Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each student is required to obtain the following immunizations, background check, Healthcare Provider CPR Certification, and pass the WTC PN Drug Test to be able to attend the clinical experiences in the Practical Nursing Program. CPR certification needs to be valid through graduation. Please read the following document requirements and start working on obtaining the official documentation of the immunizations listed below. This documentation will need to be submitted on **orientation day August 23, 2021** to be able to attend the clinical experience. If you have any further questions, please contact Christy May at 580-562-3181 ext. 264 or 262.

**Western Technology Center - Practical Nursing**

This tracker includes, TB Skin Test (2 Step), Tetanus, Diphtheria & Pertussis (Tdap), Measles, Mumps and Rubella (MMR), Varicella (Chicken Pox), Hepatitis A and B, Flu vaccine, and Healthcare CPR Certification.

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**Requirement Details**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Select | Requirement Name | Requirement Description | Approval Guidelines | Due Date | Reporting Criteria |
|  | **Hepatitis B** | One of the following is required: 3 vaccinations OR positive surface antibody titer (lab report required) If series is in process, submit documentation of first vaccine completed within the last 6 months and new alerts will be created for you to complete the series. If titer is negative or equivocal, a booster is required. |  |  |  |
|  | **Hepatitis B Booster** | If titer is negative or equivocal, a booster is required. |  |  |  |
|  | **Hepatitis B 2nd Action** | One of the following is required: 3 vaccinations OR positive surface antibody titer (lab report required) If series is in process, new alerts will be created for you to complete the series. If titer is negative or equivocal, a booster is required. |  |  |  |
|  | **Hepatitis B Booster** | If titer is negative or equivocal, a booster is required. |  |  |  |
|  | **Hepatitis B 3rd Action** | One of the following is required: 3 vaccinations OR positive surface antibody titer (lab report required) If series is in process, new alerts will be created for you to complete the series. If titer is negative or equivocal, a booster is required. |  |  |  |
|  | **Hepatitis B Booster** | If titer is negative or equivocal, a booster is required. |  |  |  |
|  | **TB Skin Test (2 Step)** | Documentation of a 2 step TB test (2 separate TB tests done 1-2 weeks apart) OR past 2 step test PLUS subsequent annual single step test. If positive results, you must provide ALL of the following: positive TB test, chest x-ray lab report, and physical exam stating you are cleared for patient contact. If preventive therapy was given, provide a copy of that as well. The renewal date will be set for 1 year. |  |  | Renewal Date |
|  | **CPR Certification** | One of the following is required: Healthcare Provider course OR Professional Rescuer course Red Cross or other company. The renewal date will be set based on the date provided on the card. |  |  | Renewal Date |
|  | **Tetanus, Diphtheria & Pertussis (Tdap)** | Substitute 1-time dose of Tdap for Td booster; then boost with Td every ten years. |  |  | Renewal Date |
|  | **Measles, Mumps and Rubella (MMR)** | One of the following is required: 2 vaccinations OR positive antibody titer for all 3 components (lab report required) If any titer is negative or equivocal, 1 booster vaccine is required. All immunizations must be documented on healthcare provider letterhead. |  |  |  |
|  | **MMR Booster** | If any titer is negative or equivocal, 1 booster vaccine is required. |  |  |  |
|  | **Varicella (Chicken Pox)** | One of the following is required: 2 vaccinations OR positive antibody titer (lab report required). If the titer is negative or equivocal, 1 booster vaccination is required prior to the beginning of clinical or provide documentation of disease from a healthcare provider. |  |  |  |
|  | **Varicella Booster** | If any titer is negative or equivocal, 1 booster vaccine is required. |  |  |  |
| ◌ | **Influenza Vaccine** | Needs to be taken in the fall of the year of enrollment |  |  |  |
| ◌ | **Hepatitis A** | Two doses are needed and should be given at least six months apart. |  |  |  |
| ◌ | **WTC PN Drug Screen** | This needs to be negative for that are listed as illegal according to the Federal Drugfree Workplace Act (Please refer to the WTC PN Substance Abuse and Drug Testing Policy). |  |  |  |
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For participation in the WTC PN Program clinical courses, there is a list that must be met

for the student to be able to enter the health care facilities that we use for clinical experiences. Immunizations, healthcare CPR, drug testing, and background verification are included in these requirements. The WTC PN Program has 672 clinical hours out of the 1463 program hours. These experiences are held in several different healthcare facilities. The requirements for these clinical experiences are developed by these healthcare facilities. At this time, the WTC PN Program does not require PN students to be vaccinated against COVID-19. However, certain healthcare facilities may require the student to be fully vaccinated prior to be participating in clinical rotation in their facility. If this requirement occurs, you will be provided with information requiring specific COVID-19 vaccination requirements.