ASU program, service or activity. The Office of Disability Resources (ODR) is the designated University office to determine and coordinate accommodations.

It is helpful in determining eligibility if this form is filled out by the student. Timely submission of materials is vital to ensure the timely provision of accommodations. Please return this completed form along with disability documentation meeting guidelines.

Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Contact Number \_\_\_\_\_

1. What is the nature of the disability/diagnosis you are requesting accommodations for?
  
  
  
  
  
  
  
  
  
  
2. In your own words, please describe the current impact and functional limitations of the disability:
  
  
  
  
  
  
  
  
  
  
3. Please describe any accommodations previously used and where:
  
  
  
  
  
  
  
  
  
  
4. Accommodations requested at Appalachian State University:

*ODR sends all communications via ASU email.*

I give the Office of Disability Resources (ODR) permission to consult with medical and mental health professionals at Appalachian State University in order to assist the ODR staff with the evaluation of my medical and/or psychological documentation. I understand that the medical and mental health professionals will keep this information confidential to the extent permitted by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*ODR cannot accept typed or electronic signatures.*



**Department of Nursing  
STUDENT HANDBOOK  
AGREEMENT FORM**

**This form should be completed and  
submitted to CastleBranch™**

I, (print name) \_\_\_\_\_

- have received the academic year 2020-2021 ASU Department of Nursing Student Handbook.
- am aware that the handbook is available for review on the ASU Nursing Department website.
- have read in its entirety, the academic year 2020-2021 ASU Department of Nursing Student Handbook.
- acknowledge that I am responsible for its contents and for adhering to the policies therein.

**BSN handbook**

**RN-BSN**

**MSN**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

M: Student Handbook: Forms 7.9.19



Please Check One:     RN to BSN     MSN

*This form is to be completed at the beginning of each academic year. Please print legibly.*

**Student Information:**

Full Name (*maiden and married*): \_\_\_\_\_

**Banner ID Number:** \_\_\_\_\_ **SS Number (last four digits):** \_\_\_\_\_

Date of Birth (*mm/dd/year*): \_\_\_\_\_

**Current Physical Address:** \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Phone Number(s) Cell: \_\_\_\_\_ Other: \_\_\_\_\_

ASU Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**Emergency Contacts**

Emergency Contact Name (1): \_\_\_\_\_

Emergency Contact Phone Number (1): \_\_\_\_\_

Emergency Contact Name (2): \_\_\_\_\_

Emergency Contact Phone Number (2): \_\_\_\_\_

*Please continue to page 2 for Employment Information*

## Employment Information

Student's Name: \_\_\_\_\_

Job Status: (Circle One)      Employed                      Unemployed Current

Name of Agency of Employment:

\_\_\_\_\_

Current Unit and Job Description:

\_\_\_\_\_

Agencies Full Address:

\_\_\_\_\_

Current Manager: \_\_\_\_\_

Managers Phone: \_\_\_\_\_

Managers Email: \_\_\_\_\_

\_\_\_\_\_

Student Program Contact: *(This is the agency personnel who oversees students' needs related to clinicals, compliance and onboarding. The ASU Nursing Department's ultimate goal is to identify who at the facility handles contracts with the nursing schools. The office's business manager may be the contact. If you are unable to identify this person, please indicate this in your answer.)*

Student Program Contact Phone Number: \_\_\_\_\_

Student Program Contact Email: \_\_\_\_\_

## Department of Nursing Tuberculosis Risk Assessment

*For individuals with a history of a positive TB test*

**This form should be completed and submitted to CastleBranch™ as directed**

**NAME (printed):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please answer the following questions and provide additional information for any YES answers.

1. Were you born outside the USA in one of the following parts of the world: YES NO  
Africa, Asia, Central America, South America, or Eastern Europe?

2. Have you traveled outside of the USA and lived for more than one month YES NO  
in Africa, Asia, Central America, South America, or Eastern Europe?  
Date and duration of last travel to these countries: \_\_\_\_\_

3. Do you have a compromised immune system such as from any of the following YES NO  
conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes,  
immunosuppressive medications (e.g. Prednisone, Remicade), leukemia, lymphoma  
cancer or the head or neck, gastrectomy or jejunal bypass, end stage renal disease  
(on dialysis), or silicosis?  
Date of onset of any of the above conditions: \_\_\_\_\_

4. Have you ever done one of the following: used crack cocaine, injected illegal drugs, YES NO  
worked or resided in a jail or prison, worked or resided in a homeless shelter, or  
worked as a healthcare worker in direct contact with patients?  
Date of use of any of the above conditions: \_\_\_\_\_

5. Have you experienced any of the following symptoms in the past year?

Symptoms	YES	NO	Symptoms	YES	NO
Fatigue			Night sweats		
Weight loss			Low grade fever		
Loss of appetite			Chest pain		
Weakness			Bloody sputum		
Persistent cough**			Prolonged period of "just not feeling well"		

Have you followed up with your health care provider regarding any categories with "yes" answers? YES NO

*Answers of "Yes" should be discussed with the ASU Nursing Director of Compliance and Student Support*

Date of last CXR (or not applicable (n/a)): \_\_\_\_\_

Radiologist Report submitted to ASU Nursing Program: YES NO

Date completed medication for active or latent tuberculosis (or not applicable (n/a)): \_\_\_\_\_

This information will be evaluated and you may be required to have a statement of clearance to participate in clinical from a healthcare provider of your choice.

**The above information is accurate to the best of my knowledge.**

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

**APP STATE Box 32151, Boone, NC 28607-2151**

*Please copy for your records before turning in to nursing office.*

**Name:** \_\_\_\_\_ **Banner ID #:** \_\_\_\_\_

**TUBERCULOSIS (TB) SCREENING TEST:**

Annually (364 days or less after initial tb testing) one of the following is required:

- One tst or
- IGRA test for tuberculosis.

Upon request of a clinical agency, additional TB testing may be required.

**TST 0.1ml intradermal in the left arm.**

**READ IN 48-72 HOURS.**

Date/Time administered: \_\_\_\_\_

By: \_\_\_\_\_

Date/Time read: \_\_\_\_\_

Results: \_\_\_\_\_ mm

By: \_\_\_\_\_

**OR**

IGRA (QuantiFERON Gold or T-Spot)

Date and Results: \_\_\_\_\_

***Attach an official copy of the results to this form.***

**Chest x-ray required if any TB screening test is positive, yearly for two years after first converting to positive. And every 5-6 years thereafter.**

Date of x-ray: \_\_\_\_\_ Absence of active disease:  Yes  No

***Attach Radiology Report and fill out Annual Tuberculosis Surveillance Questionnaire.***

If medication for latent tuberculosis has been completed, documentation should be provided.

Comments: \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Nurse, MD, PA, FNP who completed any of the above

**Address:** \_\_\_\_\_

I understand that the Department of Nursing at Appalachian State University will share health and immunization information with appropriate clinical agencies or in the event of medical emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form should be completed and submitted to  
 CastleBranch™**

**NAME:** \_\_\_\_\_  
**Banner ID:** \_\_\_\_\_

<b>Tuberculin skin Test (TST)</b>	<b>Tuberculin skin Test (TST) 7-21 days after test #1</b>
<b>Administered</b> 0.1 intradermal	<b>Administered</b> 0.1 intradermal
Date: _____ Time: _____	Date: _____ Time: _____
Arm (circle one): Left    Right	Arm (circle one): Left    Right
Lot Number: _____ Expiration Date: _____	Lot Number: _____ Expiration Date: _____
Administered by: _____	Administered by: _____
<b>Interpretation in 48-72 hours</b>	<b>Interpretation in 48-72 hours</b>
Date: _____ Time: _____	Date: _____ Time: _____
Results: _____ mm    Circle one: Positive / Negative	Results: _____ mm    Circle one: Positive / Negative
Interpreted by: _____	Interpreted by: _____

**Interferon Gamma Release Assay (IGRA: QuantiFerson Gold or T Spot)**

Date lab obtained: \_\_\_\_\_ Time: \_\_\_\_\_

Lab Name: \_\_\_\_\_

Lab Address: \_\_\_\_\_

Attach a copy of the Lab Document to this form

**Chest X Ray (CXR) required for any positive tuberculosis screening test**

Date of CXR: \_\_\_\_\_

Active Disease detected(circle one):    Yes    No

Attach a copy of the Radiology Report to this form

Tuberculosis Risk Assessment completed and attached to this form

**PROVIDER COMPLETING FORM (May by RN, MD, DO, NP, or PA )**

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

**STUDENT:**

I understand that the Department of Nursing at ASU will share health and immunization information with appropriate clinical agencies or in the event of a medical emergency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Department of Nursing  
 Universal Confidentiality Agreement**

**This form should be completed and submitted to  
 CastleBranch™**

I have read, understand and agree to comply with the Appalachian State University Department of Nursing Universal Confidentiality Policy.

- Further, I will read and comply with all University, and agency/facility policies and standards relative to confidentiality and information security.
  - I understand and agree that violation of the Universal Confidentiality Policy may constitute grounds for corrective action up to and including loss of agency privileges, academic or employment suspension, or termination from the Nursing Department in accordance with applicable agency/facility, Department or University procedures, as set forth in the Policy.
  - I also understand and agree that unauthorized release of confidential information may subject me to personal, civil, and/or criminal liability and legal penalties.
  - I further understand that violation of this policy by any member of the University’s student body, faculty or staff may constitute grounds for termination of the contractual relationship or other terms of affiliation between the University and the agency.
- |                                   |   |                                    |
|-----------------------------------|---|------------------------------------|
| • BSN <input type="checkbox"/>    | • Student from other institution <input type="checkbox"/> | • Visitor <input type="checkbox"/> |
| • RN-BSN <input type="checkbox"/> | • Faculty <input type="checkbox"/>                        |                                    |
| • MSN <input type="checkbox"/>    |   |                                    |

---

Printed Name

---

Signature

---

Date