



# Nursing & Allied Health Division Clinical/Practicum Requirements Checklist

To qualify for enrollment in a Nursing and Allied Health Program (NAH), the student must meet the criteria listed below. Student must also be COMPLIANT on all requirements prior to registering for a Nursing or Allied Health Program.

STC NAH Clinical Affairs Specialist is located at NAH-A Office Room #124  
Office Phone: (956) 872-3022 ~ Email: [clinicalaffairs@southtexascollege.edu](mailto:clinicalaffairs@southtexascollege.edu)  
Website: [https://nah.southtexascollege.edu/clinical\\_affairs.html](https://nah.southtexascollege.edu/clinical_affairs.html)

## Before Applying/Registering to a NAH Program:

### **NURSING PROGRAMS (Associate Degree Nursing /Vocational Nursing):**

- Attend an Advising Session- Mandatory

#### **Criminal Background Check:**

- Student must contact Clinical Affairs Specialist to complete "Texas Board of Nursing Roster Form" **Process can take up to 2-4 weeks. Students with a positive Criminal Background-Declaratory Order can take up to 6 months.**
- Students must have either BLUE CARD or OUTCOME (Clearance) LETTER from the Texas Board of Nursing PRIOR to APPLYING in any nursing program. *Blue Card/Outcome letter valid for two years from postmark date.*

#### **Immunizations (must be validated/stamped by facility):**

- Tetanus/Diphtheria/Pertussis (Tdap) - within last 10 years
- Hepatitis B complete 3 vaccine series or titer report proving immunity
- MMR (Measles Mumps Rubella) – 2 doses required or titer report proving immunity
- Varicella (Chicken Pox) - 2 doses required or titer report proving immunity
- Meningitis (for entering students 21 years old and under) – 1 dose is accepted if within the last 5 years or must have 2 completed doses

*\*All required immunizations/titers must be from a U.S. medical source.*

*Student must contact Clinical Affairs Specialist to have their immunizations (shot record) reviewed.*

### **ALLIED HEALTH PROGRAMS:**

- Attend an Advising Session- Mandatory

#### **Criminal Background Check:**

- If the student has a POSITIVE criminal background (arrests, charges pending, deferred) please contact the Clinical Affairs Specialist 4-6 months PRIOR to applying. Most of the programs need clearance from their respective Board in order to apply to the program.
- If the student DOES NOT have a criminal background, complete background check once the student creates and pays for their COMPLIO account.

#### **Immunizations (must be validated/stamped by facility):**

- Tetanus/Diphtheria/Pertussis (Tdap) - within last 10 years
- Hepatitis B complete 3 vaccine series or titer report proving immunity
- MMR (Measles, Mumps, Rubella) – 2 doses required or titer report proving immunity
- Varicella (Chicken Pox) - 2 doses required or titer report proving immunity
- Meningitis (for entering students 21 years old and under) – 1 dose is accepted if within the last 5 years or must have 2 completed doses

*\*All required immunizations/titers must be from a U.S. medical source.*

*Student must contact Clinical Affairs Specialist to have their immunizations (shot record) reviewed.*

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## Ready to register OR have been accepted to a program

- Current TB (must be within the last three months) and Flu (required from August to April and MUST include vial lot # and vial expiration date on the form) are required.
- Current CPR-American Heart Association for Healthcare Providers OR BLS Provider certification is required; renew every two (2) years. NO ONLINE CPR COURSES ARE ACCEPTED
- Proof of CURRENT Health Insurance OR Student Accidental Insurance (see providers list)
- Current/Valid TX Driver's license, Texas ID, Passport, or US Military ID with visible signature and photo
- Social Security Card for verification purposes (required by some clinical affiliates and state-licensing board); card, must be signed.
- Download and print the clinical requirements packet (Nursing or Allied Health Program) Clinical/Practicum Compliance Packet
- Complete form TECHNICAL PERFORMANCE STANDARDS- signed statement of ability to perform technical standards for nursing and allied health program of study.
- Complete and sign form BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM
- Complete and sign DISCLOSURE STATEMENT (*for Nursing Programs ONLY*)
- Complete and sign Manual of Policy 3337 (NAH Policy)
- Complete STUDENT CLINICAL/PRACTICUM HOSPITAL ORIENTATION (Instructions in packet)

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## Create Complio Account

- Create Complio account at Complio. For technical support, call American DataBank at 1-800-200-0853. Nursing Programs:

- Select a Department and a Program of Study- Load Packages
- Select 14-month Subscription-\$15 AND Drug & Alcohol Screen\*-\$38 (\$53)

### Allied Health Programs

- Select a Department and a Program of Study- Load Packages
- Select 14-month subscription-\$15 AND Criminal Background Check AND Drug & Alcohol Screen\*-\$70 (\$85)
- Scan, upload, and attach all of your required documents.
- If an item is not accepted, you will receive an email notification indicating reason.
- If an item is about to expire, you will receive email notification prompting you to update item.

*For assistance with your Complio, stop by the NAH Open lab (take all of your documents with you)*

After uploading your documents, allow up to two (2) business days for Administrator/Clinical Affairs Specialist to review your documents.

**\*Drug & Alcohol Screen MUST BE NEGATIVE**

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## Complio-Compliant

- Print your Complio Summary Report and turn it in to the Faculty Secretary for your Prospective program of study, once you are COMPLIANT.
  - Follow-up with your program on any deadlines or announcements (orientation, registration, boot camp)

These are only suggestions of sites where you can get the required clinical requirements. **CALL FOR PRICES.**

<p><b>ProCare Health Services</b> 2101 E Griffin Parkway Mission, TX 78572 (956) 205-2204 Office Hours: Monday – Friday 9 am – 5:30 pm Saturdays (by appointment) 10 am – 2 pm <b>Drug &amp; Alcohol Screen</b> Tdap Meningitis (MCV4) Hep B MMR Varicella Influenza TB/PPD</p>	<p><b>Industrial Health Works</b> 801 E Nolana Ste. 9 McAllen, TX 78504 (956) 668-7333 Monday – Thursday 8:30 am – 7 pm Fridays 8:30 am – 5:30 pm Saturdays 9 am – 1 pm  Titers for Hep B. and Varicella TB/PPD X-Rays Hep B MMR Tdap</p>	<p><b>PHS</b> 508 N 10<sup>th</sup> St. #C-10 McAllen, TX 78501 (956) 618-4700 Office Hours: Mon – Fri 9am – 5pm Sat. 10am – 2pm <b>Drug/Alcohol Screen</b> TB/PPD Influenza Hep B (vaccine &amp; titers) MMR Tdap Varicella (vaccine &amp; titers) MCV4</p>	<p><b>Juanny's Professional Lab</b> 1723 N. 23<sup>rd</sup> St, Ste. 5 McAllen, TX 78501 (956) 630-1923 Office Hours: M-F 8 am – 1 pm and 2 pm – 6 pm Sat 8 am – 12 pm <b>Drug/Alcohol Screen</b> TB/PPD Hep B Titer Varicella Titer Rubella Titer Measles AB IGM Mumps Viral IGG</p>	<p><b>Healthy Shots</b> 209 N 15<sup>th</sup> Street McAllen, TX 78501 (956) 668-8366 (15<sup>th</sup> Street &amp; Beech) Monday – Friday TB/PPD Hepatitis B MMR Varicella Tdap  <b>DTM</b> 723 E. University Dr. 956-205-0103 M-F 8-5 TB/PPD, Titers, CPR</p>
<p><b>McAllen Primary Clinic</b> 110 E. Savannah Ste. 101, Bldg. A McAllen, TX 78501 (956) 686-4040 Monday – Friday 8 am to 5 pm Night Clinic 7 days a week 5pm to 11pm <b>X-Rays</b> TB test  <b>Valley Med Urgent Care</b> 101 E. Exwy 83 #170 McAllen, TX 78501 956-731-6699 www.carevm.com</p>	<p><b>Infinity Drug &amp; Alcohol Screening</b> 926 W Nolana Suite A Pharr, TX 78577 (956) 783-8500 1402 S M Street Harlingen, TX 78550 (956)412-8378  322 N. Bicentennial Suite D. McAllen, TX 78501 (956)800-5355 Monday – Friday 8 am to 5 pm <b>Weekends on call</b> <b>Drug &amp; Alcohol</b></p>	<p><b>CPR</b> <b>RSR Mobility Services</b> McAllen: 956-616-5566 Mission: 956-585-5566 Edinburg: 956-383-5566 La Joya: 583-5566  <b>CPR</b> Carlos Gonzalez (956) 458-0756 Individuals or groups  <b>CPR</b> Valley Heart Start (956) 204-9778 Charles &amp; Margie Myles Groups of 3 or more</p>	<p><b>CPR</b> <b>RGV CPR, LLC</b> 956.533.7975 www.rgvcp.com <b>Response Ready</b> 821 N 23rd St, McAllen (956) 867-9265 <b>CPR</b> <b>1st Action CPR</b> 956-651-4223 <b>CPR Plus</b> Ruby Buentello (956) 536-9111 Weslaco and McAllen <b>CPR</b> Helene Picard-Sanchez (956) 292-0496 <b>CPR</b> CPR by Anne 956-907-7755 <b>CPR</b> Ruben Gaytan (956) 212-1305 Groups of 5 or more</p>	<p><b>CPR- PFE Training Solutions (CPR &amp; First Aid)</b> 956-890-0020  <b>CPR- J&amp;A Medical CPR</b> Dawleth Sanchez 956-241-9093 801 E. Fern, McAllen, TX  <b>CPR- Dolores Hill</b> (210) 854-0464  <b>CPR</b> Linda Lopez Rio Grande City (956) 487-9071 <b>CPR</b> PFE Training Solutions 956-890-0020  <b>CPR</b> Dan Garcia Harlingen (956) 454-4221</p>
<p><b>Any County Health Dept.</b>  <b>Or Nuestra Clinica Del Valle</b> <b>956-787-0787</b> <b>www.nuestraclinicadelvalle.org</b></p>	<p><b>Lab Services, Inc.</b> 2031 E Griffin Pkwy Mission, TX 78572 (956) 424-3000 Mon – Fri 7 am – 5 pm Sat 8 am – 12 pm</p>	<p><b>CPR</b> Cazares Driving School 1700 N 10<sup>th</sup> Suite I McAllen, TX 78589 (956) 683-1444</p>		

**CPR: MUST be Health Care Provider OR BLS Provider from American Heart Association**

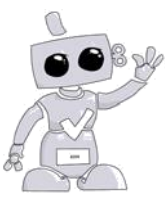
<p><b>South Texas College</b> Call the Continuing Education Department to reserve a seat. 872-3585 or 872-6783</p>	<p><b>Mission Hospital</b> 900 S. Bryan Rd. Mission, TX 78572 For Reservation call 323-1680</p>	<p><b>Knapp Medical Center</b> Conference Center 1401 East Eighth Street Weslaco, TX 78596 For Reservation call Mitty Reyna (956) 969-5455</p>	<p><b>Valley Baptist Med. Center</b> 2101 Pease St. Harlingen, TX 78550 (956) 389-1952</p>	<p><b>Nuestra Clinica Del Valle</b> Serving Hidalgo and Starr Counties <b>956.787.0787</b> <b>www.nuestraclinicadelvalle.org</b></p>
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**School Insurance:**

**Uniforms:**

<p><b>STC School Insurance</b> Must be purchased online <a href="http://www.sas-mn.com">www.sas-mn.com</a>  Print Transaction receipt that was emailed to you and upload it to your Complio Acct.</p>	<b>Accidental Insurance (suggestions)</b>		<b>Payless Uniforms</b>	<b>Uniform Specialists</b>	<b>Second Look Med Scrubs</b>
	<b>AFLAC Ins.</b> 956-687-1717	<b>Reyna &amp; Associates Insurance Agency, LLC</b> 956-800-4601	703 N. 10 <sup>th</sup> St McAllen (956) 618-5474	1800 S. Main McAllen (956) 627-6435 (956) 400-1516	2900 N Sugar Rd Suite E, Pharr (956) 787-1510 (956) 655-8850
	<b>All State Ins.</b> 956-581-8822		<b>Uniform Fashions</b>	<b>Uniform World</b>	<b>Duratex Apparel</b> 4115 Pecan Blvd Ste. C, McAllen (956) 631-3692 (956) 686-4952 2229 W University Dr. Edinburg (956) 383-3692
	<b>American National</b> 956-682-3434		2000 S. McColl Ste. D McAllen (956) 627-0448	418 N. 10 <sup>th</sup> St McAllen (956) 630-0804	
<b>Combined Ins.</b> 956-600-4551 305-998-9168			<b>Uniform Center</b> 515 S. Main Street McAllen (956) 686-0091		

Phone (956) 872-3022 Office # 124 Email: [clinicalaffairs@southtexascollege.edu](mailto:clinicalaffairs@southtexascollege.edu)



## Welcome to Complio Tracking & Screening!

Complio is an online tracking and screening system, selected by your school, to hold background check details and documentation proving your compliance. Follow these step-by-step instructions to create an account and move towards compliance.



### Video: Complio Overview

[http://www.americandatabank.com/VideoDirectory/complio\\_overview.html](http://www.americandatabank.com/VideoDirectory/complio_overview.html)

## Create your Account

**Step 1:** Create an account by going to [www.southtexascollegecompliance.com](http://www.southtexascollegecompliance.com). Click **Create an Account** to get started. Enter your personal information. Be extra careful with your Email Address, as this is the system's main mode of communication with you.



### Video: Creating an Account

<http://www.americandatabank.com/VideoDirectory/account.html>

**Step 2:** Complio will send an email to the address used during account creation. Click on the **Activation Link** within the message or copy and paste the URL in your web browser.

## Subscribe

**Step 3:** Please note: An Account is not the same as a placing an order or subscribing for tracking your immunizations. Click **Get Started** to begin your order. Select your school name and your program of study and click Load Packages. You have the options of ordering a background check as well as subscription for tracking your immunizations. Select package **1 Criminal Background Check which includes Drug Screen and Subscription Immunization.**



### Video: Subscribe to Complio

<http://www.americandatabank.com/VideoDirectory/subscribe.html>

**Step 4:** Other names and Residential history – Provide any alias/maiden names that have been used and provide seven (7) years residential history and click “Next” to continue.

## Drug Screen Registration

**Step 5:** Drug Screen Location – Select the drug screen location that is most convenient for you. The current page loads based on the zip code of your current address, you can provide a different zip code to view additional locations. Once you register for a location please use that location, if you have any questions or would like a different location please contact American DataBank for assistance.

Upon completion of your order, you will receive an email with the registration and collection location you have chosen along with detailed instructions on how to complete this portion of your background check. **Please note:** If you pay for your order by money order you will not receive this information until the payment has been received. Make sure to either print out the electronic drug screen registration form or just write down the registration ID and go to the collection site you selected along with a photo ID to submit a specimen.

**Important:** DO NOT drink more than 8 oz of fluid in the 2 hours prior to giving a urine sample. An abundance of fluid may result in a “dilute” reading, which constitutes a “flagged” situation. It will keep you from attending clinical and requires immediate re-payment and re-testing. At the facility, if you are not able to produce a urine sample when requested, call American DataBank at 1-800-200-0853 on how to proceed.

You **MUST** complete your drug screening within **180 days** of ordering. If you do not get your drug screening done within 30 days, **YOU WILL BE REQUIRED TO ORDER AND PAY FOR A NEW DRUG SCREENING. Your DRUG SCREEN results will be emailed to you to the email you provided to register your account with COMPLIO.**

## Electronic Signature

**Step 6:** Please read the Disclosure and Authorization on the next screen, sign, and click **Accept & Proceed** to continue.



### Video: Signing Forms

<http://www.americandatabank.com/VideoDirectory/SigningForms.html>

## Review and Confirmation

**Step 7:** Carefully review the information you have provided, once the order has been placed you cannot change any information. **If any information is incorrect you will be required to re-order at your own expense.**

**Step 8:** Confirmation and Receipt – Once you have confirmed that your information is correct, please select payment of Credit Card or Money Order. You will receive a receipt via email to your email address included with your order.

## Immunization Details & Documents

**Step 10:** Click **Upload Documents** and use the **Browse** button to locate documents within your computer. Detailed instructions for document upload are provided in the full User Guide.



### Video: Upload Documents

<http://www.americandatabank.com/VideoDirectory/upload.html>

**Step 11:** Click **Enter Requirement** to add details for a specific requirement. There may be multiple options, but you may not need to complete them all. Refer to the **Note** for explanation of options.



### Video: Entering Data

<http://www.americandatabank.com/VideoDirectory/data.html>

**Select a Requirement**, complete the required fields and select from the drop-down list of documents you've uploaded. Click **Submit** to save what you've entered. You can **Update** the item at any time before it is approved.



### Video: Exceptions - When and How to Apply

<http://www.americandatabank.com/VideoDirectory/exceptions.html>

## Wait for Approval

At this time, the requirement is pending review and approval by an Administrator at South Texas College.

## Monitor Your Status

We recommend checking Complio regularly. You are not fully compliant until your **Overall Compliance Status = Compliant**, indicated with a **Green Checkmark**. Complio will notify you via email when your compliance status changes, if an item is approaching expiration, or if a new requirement is added.

**Questions?** American DataBank is available to assist you Monday-Friday 7am-6pm MST or you can contact us by email [complio@americandatabank.com](mailto:complio@americandatabank.com) or by calling 1-800-200-0853.



**Nursing & Allied Health Division**  
**1101 E. Vermont Ave McAllen,**  
**Texas 78503-9701 Office (956)**  
**872-3022**

**BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM**

I hereby authorize any investigator or duly accredited representative of South Texas College bearing this release to obtain any information from criminal justice agencies, relating to my activities. This information may include, but is not limited to:

- Personal history;
- Disciplinary;
- Arrest;
- Conviction records;
- Social Security number verification;
- Seven Year Multi-County or Statewide Felony and Related Misdemeanor Criminal Record search;
- HHS/OIG List of Excluded Individuals/Entities – GSA List of Parties Excluded from Federal Programs;
- Education verification (Highest Degree Received);
- One Professional Licensure Verification – Professional; (only for EMT and VN applicant upgrade option)

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by South Texas College and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities (only upon student’s consent).

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

The information requested below is necessary to obtain personal criminal history record information. It is the policy of Pre Check that an individual or their authorized representative have access to and may receive a copy of their criminal record information (CHRI). This policy is in compliance with Texas Government Code, Section 552.023.

I agree that South Texas College has the right to administratively “withdraw” me from the clinical/practicum program if:

- I fail to disclose any new conviction of a crime during participation in program.
- I have a positive “for cause” drug screen at any time during program.

Applicant Signature	Date
Under the age of 18, parent or guardian signature required	Date
Under the age of 18, Parent or Guardian-Print Name	

**Please print or type the following information:**

Legal Name: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ A#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Other names previously used: \_\_\_\_\_



**NURSING & ALLIED HEALTH DIVISION  
DISCLOSURE STATEMENT FORM**

Name: \_\_\_\_\_ Student ID: A \_\_\_\_\_ Program: \_\_\_\_\_

**The following questions apply to adult and juvenile proceedings in any state or federal jurisdiction in this country or in any other country.**

1. Yes No Have you ever been arrested for any offense (whether or not the case was Adjudicated)?
2. Yes No Have you ever pleaded guilty or nolo-contendre to any Class B or Class A misdemeanor?
3. Yes No Have you ever pleaded guilty or nolo-contendre to any felony offense?
4. Yes No Have you ever served a sentence of imprisonment or incarceration in any jail or prison?
5. Yes No Are you now or have you ever been on probation, deferred adjudication, pre-trial diversion or parole?
6. Yes No Do you have any pending criminal charges or unresolved arrests; excluding minor traffic violations, (driving under the influence of any drug or intoxicant is not a minor traffic violation)?
7. Yes No Do you have a juvenile record of arrests or convictions (some licensing authorities do include this)?
8. Yes No Have you ever had any license, certification, or registration revoked, suspended, or sanctioned by any local, state or federal agency; or have you ever been a party to any proceeding in which your license, certification, or registration was being revoked, suspended, or sanctioned, regardless of the outcome?
9. Yes No Have you ever been dismissed from a health professions program for other than academic deficiencies (safety, academic integrity, non-professional conduct or unsafe clinical practice are not an academic deficiency)?
10. Yes No Do you have a social security number? (Some licensing authorities require a social security number to take the licensure exam.)

**These questions will be asked on the NCLEX Examination Application.**

11. Yes No Are you currently the target or subject of a grand jury or governmental agency investigation?
  12. Yes No Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
  13. Yes No Within the past five (5) years, have you been addicted to and/or treated for the use of alcohol or any other drug?
  14. Yes No Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?
- If "YES" indicate the condition:  schizophrenia and/or psychotic disorders,  bipolar disorder,  paranoid personality disorder,  antisocial personality disorder,  borderline personality disorder

If you answered "YES" to any of the questions from 1-14, except question 10, please meet with the NAH Clinical Compliance Specialist or Program Chair for the selected NAH program for which you are seeking admission or you are currently enrolled for, guidance and advisement regarding policy #3337 requirements concerning criminal histories.

**I have been provided a copy of policy #3337, and I am aware of its requirements concerning criminal histories. I swear or affirm that the answers that I have provided herein are true and correct. I understand and acknowledge that I am under an affirmative duty to supplement or update my answers at any point in time when my answers would no longer be correct as stated. I further understand and acknowledge that if I have provided false answers it may constitute grounds for denying me admission to the program or for removing me from any NAH program.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





***Minimum abilities expected include, but are not limited to the following:***

The following technical performance standard and essential functions outline reasonable expectations of a student in a Professional Nursing & Allied Health Program for the performance of common functions.

The student must be able to meet the following requirements to apply for admission and continuation in a Nursing & Allied Health program:

<b><u>Essential Functions</u></b>	<b><u>Definitions</u></b>	<b><u>Examples</u></b>
<b>Observation</b>	Ability to participate actively in all demonstrations, laboratory exercise, and clinical experiences in the Nursing & Allied Health program component and to assess and comprehend the condition of all clients assigned to him/her for examination, diagnosis, and treatment. Such Observations and information usually requires functional use of visual, auditory, and somatic sensations.	<ul style="list-style-type: none"> <li>• Visually discriminating incremental readings on syringes and other various medical equipment</li> <li>• Visually discriminating between different colored objects</li> <li>• Discriminating between auditory stimuli</li> <li>• Perform a comprehensive assessment of patients</li> </ul>
<b>Communication</b>	Ability to communicate effectively in English using verbal, non-verbal, and written formats with faculty, students, clients, families, and all members of the healthcare team.  Ability to read English and interpret without assistance.	<ul style="list-style-type: none"> <li>• Patient teaching</li> <li>• End of shifts reports</li> <li>• Documentation in legal records/charts</li> <li>• Medication records</li> <li>• Transcribe doctor's orders from chart, interpret, and implement</li> <li>• Collaborates with members of healthcare team</li> </ul>
<b>Motor</b>	Sufficient motor ability to execute the movement and skills required for safe and effective care and/or emergency treatment.	<ul style="list-style-type: none"> <li>• Standing for long periods of time (8-12 hrs/day)</li> <li>• Lifting up to 50 lbs.</li> <li>• Performing one person and/or two person transfers</li> <li>• Turning, log rolling, and ambulating another person</li> <li>• Manipulating equipment</li> <li>• Performing patient care procedures with finger and manual dexterity (i.e., starting IVs, phlebotomy, dressing changes, catheterization)</li> </ul>
<b>Intellectual</b>	Ability to collect, interpret, and integrate information and make decisions.  Ability to read and interpret the English language without assistance.	<ul style="list-style-type: none"> <li>• Transcribe orders from chart, interpret the orders, and intervene</li> <li>• Display critical thinking abilities in planning patient care- analyze data, formulate diagnosis, and prioritize care</li> </ul>
<b>Behavioral and Social Attributes</b>	<p>Possess the emotional health and stability required for full utilization of the students' intellectual abilities, the exercise of good judgement, the prompt completion of all academic and patient care responsibilities, and the development of mature, sensitive, and effective relationships with clients and other members of the healthcare team.</p> <p>Possess the ability to tolerate taxing workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical/practicum settings with patients.</p> <p>Possess compassion, integrity, concern for others, and motivation.</p> <p>Possess the ability to demonstrate professional behaviors and a strong work ethic and respect professional boundaries.</p>	<ul style="list-style-type: none"> <li>• Utilize intellectual abilities</li> <li>• Exercise good judgement and complete tasks within required time limits</li> <li>• Demonstrate the emotional health required for full utilization of intellectual abilities and exercise of good judgement</li> <li>• Show integrity, concern for others, interpersonal skills, interest, and motivation</li> </ul>

To the best of my knowledge, I am able to function in the classroom, laboratory, and clinical/practicum component of Nursing & Allied Health Program.

\_\_\_\_\_  
Applicant/Student Signature

\_\_\_\_\_  
Date



**MANUAL OF POLICY**

<b>Title</b>	<b>Program Standards for Student Participation in Nursing and Allied Health Clinical Programs</b>	<b>3337</b>
<b>Legal Authority</b>	<b>Approval of the Board of Trustees</b>	
<b>Date Approved by Board</b>	<b>Board Minute Order dated July 15, 2004</b>	

It is the policy of the College that students participating in any Nursing and Allied Health clinical program meet established program standards for professional practice established by the Dean of Nursing and Allied Health. These standards include safe clinical practice, professional appearance established by hospital and clinic settings, professional behavior, confidentiality, negative drug screening and criminal background check, physical health and ability to perform technical standards of professions, and ethical and legal issues consistent with the rules, regulations, and standards required by state and/or national licensure, certification, and accreditation organizations.

The Dean of Nursing and Allied Health is authorized to establish program standards and procedures for implementation of this policy. The Dean or designated program chair may immediately remove students from a clinical course or program, when, in their professional opinion, the student is not in compliance with established program standards and continued participation puts clinical affiliate and/or its clientele at risk.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND IT AND ALL OF ITS PROVISIONS, AND I AM SIGNING VOLUNTARILY.**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
If under the age of 18, parent or guardian signature required

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## MINI COURSE: Self-Enrolled Clinical/Practicum Hospital Orientation



1. Log in to **BlackBoard Login**
2. Enter **Username** and **Password** (same as JAGNET username and password)
3. Click **Courses Tab**
4. **Course Search**-Type Hospital-Click **Go**
5. Click on the **icon** located next to the course ID **NAH-004**
6. Click **Enroll**
7. Click **Submit**
8. Click **OK**

You will now find the Bb Learn Orientation on your course list!

**NOTE:** Make sure you are enrolled in the right course; if you see email [clinicalaffairs@southtexascollege.edu](mailto:clinicalaffairs@southtexascollege.edu) then you are enrolled in the right course.

**Complete Modules 1-3, you must complete each module before you move on to the next one.**

### **Print the following and upload to COMPLIO for Clinical Clearance**

1. To Print Certificate go to Home Page- click on TOOLS, Click on ACHIEVEMENTS, and Click on PRINTER ICON
2. Confidentiality Statement (Management of Information), sign and date.
3. Grade for Post Test 1, 2, 3 with grade of 80 or better Do **NOT** print the exam questions; only the grades.

**Your name must be included from Blackboard screen (not written).**

#### **To print grades:**

- Go back to the home page
- Click on tools
- Click "My Grades"
- Right hand click on your mouse to print the grade page; please make sure you are able to see grades for Post Test 1, 2, and 3

Should they have any trouble, they can contact our Help Desk at 872-2598 or [support@southtexascollege.edu](mailto:support@southtexascollege.edu).

# ***MANAGEMENT OF INFORMATION***

## ***Information Security Agreement***

South Texas Health System Facilities, Mission Regional Medical Center, Rio Grande Regional Hospital, and Valley Baptist Medical Center (the "Hospital") are committed to maintaining the highest standard of confidentiality. The responsibility to preserve the confidentiality of all information (electronic, verbal, or written) rests with each employee, staff member, and participant (student) in the health care process. In the performance of their duties, employees, physicians, consultants, and vendors may at some time be required to operate computer equipment or have access to software systems; this information is also confidential.

**All persons are surrounded by confidential and sensitive information and must understand their personal responsibility to comply with security policies.**

### ***I AGREE TO THE FOLLOWING:***

- I agree that all sources of patient-related information shall be held to the highest level of confidentiality. That means I agree not to release or discuss, without express prior written consent, any information except with those individuals directly responsible for the care of the patient in question.
- I agree not to disclose any confidential information sources, specifically computer systems, as required for the performance of my direct responsibilities. This includes, but is not limited to, patient, employee, financial, physician, or medial information (electronic, verbal, or written), as well as the design, programming techniques, flowcharts, source codes, and screens. Policy and procedure manuals: client lists and directories, business plans, and documentation created by the company employees or outside sources.
- I agree to access only information sources, specifically computer systems, as required for the performance of my direct responsibilities.
- I agree to maintain my assigned passwords that allow my access to computer systems and equipment in strictest confidence and not to disclose my (or anyone else's) password to anyone, at any time, for any reason. I understand that my access is my legal signature, and that giving my password to another makes me responsible for their actions. If accidental disclosure should result in inappropriate access, I can be held responsible.
- I agree not to operate or attempt to operate computer equipment without documented formal training from a designated hospital agent. I agree not to demonstrate the operation of computer equipment to anyone without specific authorization. I agree that no software or disks brought from home or any source outside the facility is to be used or loaded on to the facility's equipment without the direct approval of the facility's Information Service Director.
- I agree to report any and all activity that is contrary to the issue in the agreement to my supervisor, department director, facility Information Services Director, or the Risk Manager.
- I agree that upon termination of my employment or student contract, I will not thereafter, any purpose, use, appropriate, or reproduce such information or disclose such information to any third party.

I understand that this form will become an official part of my employee/medical staff/contractor/student file and that failure to comply with the above policies will result in formal disciplinary action, up to, and possibly including:

- Termination from the "Hospital" or its subsidiaries in the case of employees or agents, or the termination, voiding, cancellation of agreements, contrast, etc., with physicians, consultants, or vendors, etc.
- That the "Hospital" reserves the right to pursue any legal or equitable remedies available to it, including, but not limited to, an action for monetary and/or for injunctive relief.

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Student's Signature

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Print Name

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Date

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Name of School/University