

Pre-Placement Requirement Clearance Information Early Childhood Education Year 2 Students

In partnership with Synergy Gateway Inc.

Northern College has partnered with Synergy Gateway Inc. to provide support and clearance for pre-placement requirements. To have your documents validated you will be required to book an Electronic Requirements Verification (ERV) Review through **Verified**, a proprietary platform that is used by students across Ontario for the purpose of digitally collecting placement requirements and documentation for verification. Log in details to [Verified](#) will be sent to your school email account once the system is up and running for our programs.

DEADLINES

Requirements for Summer 2024 Placement Due:	March 15, 2024
Requirements for Fall 2024 and Winter 2025 Placements Due:	May 15, 2024
Requirements for Summer 2025 Placement Due:	March 15, 2025

YOUR ERV REVIEW

Be sure to review the list of pre-placement requirements below and have plan when and how you will be completing them. It is important to remember that some requirements may take an extended time to complete.

Once your access is activated, book an ERV Review through your *Verified* account. For help on how to navigate *Verified*, please log in and go to Important Forms. There you will find user guides to assist you with the process.

You are encouraged to *book* your Review early, even if you do not have all documentation in place. Do not wait until a week or two before the deadline to book your Review; Review times will fill.

Ensure all your pre-placement documents are uploaded to your account by 9:00 AM (EST) on the day of your ERV Review. You do not need to be “present” on the day of your Review – this is the date that Synergy Gateway retrieves your documents for review.

To avoid paying additional Review fees, ensure all your documentation has been uploaded *before* 9am (EST) of your ERV Review date. If documents are outstanding at this time, you will not be cleared for placement. If documentation is missing or a requirement is not complete, you will need to book a follow-up Review for an additional fee.

Once your documents have been reviewed you can download your Compliance Summary Document which will serve as a Completion Certificate. *Keep this for your records.*

Synergy Gateway Inc. is *not* the authority on Northern College policies and deadlines. Please check with Shawn Smith (smithsh@northern.on.ca) if you have questions about anything related to pre-placement requirements.

Please upload for your Review:

- Immunization medical form
- Blood work/lab reports (as required)
- Certification cards (as required)
- Originals of all documents

STUDENT FEES

Initial Clearance Review	\$ 50.50 +TAX
Missed Review	\$ 50.50 +TAX
Follow-up Review	\$ 10.00 +TAX

Synergy Gateway is here to help! Contact Synergy Gateway at www.Synergyhelps.com - Submit a Help Desk ticket and they will be in touch. Their Help Desk hours are Monday to Friday, 10am – 3pm (EST), excluding holidays.

**** Important Note****

Please ensure your documents are valid until the end of your placement period. Students with requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review at FULL service fees. To avoid multiple Review fees, we suggest you update all expiring documents in one Review.

PRE-PLACEMENT REQUIREMENTS CHECKLIST (for student use)

MEDICAL REQUIREMENTS

** Students with certifications/requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review and there will be a charge for this Review.*

Tetanus/Diphtheria/Pertussis

Documented proof of primary series.

Met _____ Required _____

Last dose within the last 10 years.

Met _____ Required _____

Polio

Proof of complete series of vaccines

Met _____ Required _____

Measles, Mumps, Rubella (MMR)

Documented proof of two vaccinations or blood work results showing immunity.

Vaccination #1

Met _____ Required _____

Vaccination #2

Met _____ Required _____

Blood work showing immunity (if no vaccination record only)

Met _____ Required _____

Varicella

Documented proof of two vaccinations or blood work results showing immunity

Vaccination #1

Met _____ Required _____

Vaccination #2

Met _____ Required _____

Blood work showing immunity (only if no proof of 2 vaccinations)

Met _____ Required _____

Influenza

Optional. Influenza immunization is not usually available until October and takes 2 weeks to become effective therefore students should obtain the vaccine as soon as it becomes available.

COVID-19 Vaccination Receipts

Required – Receipts for two doses required. Booster highly recommended

Vaccination #1

Met _____ Required _____

Vaccination #2

Met _____ Required _____

Tuberculosis (Mantoux) – 2 Step TB Skin Test (+ 1-Step Test if required)

Proof of a baseline 2-step TB Skin Test (TST) is required (valid for one year).

If 2-Step TST was completed more than 12 months ago, please submit it along with a current 1 step TB test (also only valid for one year).

A medical follow-up with chest x-ray is required if a person has EVER had a documented positive TB Skin Test. Chest x-ray is valid for four years. Skin Tests not required if you have a valid chest x-ray.

TB 2 Step Skin Test

Met _____ Required _____

TB 1 Step Skin Test

Met _____ Required _____

Chest X-Ray (for positive test)

Met _____ Required _____

Hepatitis B Surface Antibody Serology – Mandatory. You must submit proof of Hepatitis B Surface Antibody blood test results.

Met _____ Required _____

Hepatitis B Vaccinations – Proof of primary series of vaccinations is required if bloodwork does not show immunity. If your serology results show you are not immune, then primary series and/or boosters will be required. You can have up to 3 additional boosters. Blood work will be required after each booster. To obtain conditional clearance you will need to show proof that a booster has been administered.

Primary Series
Met _____ Required _____

Boosters
Met _____ Required _____

**** Note: Please ensure that your immunization medical form is completed with all the information stated above. Clearance will not be issued without a completed form signed by a Health Care Professional.**

NON-MEDICAL REQUIREMENTS

** Students with certifications/requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review and there will be a charge for this Review.*

Vulnerable Sector Search (VSS) Your local police department can provide a VSS. Must be dated within 6 months of the start date of the third block of placement.	\$70
Criminal Record Check from Home Country (International Students ONLY) Required – Does not expire. Must be issued after Jan 1 2023	N/A
CPR Level BLS - MUST be taken in-person Valid until the date on your card <u>Option 1: St John's Ambulance</u> Standard First Aid CPR-C & AED (CSA Intermediate) https://www.sja.ca/en/first-aid-training/standard-first-aid-cpr-c-aed <u>Option 2: On Northern College's Campuses</u> https://www.northerncollege.ca/program/first-aid-cpr/ You DO NOT need the optional BLS training for healthcare workers	Approx.. \$200
Standard First Aid Often delivered with CPR Course. Valid for 3 years	
Workplace Hazardous Materials Information System (WHMIS) Required – See expiry date on certificate. Click for link	\$30
Workplace Sexual Harassment and Violence Prevention Required – Does not expire. Click for link	\$35
Worker Health and Safety Awareness Required – Does not expire. Click for link	\$15
Food Handler's Certificate Required – Follow expiry date on certificate. Click for link	\$30
Statement of Confidentiality - ECE Lab Required – Does not expire. Link to the form	Free
Behaviour Standards Contract Required – Does not expire. Link to the form	Free
Student Declaration of Understanding Required – Does not expire. Link to the form	Free
CCEYA Self-Test (Schedule 1 and 4) Required – Does not expire. Click for link	Free
International Study Permit (International Students ONLY) Required – Valid until date listed on certificate	N/A
Co-Op Work Permit Required only if completing placement in Winter Semester Must be Valid until the end of your placement semester.	N/A

Students seeking an exemption from immunization based on conscience, religious belief, or for medical reasons can find details at:

<https://wdgpublichealth.ca/childcare-providers/immunizations-childcare-workers>

Pre-Placement Immunization Form

Student Name: _____ Student Number: _____

Date of Birth: _____ Program: _____

*** Must be completed by a Healthcare Provider***

*** Ensure you are provided with vaccine records, lab results and Chest X-Ray (if applicable). These documents are required for submission***

Health Care Provider Signature		
HCP or Office Stamp		
Name/Signature:	Print Name/Signature	YYYY/MM/DD
Date Completed	YYYY/MM/DD	

Tetanus/Diphtheria:

- Vaccine records showing an initial primary series is required(3doses)
- Proof of Tetanus dose within the last10years
- If dose is more than 10 years than a Booster is required

Tetanus/Diphtheria (TD)	Dose 1	Dose 2	Dose 3	Booster
Date of Vaccination:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Initial Primary Series Completed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		

Pertussis:

- An adult dose of Pertussis over the age of 18is required

Pertussis	Adult Dose	Booster
Date of Vaccination:	YYYY/MM/DD	YYYY/MM/DD

Polio:

- Proof of primary series (3 doses)required

Polio	Dose 1	Dose 2	Dose 3
Date of Vaccination:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD

MMR (Measles, Mumps and Rubella):

- Either 2 vaccinations of MMR OR bloodwork showing immunity

MMR	Dose 1	Dose 2	Booster
Date of Vaccination:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Date of Serology:	YYYY/MM/DD	Immune: <input type="checkbox"/>	Not Immune: <input type="checkbox"/>

Varicella:

- Either 2 vaccinations of Varicella OR blood work showing immunity

Varicella	Dose 1	Dose 2	Booster
Date of Vaccination:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Date of Serology:	YYYY/MM/DD	Immune: <input type="checkbox"/>	Not Immune: <input type="checkbox"/>

Hepatitis B:

- Blood work testing for immunity is mandatory
- If blood work does not show immunity, then primary series (3 doses) is required
- If not immune through blood work after primary series, then secondary series must be completed along with repeated bloodwork

Hep B	Dose 1	Dose 2	Dose 3
Date of Vaccination:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Date of Serology:	YYYY/MM/DD	Immune: <input type="checkbox"/>	Not Immune: <input type="checkbox"/>
Date of Secondary Series:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Date of Repeated Bloodwork:	YYYY/MM/DD	Immune: <input type="checkbox"/>	Not Immune: <input type="checkbox"/>

Tuberculosis:

- Proof of a negative 2-step skin test administered within the last 12 months is required
- If a previous 2 step was completed within the last 12 months, then a 1 step can be presented along with proof of completed 2-step skin test
- Readings must be 7-28 days apart
- If you have a history or have tested positive for TB then a Chest Xray is required
- X-rays are valid for four years.
- Skin Tests not required if you have a valid chest x-ray



TB	Test Date	Read Date	Results
Initial 2-Step Skin Test			
Step 1:	YYYY/MM/DD	YYYY/MM/DD	_____mm
Step 2:	YYYY/MM/DD	YYYY/MM/DD	_____mm
1-Step Skin Test (If previous 2-step was completed within the last 12 months)			
Step 1:	YYYY/MM/DD		_____mm
Chest Xray (If you have a history of or tested positive for TB)			
Date of Chest Xray:	YYYY/MM/DD	Positive: <input type="checkbox"/>	Negative: <input type="checkbox"/>

COVID – 19:

- Primary series of 2 doses is mandatory
- A booster is highly recommended as some placement sites require a booster and clearance will not be issues without it

COVID 19	Dose 1	Dose 2	Booster
Date of Vaccination:	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
<p>COVID-19 Waiver: Booster doses are strongly recommended as these requirements are based on the placement organizations and their policies and subject to change. By signing this waiver, I understand that if I fail to submit proof of vaccination for any of the required doses of COVID-19 or medical documentation outlining why I am unable to receive the COVID-19 vaccine, I may be unable to attend clinical placement due to placement agency requirements, thereby jeopardizing successful completion of the program.</p> <p>Student Signature: _____</p>			

Influenza:

- Available from Oct to the end of April

Influenza	Annual Vaccination
Date of Vaccination:	YYYY/MM/DD
Manufacturer Information:	
<p>Influenza Waiver: I understand that the Academic Program encourages students to have an annual influenza vaccine. I have selected to waive this immunization based on medical and/or notarized reasons. I am aware that I may be susceptible to influenza, and I understand that I may not be eligible to attend clinical placement and- at the request of the clinical and field placement agency- I may be removed and may not meet program and course requirements. I consent to have my program communicate my influenza status to clinical agencies. In the event of removal under this clause, Centennial College will not be responsible to find alternate placements to meet course and program requirements.</p> <p>Student Signature: _____</p>	