



UNIVERSITY OF ST. AUGUSTINE

FOR HEALTH SCIENCES

Clinical Education Welcome Letter

Spring 2020

Welcome!

The Clinical Education Department at the University of St. Augustine for Health Sciences (USAHS) welcomes you as you begin your academic and clinical experience with us.

To be successful, one of your key responsibilities is to provide the Clinical Education Department with digital copies of your medical record information. **Your file must be completed by Orientation Day.**

Your **Next Steps**:

1. Order the fingerprint report, background check, and drug screen via CastleBranch using the link provided on Page 4.
2. Within 2 weeks from today you will receive an informational email regarding EXXAT and EduBrite in your University of St. Augustine email account.
3. Then, you will receive separate invitations from EXXAT and EduBrite (See page 5). Be sure to check your spam/junk folder in your University email account if you do not receive either.
 - a. If you have not received our invitations in 2 weeks, contact Charlotte Izzo clinedsa@usa.edu
4. While waiting for your EXXAT invitation, prepare your immunization records and all other required documents listed in this packet by creating electronic versions of each in readiness for uploading into EXXAT.
5. When you receive the EXXAT invitation, log in and create your profile.
6. Upload the required documents, as laid out in this packet.

We look forward to meeting you at Orientation and Welcome to USAHS!

Sincerely,
The Clinical Education Department



Clinical Education Health Policy

Because of healthcare policies, the University requires students to provide verification of each requirement listed in the checklist below. These requirements will be completed at your own expense and are necessary for participation in University sponsored activities, including attending classes and clinical experiences.

Due to confidentiality laws, these records will not be disbursed to any third party by the University.

Checklist

All items are DUE by Orientation Day

- To upload these documents, you will need access to EXXAT (see page 1), the Clinical Education Database. If you have not received this invitation, check your spam/junk folder first.
- Upload all the following required documents into Exxat:

Requirement	Details	Due
Current physical	Must be within the past one year and include statement of good health. One is provided for your convenience on page 7	By orientation day
TB test	Must be within the past one year <ul style="list-style-type: none"> 2 step PPD (2 tests and 2 readings - 4 visits to the doctor) Conducted about 3 weeks apart Chest X-Ray (CXR) Note: Chest X Ray results will only be accepted with verification of a positive history of PPD. 	By orientation day
Hepatitis B Series	Series of three injections AND Hepatitis Titer	By orientation day
Hepatitis B Titer (blood draw)	Follows the completion of your series and is required in addition to the Hepatitis B series. The Hep B Surface Antibody (HBsAb) test is the only titer accepted. *	By orientation day
Measles, Mumps, Rubella (MMR)	MMR titer or set of two immunizations*	By orientation day
Tdap	Must be renewed every 10 years	By orientation day
Varicella	Varicella titer or set of two immunizations. The titer or immunizations are required despite having the chickenpox. *	By orientation day
Medical Insurance Verification Form	See page 3 You must upload a copy of your medical insurance card also	By orientation day
Fingerprint and Background Check Reports Disclaimer Form	See page 4	By orientation day
American Heart Association	BLS provider card & Heartsaver First Aid Card	Due Feb 21, 2020
Flu shot	Seasonal flu shot	Oct 15 annually
For questions regarding medicals contact mrusahs@usa.edu		

* If you are NOT immune, you must consult your physician for next steps. Failure to comply with any health policy will preclude participating of the student in University activities.



Medical Insurance Verification Form to be Uploaded into EXXAT

Your Health Insurance must be current while enrolled at the University of St. Augustine for Health Sciences.

Student Name (please print): _____

I understand that it is my responsibility to maintain current continuous medical (including hospitalization and emergency care) coverage while enrolled at the University and due to contractual agreements between the University of St. Augustine for Health Sciences and all clinical education sites. It is my responsibility to obtain and maintain coverage for all states where I am a student and states in which I plan to participate and practice during my clinical education experiences.

In consideration of my clinical education participation sponsored by the University, I hereby assume all responsibility involved with providing medical insurance coverage and indemnify, release, and hold harmless from all liability, the University of St. Augustine for Health Sciences, its directors, officers, representatives, volunteers, participants, employees, students and all other person acting in any capacity on their behalf.

I understand health care coverage is required so that I have access to necessary care should an incident occur on campus or in the clinical site that requires medical attention, as all healthcare costs are my responsibility. A copy of my health insurance card has been provided acknowledging my understanding and responsibilities regarding health care coverage.

Signature

Date

Please upload a copy of your current card into EXXAT along with this form.



Fingerprint and Background Check Reports Disclaimer Form to be Uploaded into EXXAT

Please remember - Your background check, fingerprint report and drug screen must be uploaded into CastleBranch to be admitted into the University. Without all 3 documents, your admission is considered contingent.

For students who do not live in Florida - If you receive 2 notifications from DAON that your fingerprints were deemed unclassifiable, please contact the Clinical Education department at FBCclined@usa.edu for your next steps.

Steps to completing these requirements:

1. Order your background check, fingerprint report & drug screen using this link:
https://mym.cdn.usa.edu/USA/ClinEd/Background_check_info_10022019.pdf
2. Sign below and upload into EXXAT in the required documents section.

I, _____ acknowledge that any incidence reported on my
(Print name)

fingerprint results and/or criminal arrest/conviction background record may limit clinical rotation placement availability and that clinical rotation placement is a requirement for graduation from the University of St. Augustin for Health Sciences. Any arrest/conviction record may also affect my eligibility for licensure, as requirements vary from state to state. It is my responsibility as a student to understand the licensure requirements for the state(s) in which I intend to seek licensure.

I also understand it is my responsibility to report any criminal arrest/conviction to the Clinical Education Department Head within 30 days of its occurrence.

Student Signature

Date



Student Readiness Module OSHA/HIPAA/Elderly Abuse

These required courses are provided to you in EduBrite.

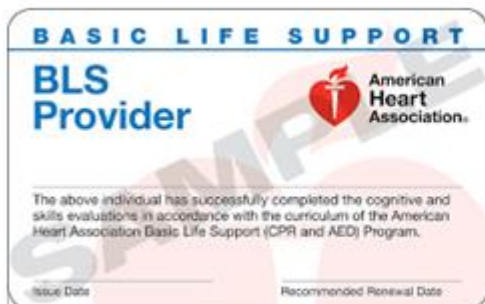
1. A score of 100% for each quiz is required.
2. You will receive a certificate of completion at the end.
3. Upload the certificate into EXXAT in the appropriate section.
4. Certificate of completion must be uploaded into EXXAT prior to your arrival on campus.



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American Heart Association Certifications*



You are required to complete the BLS training that includes CPR, AED and adult, child and infant rescue techniques and Heartsaver First Aid training provided by the American Heart Association. Associated costs are the responsibility of the student.

Recommended Provider:

CPR Depot Miami

Eduardo Fraga
President, CPR Depot Miami

Phone: [786.262.6812](tel:786.262.6812)

Email: CprDepotMiami@yahoo.com

***American Heart Association cards only.**



Clinical Education Department – Physical Form

Student Name	
Student DOB	
Date of Exam	

Healthcare Provider Certification

I certify that I have performed a comprehensive physical exam on the above- named student and have found him/her to be in good health, free of communicable disease and able to perform the following essential functions, as required by the program:

1. Able to stand 30 minutes
2. Ability to climb stairs
3. Able to kneel, crawl, stoop
4. Able to bend backward and forward
5. Able to balance on one leg
6. Physically able to perform CPR
7. Able to view video or written word on screen

Healthcare Provider Signature

Date

Healthcare Provider Name and Address (please print)



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Clinical Education Department- Two-Step PPD Form

Baseline Testing: Two-Step Test per CDC Guidelines. Two-step testing with the Tuberculosis skin test (TB) should be used as a baseline or for initial testing. At times, the first TB test displays an inaccurate result. To mitigate this and to offset the likelihood of additional medical testing, USAHS requires students to receive a second TB test. To meet USAHS Health Policy requirements, students must obtain the second TB test 1-3 weeks after receiving the results from the first TB test.

Student Name: _____

	1 st Test	2 nd Test
Date Placed		
Date Read		
Result		

Healthcare Provider Signature

Date

Healthcare Provider Name and Address (please print)