WESTERN CONNECTICUT STATE UNIVERSITY

DEPARTMENT OF NURSING

SOPHOMORE NURSING STUDENT

Directions for students,
The following items must be completed:

1. Create an Account on the CastleBranch website (https://discover.castlebranch.com/) using the instruction sheet included in your orientation folder. It is on this site that you will upload all the information in this packet. Through this site you will also register for a Background Check and Future Drug Screening.

2. Keep a copy of all uploaded documentation for your records. Placement sites may request proof, and you will be required to produce proof within 24 hours.

3. Included in your folder is a link to the Nursing Student handbook and form attesting to the fact that you have received and read the handbook. Your signed attestation letter must be uploaded to your CastleBranch account every August and January before the start of the new semester.

4. Between the end of December 2026 and mid January 2027, you will be instructed to register for a Drug Screening through your account at CastleBranch.

YOU MUST HAVE REGISTERED FOR A BACKGROUND CHECK
AND HAVE ALL HEALTH CLEARANCE FORMS COMPLETED AND UPLOADED
TO CastleBranch (https://discover.castlebranch.com/)
ON OR BEFORE
JUNE 1, 2027

Failure to Submit Forms and/or Register for a Background Check
Will Result In Written Warning or Removal from Nursing Courses.

Reviewed 1/10/25 JHL/MS

WESTERN CONNECTICUT STATE UNIVERSITY
DEPARTMENT OF NURSING
Clinical Credentialing Requirements

Directions for *Sophomore* Nursing Students:

The student is responsible for obtaining and uploading all the required documentation to their CastleBranch Account (https://discover.castlebranch.com/) and keeping it current.

Inaccurate and/or incomplete documentation uploaded to the CastleBranch Account could impact the student's eligibility to participate in clinical.

Below is a checklist of the documents to be uploaded to your CastleBranch Account.

Student Check List	Document
☐	Vaccine Records: Proof of titers Draws (i.e.: Lab Report.) T-Dap (valid for 10 years) MMR (2 vaccines) Varicella (X2 or proof of positive titer) Hepatitis B (series of three vaccinations and a positive titer or declination waiver). Physical cannot be more than one year old. An attestation from a health care provider will also work here. (Please review Technical Standards) If going to Northwell Health an initial 2 step PPD or Quantiferon Gold Blood Test is required within 3 months of start date, then 1 step or Quantiferon Gold Blood Test annually. Proof of COVID vaccination.
☐	Release Statement (page 3 of packet)
☐	Technical Standards (page 4 of packet)
☐	Completed TB and PPD health screening form (page 5 of packet)
☐	Completed Health Clearance (page 6 of packet)
☐	The Nursing Student handbook must be read, signed and uploaded (page 7 of packet)
☐	Proof of COVID Vaccination must be uploaded to CastleBranch.com. If you received a vaccine that required two shots, proof of both must be uploaded.
☐	CHA Test – print, complete and uploaded to CastleBranch, making sure pages are in order. Test included in packet or at https://cthosp.org/webfoo/wp-content/uploads/Health-and-Safety-Course-Test.pdf.
☐	Current CPR Card (i.e.: American Heart Association - Health Care Professionals Basic Life Support **OR** American Red Cross - Professional Rescuer) must be valid. Including: **ADULT, CHILD and INFANT, with DEFIBRILLATOR**. **The front and back of the card must be uploaded. Don't forget your signature.**
☐	Please note students will be also required to get a flu vaccination. The flu vaccination must be for the Fall 2026 - Spring 2027 season and it is usually available Fall 2026. **Check your WCSU email during August/September and during breaks in general.** Proof must be uploaded to CastleBranch as soon as it's obtained.
☐	Towards the end of the Fall 2026 semester, between December 2026 – January 2027, you must register for a Drug Screening, through your account at CastleBranch. Do not do it earlier, it needs to be completed 30 days prior to start of semester.
☐	*Proof of Current Comprehensive Health Insurance*. It does not need to be uploaded, however, if asked to show proof, student must show they are compliant.
☐	You must have transportation to and from clinical.

It is the student's responsibility to keep health information up to date and renew requirements PRIOR to the expiration date on their CastleBranch account. Call/Email CastleBranch first if you have trouble. If you still have trouble, then check with Dr. Lupinacci, Dr. Sousa or Terri-Ann Rago by email.

The student may be issued a Classroom/Lab/Clinical warning if not compliant. The student may also be kept out of the clinical setting, class or removed from courses.

WESTERN CONNECTICUT STATE UNIVERSITY DEPARTMENT OF NURSING

STATEMENT OF RELEASE

Students who fail to provide documentation that they have met the above stated requirements **will not** be allowed in the clinical areas. A criminal background check is required prior to placement in a clinical assignment, direct cost to be incurred by the students. In certain circumstances, evidence of a criminal record may prevent a student from fulfilling clinical requirements and/or requirements for professional licensure.

Some agencies require more than one background check.

I acknowledge that I will be required to be drug tested. Multiple drug tests may be required by agencies. Evidence of positive toxicology screening may prevent me from fulfilling clinical requirements.

I acknowledge that I am required to have received the COVID-19 vaccine and booster. I will be fit tested for certain clinical agencies.

I certify that I have complied with all health requirements and policies. I understand that by signing this document that I accept all responsibility for having met all contractual health requirements by the Department of Nursing, University, and agencies in which I may be assigned to do clinical.

I certify that I have documentation of all the above and that I will produce such documentation at the request of the Nursing Department within 24 hours of such request.

I understand that failure to meet and maintain clinical requirements will mean that I am not allowed into the clinical areas and I will not meet the program requirements.

I am aware that if during the course of the academic year(s) while participating in clinical experiences, **IF my health status should change in a way that would impact my ability to perform in clinical, I am required to notify the Nursing Department Chair and the Nursing Undergraduate Program Coordinator**. I acknowledge that I may need additional clearance which would be determined at that time.

STUDENT PRINT NAME: _____

STUDENT SIGNATURE: _____DATE:_____

Western Connecticut State University
Department of Nursing
Technical Standards**

In order to be successful in the Western CT State University Nursing program, students should be aware that the ability to meet the following technical standards is continuously assessed. Students in the nursing program need the ability and skills in the following domains:

- observational communication ability,
- motor ability,
- intellectual/conceptual ability,
- behavioral, interpersonal, and emotional ability.

Students must be able to perform independently, with or without accommodation, to meet the following technical standards:

Observation/Communication Ability – Nursing students must be able to:

- effectively communicate both verbally and non-verbally with patients, peers, faculty, and other healthcare professionals
- use senses of vision, touch, hearing, and smell in order to interpret data
- demonstrate abilities with speech, hearing, reading, writing, English language, and computer literacy

Motor Ability – Nursing students must be able to:

- display gross and fine motor skills, physical endurance, strength, and mobility to carry out nursing procedures
- possess physical and mental stamina to meet demands associated with excessive periods of standing, moving, physical exertion, and sitting
- perform and/or assist with procedures, treatments, administration of medications, operate medical equipment, and assist with patient care activities such as lifting, wheelchair guidance, and mobility

Intellectual/Conceptual Ability – Nursing students must be able to:

- problem solve, measure, calculate, reason, analyze, and synthesize data in order to make decisions, often in a time urgent environment
- incorporate new information from teachers, peers, and the nursing literature
- interpret data from electronic and other monitoring devices

Behavioral, Interpersonal, and Emotional Ability – Nursing students must be able to:

- tolerate physically taxing workloads and function effectively during stressful situations
- display flexibility and adaptability in the work environment
- function in cases of uncertainty that are inherent in clinical situations involving patients/clients
- possess the skills required for full utilization of the student's intellectual abilities
- exercise stable, sound judgment
- establish rapport and maintain sensitive, interpersonal relationships with others from a variety of social, emotional, cultural, and intellectual backgrounds
- accept and integrate constructive criticism given in the classroom and clinical setting

I (student) attest that I have read, understood, and agree that I am able to carry out the above mentioned Technical Standards.

STUDENT PRINT NAME: _____

STUDENT SIGNATURE: _____ DATE: _____

*Approved: Student Committee DON 2/1/2010; Faculty 2/3/2010 **Adopted from SCSU Dept. of NUR Technical Standards* Reviewed: *11/13/21*

WESTERN CONNECTICUT STATE UNIVERSITY

HEALTH SERVICES: TUBERCULOSIS (TB) SCREENING FORM

Name (Please print): Last: _____ First: _____ Date of Birth: __/__/__

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: ( ) _____-_____

PLEASE CHECK "YES" OR "NO" FOR EACH QUESTION	YES	NO
1. Have you ever had a positive tuberculosis test? If so, did you have a chest x-ray? _____ Date: _____ Were you treated with medication? _____ How long? _____ Did you ever receive BCG? _____ Please provide proof of confirmed X-ray report, results, proof of treatment and MD clearance.	☐	☐
2. Were you born in the United States? If not, what country were you born in? _____	☐	☐
3. Have you traveled or lived outside of the U.S. for more than 3 Months? If so where? _____	☐	☐
4. Are you taking steroids, chemotherapy, radiation or drugs that affect your Immune system?	☐	☐
5. Do you have any medical condition(s) that affect the immune system?	☐	☐
6. <u>WOMEN</u>: Is there any possibility that you are pregnant today?	☐	☐
7. *Do you have any of the following symptoms:* Cough, Fever, chills; night sweats and /or weight loss longer than 2 weeks?	☐	☐
8. Have you received any 'live' vaccines in the past 6 weeks, i.e. *MMR, Varivax, Zoster or FluMist)?*	☐	☐

I hereby acknowledge that I have received and read the information sheet entitled "Tuberculosis and the Tuberculin Skin Test: What you Should Know, and I have had the opportunity to ask questions about the testing procedure. I understand that if the results of my TB test are positive, that I will need to follow-up with a healthcare provider.

Patient Signature: _____ Date: _____

<u>Mantoux Purified Protein Derivative (PPD) 5 test units (0.1 ml)</u>

Tuberculin Product (Circle One): TUBERSOL or APLISOL Lot Number: _____ Expiration Date: ___/___/___

PPD #1 Date Planted: __/__/__ **Site: LEFT or RIGHT forearm**

Result _____ mm

PPD #1 Date Read: __/__/__ **POSITIVE NEGATIVE**

<u>Mantoux Purified Protein Derivative (PPD) 5 test units (0.1 ml)</u>

Tuberculin Product (Circle One): TUBERSOL or APLISOL Lot Number: _____ Expiration Date: ___/___/___

PPD #2 Date Planted: __/__/__ **Site: LEFT or RIGHT forearm**

Result _____ mm

PPD #2 Date Read: __/__/__ **POSITIVE NEGATIVE**

Or QuantiFERon Gold Blood Test **Result: _____ Date_____**

This test must be done if you have received BCG.

Healthcare Provider Sign: _____

Healthcare Provider Name: _____ Title: _____

D I S P O S I T I O N: _____ _____ ____

Student Sign: _____

Student Print Name: _____ D A T E: _____

Western Connecticut State University
Department of Nursing

HEALTH PHYSICAL EXAM CLEARANCE TO PARTICIPATE IN CLINICAL SETTING:

(Needs to be completed by Healthcare Provider to show proof of updated physical)

SOPHOMORE NURSING STUDENT: _____

On the basis of my health assessment and physical examination, the above nursing student is free of communicable diseases and is cleared to participate in all clinical nursing activities without restrictions (please circle) Yes No

IF NO, please explain the nature of the restrictions/limitations related to the delivery of patient care:

The student has been evaluated in accordance with OSHA Respirator Medical Evaluation Questionnaire. Based on a review of the medical questionnaire alone, this student is Cleared for Respirator Use:
(please circle) Yes No

IF NO, please explain:

Date of Physical Examination: _____ (PHYSICAL IS GOOD FOR 1 YEAR ONLY)

Is The Student Allergic To Latex? Yes No

Today's Date: _____

Healthcare Provider Signature: _____

Healthcare Provider Name/Title: _____

License Number: _____

Office Address: _____

Office Telephone: _____

Western Connecticut State University

Department of Nursing

This is an attestation that I have received and read the Nursing Student Handbook.

Link: https://www.wcsu.edu/nursing/wp-content/uploads/sites/77/2025/03/Nursing-Student-Handbook-3-5-25-FINAL-1.pdf

Please print your name clearly: _____

Signature: _____

Date: _____