

# Bachelor of Science in Nursing

Dear BScN Student,

Congratulations and welcome to Northern College! We are quite pleased to welcome you to the Bachelor of Science in Nursing Program in Collaboration with Laurentian University.

An essential part of your nursing education consists of clinical placement, which you are introduced to in the first semester.

**This package contains information related to the mandatory clinical requirements all students must complete and submit in order to participate in clinical placements/practicums:**

- Submitting clinical requirements to Northern College
- Clinical requirements checklist
- Clinical requirements table
- Immunization and communicable disease testing requirements form
- BScN Annual Forms for Review and Agreement
- Criminal record check and vulnerable person sector check information

**Students must complete and submit all mandatory clinical requirements by the due date of August 15<sup>th</sup>.** Nursing department staff require time before the fall semester starts to process student documents.

**You are responsible for reviewing and completing all of the clinical requirements included in this package and submitting the required documents by the stated deadlines.**

If you have any questions about the contents of this package. Please contact:  
[ClinicalRequirements@northern.on.ca](mailto:ClinicalRequirements@northern.on.ca)



In collaboration with





## Examples of Immunization Records

### Example 1 – Acceptable

Requirements met for the following vaccinations:

- Varicella (Chicken Pox), Diphtheria /Tetanus, Measles/ Mumps/ Rubella, and Hepatitis B

Missing Requirements:

- Pertussis, student will need to have a Diphtheria, Tetanus, Pertussis vaccination (within the last 10 years) to meet this requirement.
- 2 Step Tuberculosis Testing must be completed
- Hepatitis B level of immunity with laboratory testing results must be completed



**SHRADDHA CHILDREN HOSPITAL  
& NEONATAL CARE CENTRE**

D. Ped., M. D. (Pediatrics)  
F.I.A.M.S

**CONSULTING PAEDIATRICIAN & NEONATOLOGIST**

Arogyanagar, Nr. Bus Stand, Himatnagar - 383 001, Dist. S. K. (Gujarat) - INDIA

### VACCINATION RECORD

NAME \_\_\_\_\_

BIRTH DATE : 3<sup>rd</sup> May, 2000

| S.N | Name of Vaccine            | Dose                         | Date When given |
|-----|----------------------------|------------------------------|-----------------|
| 1   | B.C.G                      |                              | 04/05/2000      |
| 2   | Triple/Polio               | 1 <sup>st</sup> Dose         | 19/06/2000      |
|     |                            | 2 <sup>nd</sup> Dose         | 17/07/2000      |
|     |                            | 3 <sup>rd</sup> Dose         | 17/08/2000      |
| 3   | Triple/Polio               | 1 <sup>st</sup> Booster Dose | 04/10/2001      |
|     |                            | 2 <sup>nd</sup> Booster Dose | 01/05/2005      |
| 4   | D.T.(Diphtheria + Tetanus) |                              | 05/05/2010      |
| 5   | Tetanus Toxoid             |                              | 10/05/2015      |
| 6   | Measles Vaccine            |                              | 18/01/2001      |
| 7   | M.M.R                      | 1 <sup>st</sup> Dose         | 20/07/2001      |
|     |                            | 2 <sup>nd</sup> Dose         | 05/05/2010      |
| 8   | Hib Vaccine                | 1 <sup>st</sup> Dose         | 19/06/2000      |
|     |                            | 2 <sup>nd</sup> Dose         | 17/07/2000      |
|     |                            | 3 <sup>rd</sup> Dose         | 17/08/2000      |
|     |                            | Booster Dose                 | 04/10/2001      |
| 9   | Hepatitis B Vaccine        | 1 <sup>st</sup> Dose         | 19/06/2000      |
|     |                            | 2 <sup>nd</sup> Dose         | 17/07/2000      |
|     |                            | 3 <sup>rd</sup> Dose         | 17/12/2000      |
| 10  | Hepatitis A Vaccine        | 1 <sup>st</sup> Dose         | 20/07/2001      |
|     |                            | 2 <sup>nd</sup> Dose         | 20/01/2002      |
| 11  | Chickenpox Vaccine         | 1 <sup>st</sup> Dose         | 20/01/2002      |
|     |                            | 2 <sup>nd</sup> Dose         | 01/05/2005      |
| 12  | Typhoid Vaccine            | 1 <sup>st</sup> Dose         | 04/05/2002      |
|     |                            | 2 <sup>nd</sup> Dose         | 01/05/2005      |
|     |                            | Last Dose : TCV              | 05/05/2010      |

**Dr.'s signature and stamp →**

DR.

D. Ped., M. D. (Pediatric)  
F.I.A.M.S.

Consulting Paediatrician & Neonatologist  
SHRADDHA CHILDREN HOSPITAL

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Ph. : (H) (02772) 245532, 241707, (R) (02772) 240533, (M) (02772) 240533, (Dist. S.K. (Guj.) INDIA. Reg.No G-6497

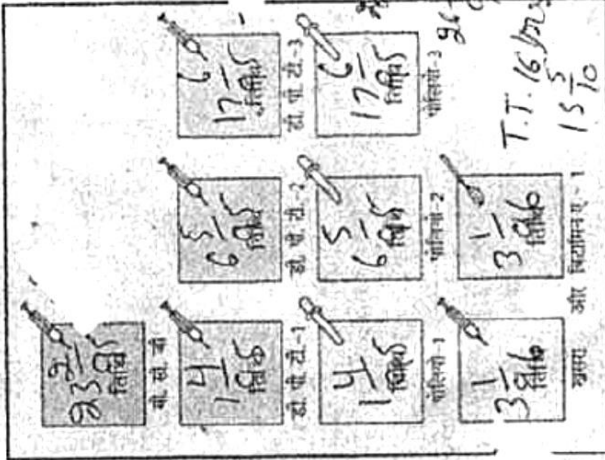
### Example 2 - Not Acceptable



Immunizations are listed, but all documents must be submitted in **English**. The document **has not been stamped or signed by the Health Care Provider**.

### शिशु रक्षक टीकों का ब्यौरा

1 पहले साल में (0-12 महीने)



- सभी टीके सही समय पर लगवाएँ और उन्हें यहाँ दर्ज कराएँ।
- याद रखिए, बी.पी.टी. और पोलियो की हर टीका/बूटाक के बीच में एक महीने का अंतर होना चाहिए।

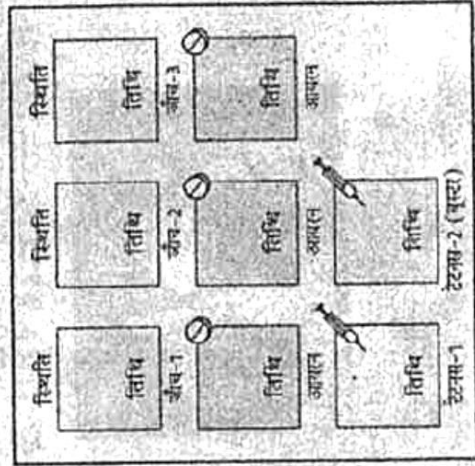


स्वास्थ्य परामर्शकों के हस्ताक्षर



राष्ट्रीय टीकाकरण मिशन  
भारत सरकार

### गर्भावस्था में जाँच और टीकाकरण का ब्यौरा



- गर्भवती महिला को स्वास्थ्य कार्यकर्ता से मिलकर अपने स्वास्थ्य की नियमित जाँच कराने रहना चाहिए।
- याद रहे, गर्भावस्था में, डेटस के दो टीके अगला डेटस का 1 बूटर टीका लगवाना और तीन महीनों में अप्यार की 100 गोस्लियाँ लेना बहुत जरूरी है।
- याद रखिए कि डेटस-2 (बूटर) का टीका शिशु होने की सम्भावित तिथि से कम से कम 1 माह पहले दिया जाना चाहिए।



राष्ट्रीय टीकाकरण मिशन  
भारत सरकार

**Example 3 – Template for Immunization Record**

The following form can be brought to your Health Care Provider, to fill out the immunizations received, with dates, and then stamped and signed by the Health Care Provider.

**Immunization Record**

**Patient Name:** \_\_\_\_\_

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

| Date Given<br>MM/DD/YY | Diphtheria                        | Pertussis    | Tetanus | Measles | Mumps  | Rubella | Varicella            | Hepatitis B | Signature /<br>Initials of Provider |
|------------------------|-----------------------------------|--------------|---------|---------|--------|---------|----------------------|-------------|-------------------------------------|
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
|                        |                                   |              |         |         |        |         |                      |             |                                     |
| Date Tested            | Test                              | Date Results |         |         | Result |         | Initials of Provider |             |                                     |
|                        | Mantoux (tuberculosis) Step 1     |              |         |         |        |         |                      |             |                                     |
|                        | Mantoux (tuberculosis) Step 2     |              |         |         |        |         |                      |             |                                     |
|                        | Hepatitis B Surface Level (titre) |              |         |         |        |         |                      |             |                                     |
|                        | Varicella-Zoster titre            |              |         |         |        |         |                      |             |                                     |

Chest Xray required if TB (Mantoux) test results positive for Step 1 or 2 testing, to rule out active tuberculosis infection.

Place Stamp Here

# BScN 1<sup>st</sup> Year Student Clinical Requirements Checklist

## International Students

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Documents to Complete in Home Country (to be submitted by August 15<sup>th</sup>):**

\_\_\_\_\_ Immunization and Communicable Disease Testing Requirements

\_\_\_\_\_ WHMIS Certificate

\_\_\_\_\_ AODA Certificate

\_\_\_\_\_ Worker Health & Safety Awareness Training in 4 Steps

\_\_\_\_\_ Respectful College Community Training (Workplace Harassment,  
Violence & Discrimination Training)

\_\_\_\_\_ PN Annual Forms for Review and Agreement

\_\_\_\_\_ Mask Fit Testing (Review note below table regarding this testing requirement)

### **Documents to Complete in Canada (to be submitted by September 15<sup>th</sup>):**

\_\_\_\_\_ Canadian Criminal Reference Check **with Vulnerable Sector Screen**  
(**1 ORIGINAL CANADIAN electronic or hard-copy required**. Must be applied  
for in Canada.)

\_\_\_\_\_ First Aid/CPR (Cardiopulmonary Resuscitation) - HCP Level - Certificates  
(course must be attended in Canada and must have an in-person component,  
training completed fully online will not be accepted)

**Refer to the table on the following page for information about how to obtain each of  
these requirements.**

## BScN 1<sup>st</sup> Year Student Clinical Requirements - International

| Requirements   | Due Date       | What to Submit  | Important to Note   | Where Can I Obtain This?   |
|--|----------------|---|---|--|
| <b>TO BE COMPLETED IN HOME COUNTRY</b>   |                |   |   |  |
| Completed <i>Immunization and Communicable Disease Testing Requirements Form</i>                           | <b>Aug. 15</b> | <b>Scans</b> of immunization records and laboratory reports | Include copies of supporting documents with the completed form.<br><br>Keep original documents.                                     | The form is enclosed in this package. The documents required to complete the form can be obtained from your Health Care Provider or local public health unit. <b>(This form is a guide only and does not need to be completed by your Health Care Provider.)</b>                       |
| <b>WHMIS Certificate</b><br>(Workplace Hazardous Material Information System)                              | <b>Aug. 31</b> | <b>Tracked on Blackboard or scan of certificate</b>         | Certification must have been obtained <b><u>within the current year</u></b> , and <b>recertification must be completed annually</b> | A free course is available to students on our Blackboard site. Students can access this site in mid-August (completion will be tracked).<br><b>or</b><br>WHMIS certificate obtained through employment is acceptable; copy of certificate required.                                    |
| <b>AODA Certificate</b><br>(Accessibility for Ontarians with Disabilities Act)                             | <b>Aug. 15</b> | <b>Scan</b> of certificate                                  | Once you complete the training, <u>enter name, date and print</u> your certificate for submission.                                  | The free training module link "AODA training" is accessible through the Northern College webpage:<br><a href="https://www.northerncollege.ca/aoda-training/">https://www.northerncollege.ca/aoda-training/</a>   |
| <b>Worker Health &amp; Safety Awareness Training in 4 Steps</b>  | <b>Aug. 15</b> | <b>Scan</b> of certificate                                  | Once you complete the training, print & scan your certificate for submission.   | The free eLearning module is available at:<br><a href="https://www.labour.gov.on.ca/english/hs/learn/worker/foursteps.php">https://www.labour.gov.on.ca/english/hs/learn/worker/foursteps.php</a><br>Please follow the link:<br>• Click the "play" button to begin the training module |
| <b>Respectful College Community Training</b><br>(Workplace Harassment, Violence & Discrimination Training) | <b>Aug. 31</b> | <b>Tracked on Blackboard or scan of certificate</b>         | Completion will be tracked on Blackboard. If completed for employment, scan of certificate required.                                | Course will be offered to students on Blackboard site in mid-August, <b>OR</b> Certificate obtained through employment is also acceptable; submit certificate.   |
| <b>BScN Annual Forms for Review and Agreement</b>  | <b>Aug. 31</b> | <b>Review and submit confirmations in Blackboard Course</b> | Please open the course on <b>Blackboard</b> - "BScN-Annual Forms: BScN Annual Forms for Review and Agreement"                       | Review all items listed in " <b>BScN Annual Forms for Review and Agreement</b> ", and submit your confirmation for having read, understood, and agree to abide by the criteria outlined. Your submission will be taken as your signed agreement.                                       |

| Requirements  | Due Date  | What to Submit  | Important to Note   | Where Can I Obtain This?  |
|---|---|---|---|---|
| <b>TO BE COMPLETED UPON ARRIVAL IN CANADA</b>                         |   |   |   |   |
| <b>First Aid &amp; CPR (HCP Level) Certificates</b>                   | <b>Aug. 15</b>  | <b>Tracked on Blackboard or Scans</b> of certificates   | (Must be at the Health Care Provider Level)<br>Certification must have been obtained <b>within the current year</b> , and <b>recertification</b> of CPR, must be completed <b>every year regardless of expiration date.</b> | Courses are offered through Northern College Continuing Education<br><a href="https://www.northerncollege.ca/program/first-aid-cpr/">https://www.northerncollege.ca/program/first-aid-cpr/</a><br><br>Other course providers: St. Johns Ambulance, Heart & Stroke Foundation, Emergency Medical Training Canada, and Canadian Red Cross<br><br><b>Courses must include a hands-on, in-person component. Training completed online only, will not be accepted.</b> |
| <b>Canadian Criminal Reference Check with Vulnerable Sector Check</b> | <b>Sept. 15</b><br><br><b>Do not apply until Aug. 1</b> | <b>Forward the original email received, with completed check</b><br><br>If a hard-copy is received, the original hard-copy must be submitted. | Please refer to the information enclosed in this package and review carefully <u>before</u> applying<br><br>Vulnerable Sector Check must be included<br><br><b>(NOT ACCEPTED -Scanned copies, photos, or photocopies)</b>   | Apply at local Canadian police services, in the town/city in which you normally reside.<br><br><b>See enclosed information at the end of this package.</b><br><br>Hardcopies may be sent by mail, <u>prior to due date</u> to: <b>Northern College, P.O. Box 3211, Timmins, ON P4N 8R6 Attention: Marissa Dean</b>  |
| <b>Mask Fit testing</b>   | <b>Sept. 15</b>   | <b>Scan or photo of document if not completed at Northern</b>   | Fit testing must have been obtained <b>within the current year</b> , and <b>retesting</b> must be completed <b>annually</b>   | Will be offered in August/September, on campus by the Nursing Department.<br>Mask fit testing completed through employment is also acceptable. A copy of the documentation is required.<br><br><b>** see information below regarding Mask Fit testing requirements</b>  |
| <b>Influenza Vaccination</b>  | <b>November 30</b>                                      | <b>Scan of immunization document</b>  | Vaccine available in late October   | The free vaccine becomes available in late October at all Public Health Units in Ontario and local pharmacies   |

\*\*The BScN program requires that students wear a full-face self-contained breathing air (SCBA) mask and an approved N95 particulate respirator during certain learning situations reflective of safe workplace practice and standards. To successfully complete Mask Fit Testing to wear an SCBA mask and N95 mask, students shall present themselves for fit testing free from interference of hair where the respirator seals to the skin or neck. Students are required to be clean-shaven or have no hair where the mask seals to the skin.

**Immunizations and communicable disease testing are not subject to accommodations for philosophical or religious reasons and only a medical exemption will be accepted.**



## IMMUNIZATION AND COMMUNICABLE DISEASE TESTING REQUIREMENTS

**THIS FORM IS TO BE COMPLETED IN FULL. It must be completed by the student and submitted by AUGUST 15<sup>th</sup>.**

**COPIES OF IMMUNIZATION RECORDS & LABORATORY REPORTS MUST BE ATTACHED TO VALIDATE ALL IMMUNIZATION AND TESTING REQUIREMENTS**

**ALL IMMUNIZATIONS AND TESTS LISTED ARE MANDATORY AND ALL MUST BE COMPLETED IN ORDER TO ATTEND CLINICAL PLACEMENT HOURS**

Documentation that will be accepted as proof of immunization and communicable disease testing include:

- a copy of your Ontario Public Health Immunization Record, or other Health Care Provider, immunization record (stamped and signed by the HCP)
- copies of laboratory results (report)
- all documents must be provided in English

If you do not have a Family Health Care Provider, you may obtain an immunization record from your local Ontario Public Health Unit using your Ontario Health Card. Contact information for all Ontario Public Health Units can be found on the following website: <https://www.ontario.ca/page/public-health-unit-locations>

**Students are responsible for any related costs/fees in meeting the required immunizations and laboratory testing.**

Immunizations and communicable disease testing are not subject to accommodations for philosophical or religious reasons and only a medical exemption will be accepted.

### STUDENT CONTACT INFORMATION

NAME: (Last Name / First Name) \_\_\_\_\_

DATE OF BIRTH: (Month / Day / Year) \_\_\_\_\_

PROGRAM: \_\_\_\_\_

HOME OR PERMANENT ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

**The statements given in this form are true to the best of my knowledge. I understand that falsifying information may result in my removal from the BScN program and/or clinical placement/practicum.**

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

\_\_\_\_\_  
Date

## IMMUNIZATION AND COMMUNICABLE DISEASE TESTING REQUIREMENTS

### A. Varicella (Chicken Pox)

#### Completed Primary Series:

Vaccine #1 Date (mm/dd/yy): \_\_\_\_\_ Vaccine #2 Date (mm/dd/yy): \_\_\_\_\_ **NO TITRES REQUIRED**

#### **OR** Laboratory Result indicating evidence of immunity (titre level):

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

**If Non-reactive/Non-immune – documentation of a Completed Primary Series of 2 vaccines is required.**

**\*\*SUBMIT COPY OF IMMUNIZATION RECORD AND/OR LABORATORY REPORT IN ENGLISH**

### B. Measles/Mumps/Rubella (MMR)

#### Completed Primary Series:

Vaccine #1 Date (mm/dd/yy): \_\_\_\_\_ Vaccine #2 Date (mm/dd/yy): \_\_\_\_\_ **NO TITRES REQUIRED**

#### **OR** Laboratory Results indicating evidence of immunity (titre levels):

##### **Measles Laboratory Titre Result:**

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

##### **Mumps Laboratory Titre Result:**

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

##### **Rubella Laboratory Titre Result:**

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

**If Non-immune a booster for the non-immune result is required. If the primary series has only been partially completed **OR** the Primary Series has not been completed, dates of the **Adult Series** are required.**

**Booster Vaccine for Non-immune result:** Date (mm/dd/yy): \_\_\_\_\_

##### **Adult Series:**

**Vaccine #1** Date (mm/dd/yy): \_\_\_\_\_

**Vaccine #2** Date (mm/dd/yy): \_\_\_\_\_ (1 month after 1<sup>st</sup> dose)

**\*\*SUBMIT COPY OF IMMUNIZATION RECORD AND/OR LABORATORY REPORT IN ENGLISH**

**C. Diphtheria/Pertussis/Tetanus vaccination**

Diphtheria/Pertussis/Tetanus vaccination (**within last 10 years**) Date (mm/dd/yy): \_\_\_\_\_

**\*\*SUBMIT COPY OF IMMUNIZATION RECORD IN ENGLISH**

**D. Hepatitis B**

**Primary Series:**

Vaccine #1 Date (mm/dd/yy): \_\_\_\_\_

Vaccine #2 Date (mm/dd/yy): \_\_\_\_\_

Vaccine #3 (if applicable) Date (mm/dd/yy): \_\_\_\_\_

**AND ALL STUDENTS MUST ALSO PROVIDE LABORATORY EVIDENCE OF IMMUNITY (Titre Level)**

**Hepatitis B Laboratory Report:**

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

**If Non-reactive/Non-immune – Primary Series of vaccines must be repeated**

Vaccine #1 Date (mm/dd/yy): \_\_\_\_\_

Vaccine #2 Date (mm/dd/yy): \_\_\_\_\_ (1 month after 1<sup>st</sup> dose)

Vaccine #3 Date (mm/dd/yy): \_\_\_\_\_ (6 months after 1<sup>st</sup> dose)

**AND a Hepatitis B Laboratory Titre must be repeated, one month after completion of series.**

**Hepatitis B Laboratory Report:**

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

**\*\*SUBMIT COPY IMMUNIZATION RECORD AND LABORATORY REPORT IN ENGLISH**

**E. Tuberculosis – Tuberculin Skin Test (TST or Mantoux)**

**Initial 2-Step Testing**

**Step 1**

Date received (mm/dd/yy): \_\_\_\_\_ Date Read – 48-72 hrs after receipt (mm/dd/yy): \_\_\_\_\_

Result: \_\_\_\_\_mm of induration **If induration is  $\geq 10$ mm (positive), a chest x-ray is required**

**AND**

**Step 2** (2<sup>nd</sup> step must be given 7 to 28 days after 1<sup>st</sup> test, in opposite arm, only if 1<sup>st</sup> test is less than 10mm induration.)

Date received (mm/dd/yy): \_\_\_\_\_ Date Read – 48-72 hrs after receipt (mm/dd/yy): \_\_\_\_\_

Result: \_\_\_\_\_mm of induration **If induration is  $\geq 10$ mm (positive), a chest x-ray is required**

**If Results are Positive - Chest X-ray** Date (mm/dd/yy): \_\_\_\_\_ Results: \_\_\_\_\_

**If an Initial negative 2 Step Test has been previously completed, a 1-Step TB Test, within the current year, is required** (documentation of the 2 Step test above is also required)

**1 Step TB Test**

Date received (mm/dd/yy): \_\_\_\_\_ Date Read – 48-72 hrs after receipt (mm/dd/yy): \_\_\_\_\_

Result: \_\_\_\_\_mm of induration **If induration is  $\geq 10$ mm (positive), a chest x-ray is required**

**\*\*SUBMIT COPY OF IMMUNIZATION RECORD and/or XRAY REPORT IN ENGLISH**

**F. COVID-19 – Vaccination**

**COVID-19 vaccination is required for all health care workers. This includes staff who work in, and students who study in a hospital, long term care homes, and any other health care delivery agency.**

- Clinical partner agencies may choose to create their own policies regarding mandatory student immunization against COVID-19 as a protective measure for residents and patients. Northern College is required to adhere to these policies as a requirement for staff and students attending clinical.
- **All Students are required to submit documentation for having received the approved primary series of COVID-19 vaccine(s) prior to attendance at our partner health care agencies.**
- The health care agencies have confirmed their policies stating that all students are required to be immunized for COVID-19 in order to care for residents and patients. **Students who do not meet this requirement will not be permitted to attend clinical hours and will not meet the expectations for the practical component of the program course, which will result in course failure.** There will be no exceptions for this requirement.  
Students must submit a copy of the official receipt(s) for having received the primary series, **1 or 2 Canadian approved vaccinations**. **If you have not had previous vaccination for COVID-19, 1 dose of XBB.1.5 vaccine is authorized as a primary series for adults who are not moderately or severely immunocompromised**

**Vaccine #1** Date (mm/dd/yy): \_\_\_\_\_

**Vaccine #2** Date (mm/dd/yy): \_\_\_\_\_ (2 months or 56 days after 1<sup>st</sup> vaccine if required)

**Vaccine #3** Booster Date (mm/dd/yy): \_\_\_\_\_ (3 months or 84 days after 2<sup>nd</sup> vaccine)

**\*\*SUBMIT COPY OF IMMUNIZATION RECEIPTS RECEIVED WHEN VACCINATION COMPLETED**

**If you do not have the original copy of the receipt, you may download a copy from Ontario health at <https://covid19.ontariohealth.ca/>**

**G. Influenza – Flu Vaccination**

**The annual Influenza vaccination becomes available in late October.**

**\*\*SUBMIT COPY OF IMMUNIZATION RECORD FOR INFLUENZA VACCINE WHEN RECEIVED; DUE BY NOVEMBER 30<sup>TH</sup>**

Most Health Care and Emergency Services agencies have mandatory requirements for immunizations and communicable disease testing, prior to employment. Since clinical placements necessitate that students have the same immunization and occupational abilities as agency employees, failure to comply with immunization standards may preclude students from participating in clinical placements and will jeopardize success in the program.

**Immunizations and communicable disease testing are not subject to accommodations for philosophical or religious reasons and only a medical exemption will be accepted**





## **BScN Annual Forms for Review and Agreement**

All Students enrolled in the BSN Program are required to read, understand, and agree to abide by the criteria outlined on the following forms:

- **Current Student Contact Information**
- **BScN Acknowledgement of Student Manual**
- **Code of Conduct/Student Behavioural Agreement**
- **Academic Integrity and Statement of Confidentiality**
- **Nursing Laboratory Contract**
- **Freedom of Information and Protection of Personal Privacy**
- **Timmins & District Hospital Healthcare Team Privacy & Confidentiality Agreement**
- **Acknowledgement of Risk for Clinical Settings Statement**

Your submission will be taken as your signed agreement.

All BScN-Annual Forms may be accessed on the Blackboard Course called "**BScN-Annual Forms: BScN Annual Forms for Review and Agreement**" on the Northern College Blackboard site. Once you have registered in the program you will be provided a username and password to access this site.



## Canadian Criminal Record Check and Vulnerable Sector Check

The Schools of Health Sciences and Emergency Services require successful completion of placements and/or visits in a variety of agencies that may include schools, health, community, and social agencies. Students will be working with or have unsupervised access to, **vulnerable persons\*** while on placement, and therefore must complete a satisfactory Criminal Record Check and Vulnerable Person Sector Check prior to having direct contact with vulnerable persons.

\***Vulnerable persons** are defined by the Criminal Records Act as: “persons who because of their age, disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or who are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.”

Without a clear Canadian Criminal Record Check and Vulnerable Sector Check, **a placement agency will deny a student access to their premises.**

Health Sciences students must provide **1 ORIGINAL electronic or hard-copy** of their Canadian Criminal Record Check with Vulnerable Person Sector Screening (**photocopies/scans or photos will not be accepted and printed copies of electronic copies will not be accepted**). **Checks submitted without the Vulnerable Sector Screen completed will not be accepted and students are responsible for the cost to reapply.**

### **To Apply for a Vulnerable Sector Check:**

**IMPORTANT: Your check must be less than 6 months old, in November. DO NOT APPLY UNTIL AFTER AUGUST 1<sup>st</sup>.**

Applications **must be completed at your local Police Service’s website (or in person in some areas)**. If you do not live in the Timmins area, you must apply prior to moving or you will need to complete a change of address prior to applying in the Timmins area.

**If you are not yet 18 years of age, you can not apply. This will not affect your ability to attend clinical hours. You must apply after your 18<sup>th</sup> birthday and submit your Check at that time.**

### **You must upload (or bring with you):**

- 1) **2 pieces of identification** - One photo ID and one document that states your full name and current address.
- 2) **A letter from the college** stating your name, date of birth, program of study and why you require a Vulnerable Sector Screen. (Please see information below)
- 3) A **completed application form** - follow the links below for more information or contact your local police service for application forms

**Letter from the College:** In order to apply for your Vulnerable Sector Screening, Police Services require a letter from the college, stating that the student is enrolled in their program, and must be signed by the Dean of Health Sciences and Emergency Services. This letter will be prepared by the college and emailed to each student. If you do not receive a letter, please contact the **Program Assistant, Merranda Rivers at extension 2187** or by email at [riversm@northern.on.ca](mailto:riversm@northern.on.ca), and provide your **program, full name, date of birth and current address**. A letter can then be produced and sent to you, or you may pick up the letter at the college.

**Application Forms:** Go to your local police service’s website to apply (or obtain a form to complete to apply). In the Timmins area, please follow the instructions on the following page to apply.

Ontario Provincial Police: Follow this link to apply <https://www.opp.ca/index.php?id=147&lng=en>

**Any cost incurred for obtaining the Criminal Record Check and Vulnerable Person Sector Check is the student’s responsibility.**

**International students must apply for a Canadian Criminal Reference check.**



## TIMMINS POLICE SERVICE CRIMINAL RECORD CHECK TIP SHEET

**Before you apply for a criminal record check make sure of the following:**

1. You have a Timmins address and live in the Timmins Police Service area for a record check with our service. P.O. Box addresses are not acceptable.
2. The organization asking for the record check will tell you what type of record check you need. (re: Northern College)
  - Criminal Record Check (CRC)
  - Criminal Record and Judicial Matters Check (CRJMC)
  - **Vulnerable Sector Check (PVS) - Required** for all Health Sciences & Emergency Services Programs (BScN, PN, PSW, Medical Laboratory Technician, Paramedic, Pre-Service Firefighter & Police Foundations)
3. **Gather what you need.**
  - a) If you are applying for a vulnerable sector check or it is for a volunteer position, you will need a letter from the organization. **If it is for a school placement, you still need a letter from the school indicating you need a vulnerable sector check. Contact your Program Assistant with your full name, local address, date of birth and program to obtain the letter.**
  - b) All addresses where you have lived in the last 5 years. You must include your current address but also every address you have had over the last 5 years, even if the address is from another city, province or country.
  - c) Be prepared to answer financial questions in order to verify your identification. This is part of the electronic identification verification; **DO NOT** upload copies of your identification.
  - d) If your identity cannot be verified through this process, you will have an option to confirm your identity through facial recognition, but you will require a driver's license or Canadian passport to do so. **If you do not have a driver's license or Canadian passport**, you can either attend a Canada Post location with 2 pieces of ID where they will verify your identity for \$15.00 or you can attend the Timmins Police station for free with 2 pieces of ID and the Confirmation ID that you are provided and we can verify your identity.  
  
**\*\*\*ID must include one photo ID such as passport, student card, driver's license and the other must prove you live in Timmins such as lease agreement, banking profile, rent receipt with the address.**

**MAKE SURE THAT YOU ARE APPLYING TO THE TIMMINS POLICE SERVICE USING OUR LINK AT:**

<http://www.timminspolice.ca/non-policing-services/police-record-checks-forms-available-download/>

**Or use our QR code and click on the "APPLY HERE" link:**

