

# The Curators of the University of Missouri RN to BSN Program

Required Qualifications for Your Program

**TIME SENSITIVE**

DO NOT DELAY

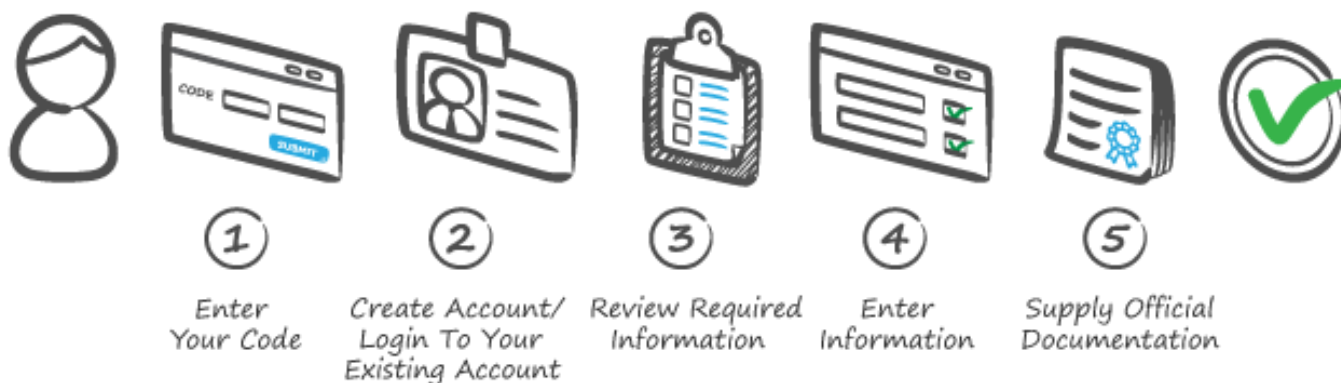
## ATTENTION Students:

We've partnered with Verified Credentials, Inc. to help you supply the required qualifications for your program.

**PLEASE NOTE:** This is required to be completed before the end of your first semester. Failure to complete will result in a hold on your enrollment.

To get started, carefully follow the instructions below:

## How it Works:



**IMPORTANT** – Use the CODE that matches your phase:

Program:	Code:
Background Check, Drug Screen & Additional Requirements - RN to BSN Program	WXRGG-97334

**GET STARTED NOW** at:

<http://scholar.verifiedcredentials.com/umkc>

**For Best Results - Use a laptop or desktop computer to complete this process.**

**UMKC SCHOOL OF NURSING & HEALTH STUDIES  
POLICY: CLINICAL PROFESSIONAL REQUIREMENTS  
APPENDIX A (AMENDMENT A IN CNE MANUAL)  
BSN-PL, BSN-AT AND RN-BSN STUDENTS**

All UMKC School of Nursing & Health Studies BSN students must provide **written** documentation of the following immunizations and/or tests to Verified Credentials, Inc. *prior to enrollment*. To upload your documents go to <https://scholar.verifiedcredentials.com/umkc>.

**Required frequency = yearly, biennial (every 2 years), & one time requirement**

1. \_\_\_/\_\_\_/\_\_\_ **Flu Vaccine** every year enrolled.
2. \_\_\_/\_\_\_/\_\_\_ **TB** - A screen for tuberculosis via evidence of a 2-Step TB skin tests or a TB titer (T-Spot or Quantiferon-TB Gold) less than 12 months old. All positive reactors must visit their Health Department & bring a copy of the Dept.'s documentation of this visit with their follow up plan to us. (Skin test or Quantiferon must be done yearly. If positive chest x-ray submitted once but if symptoms arise another x-ray will be required.)

3. \_\_\_/\_\_\_/\_\_\_ (expires) **Copy of current RN license(s) from any state** (if not submitted with application or now expired) *RN-BSN students only.*
4. \_\_\_/\_\_\_/\_\_\_ (expires) **Copy of current AMERICAN HEART ASSOCIATION CPR card** (or ACLS)

5. \_\_\_/\_\_\_/\_\_\_ **#1 MMR** A. For students born prior to 1957, rubella titers are required
- \_\_\_/\_\_\_/\_\_\_ **#2 MMR** B. For students born after 1956, measles, mumps, and rubella (MMR) immunity may be documented in the following ways:
  - a) Documentation of two doses of MMR after age of twelve (12) months and rubella titer, OR
  - b) Evidence of immunity through a titer, for example, Mumps IGG, Rubeola IGG (measles), Rubella IGG. Titers are preferable if immunizations are contraindicated (e.g. pregnancy)

**OR**

- \_\_\_/\_\_\_/\_\_\_ **MMR Titer**
  - A. For students born prior to 1957, rubella titers are required
  - B. For students born after 1956, measles, mumps, and rubella (MMR) immunity may be documented in the following ways:
    - a) Documentation of two doses of MMR after age of twelve (12) months and rubella titer, OR b) Evidence of immunity through a titer of each of the diseases (ex. MMR titer, or individual Mumps IGG, Rubeola IGG (measles), Rubella IGG. Titers are preferable if immunizations are contraindicated (e.g. pregnancy).

6. \_\_\_/\_\_\_/\_\_\_ **Tdap** - Tetanus/diphtheria/pertussis immunity via documentation of toxoid booster date within last 10 yrs.
7. \_\_\_/\_\_\_/\_\_\_ **#1 Hepatitis B** - Completion of Hepatitis B vaccine series **and** titer. If titer is negative, repeat series & titer.
- \_\_\_/\_\_\_/\_\_\_ **#2 Hepatitis B**
- \_\_\_/\_\_\_/\_\_\_ **#3 Hepatitis B**

**AND**

- \_\_\_/\_\_\_/\_\_\_ **Hepatitis B Titer**
8. \_\_\_/\_\_\_/\_\_\_ **#1 Chicken Pox** – Two varivax vaccinations at least 28 days apart or varicella IGG titer (w/positive reading)
- \_\_\_/\_\_\_/\_\_\_ **#2 Chicken Pox**

**OR**

- \_\_\_/\_\_\_/\_\_\_ **Chicken Pox Titer**
9.  **Copy of current Personal Health Insurance card**
10.  **Criminal Background Check** <https://scholar.verifiedcredentials.com/umkc> (Customer Service 1-800-938-6090)
11.  **Drug Test** - <https://scholar.verifiedcredentials.com/umkc> (Customer Service 1-800-938-6090)
12.  **Color Blind Test** (PL and AT given at Clinical Jump Start in August. RN-BSN will need to provide)
13.  **Department of Mental Health Background Check** <http://sonhs.umkc.edu/wp-content/uploads/2014/10/dept-mental-health-check.pdf> (All BSN-PL and BSN-AT students. RN-BSN students who will be in a facility in the state of MO).

**I understand that I must maintain current records.** *Failure to comply with this policy by allowing immunizations to expire may have the following consequences. I may be restricted during enrollment and/or dropped from clinical courses. Evidence of inability to comply must be provided in writing from an appropriate authority in order to be exempt from the terms of this policy. The information I have submitted is accurate to the best of my knowledge. I will also keep copies of all of the above with me for clinical site verification*

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED NAME

HIPAA - Contact your clinical site regarding their HIPAA certification details.

## Department of Health and Human Services

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### Family Care Safety Registry/Mental Health Background Check

The Department of Mental Health for the State of Missouri has added a requirement for all students to now complete an additional background check through the Department of Health and Human Services. Students must register through the Family Care Safety Registry at: <http://health.mo.gov/safety/fcsr/index.php>

There is a \$15.00 fee for the background check and a \$1.25 processing fee. You will need your Social Security number and a credit card to pay for this service. When you go to register it will ask you to select worker type on the form. Your options are childcare worker, elder care worker, personal care worker, recipient of state or federal funds, voluntary registrant, or foster parent. Students are to mark voluntary registrant.

Once you have submitted your information on-line you are usually registered that same day and the background check is done immediately. A letter is then sent to you with verification of registration and the results.

**You MUST upload a copy of this letter to VERIFIED CREDENTIALS.** If you are already registered with them, please request they re-send the results. *\*\*Please note this Background check is DIFFERENT than the Criminal Background check completed within Verified Credentials.*

\*\*If you are already registered you are able to call and ask them to resend the letter to you. They will send you a PDF that you can upload this to Verified Credentials.

Toll-free number: 866.422.6872 (8AM-3PM, M-F); General number: 573.526.1974 (8AM-5PM, M-F)

Click on this link <http://health.mo.gov/safety/fcsr/index.php> then click here: "Online Registration Instructions"

Click on this link <http://health.mo.gov/safety/fcsr/index.php> then click here

The screenshot shows the Missouri Department of Health & Senior Services website. The main navigation bar includes links for Healthy Living, Senior & Disability Services, Licensing & Regulations, and Disaster & Emergency Planning. Below this is the 'Family Care Safety Registry' section, which includes a breadcrumb trail: Home » Licensing & Regulations » Family Care Safety Registry. A list of links is provided, with a red arrow pointing to 'Online Registration Instructions' under the 'Register Online NEW!' category. Other links include 'How to Open an Encrypted Email', 'Internet Background Screening Login', 'User Guide NEW!', 'About the Registry', '2015 Annual Report', 'Good Cause Waiver', 'Related Links', 'Laws, Regulations & Manuals', 'Frequently Asked Questions', and 'Forms'. A footer note states: 'Missouri's Family Care Safety Registry (FCSR) was established by law to promote family and c'

Be sure to SELECT "Volunteer" when you get to the "Selection Criteria" screen:

Person is infected with *M. tuberculosis*

Person is skin tested

Fig 3.4  
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J.

Person has negative reaction due to decreased ability to react to tuberculin

However, this skin test "jogs the memory" of the immune system to recognize and react to tuberculin

As years pass, person's ability to react to tuberculin lessens

Person is skin tested again

Up to 1 year later (for this example, we assume that the person was NOT exposed to TB during this time)

Person has a positive reaction. This is a boosted reaction due to TB infection that occurred a long time ago, not during the time between the two skin tests

Module 3 - Targeted Testing and the Diagnosis of Latent Tuberculosis Infection and Tuberculosis Disease

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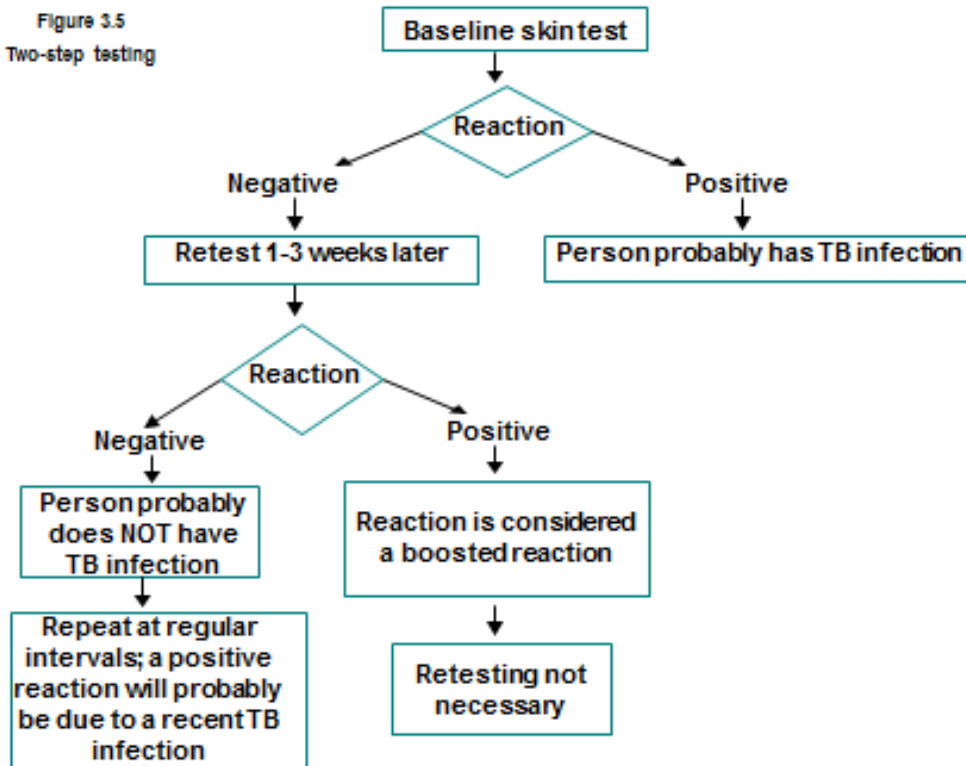
## Two-Step Testing

- Only conducted when TST is used
- Distinguishes between boosted reactions and reactions caused by recent infections
- Should be used for initial skin testing of persons who will be retested periodically
- If person's initial skin test is negative, they should be given a second test 1-3 weeks later
  - Second test positive: probably boosted reaction
  - Second test negative: considered uninfected

Module 3 - Targeted Testing and the Diagnosis of Latent Tuberculosis Infection and Tuberculosis Disease

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Figure 3.5  
Two-step testing



## POSITIVE TUBERCULIN SKIN TEST FOLLOW-UP

The University of Missouri-Kansas City School of Nursing and Health Studies is required by the Occupational Safety and Health Administration (OSHA) to evaluate all student nurses for tuberculosis on an annual basis. If you have had a positive reaction, please complete the following information and sign the form. Then take this form to local Health Department for their evaluation & recommendations for follow-up. Bring back copy of this form and their evaluation/recommendations to us for your student file.

Previous known TB exposure? Yes  No

If yes, relationship \_\_\_\_\_

(eg. Spouse, parent, child, etc.)

Have you taken medication for TB Therapy or Prevention of TB? Yes  No

Dates \_\_\_\_\_

Date of last Chest X-ray \_\_\_\_\_

Where Chest X-ray performed \_\_\_\_\_

Results \_\_\_\_\_ (Neg or Pos)

Have you ever received the "BCG" Vaccine? Yes  No

If yes, what country \_\_\_\_\_

How old were you when you received the vaccine? \_\_\_\_\_

Have you experienced any of the following signs or symptoms in the past three months?

Yes  No  Fever with unknown cause

Yes  No  Loss of appetite

Yes  No  Unexplained weight loss

Yes  No  Malaise? (vague feeling of physical discomfort or uneasiness)

Yes  No  Chronic cough – unexplained for more than two weeks

Yes  No  Sputum (Do you cough or spit up anything?)

Yes  No  Is there blood in the sputum?

Yes  No  Is the blood brown in color?

Yes  No  Chest pain?

Yes  No  Night sweats?

\_\_\_\_\_  
Student signature and date

\_\_\_\_\_  
RN signature and date