



# RIVERSIDE

## Application for Student Placement

for Non-Riverside College Student Learners

RHS-EXT-Attachment 503.C

**PLEASE PRINT**

### STUDENT INFORMATION:

Name: \_\_\_\_\_

Last 4-digit  
SSN: (Required) \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you currently a Riverside Health System employee? ☐ YES

☐ NO

Have you ever worked for Riverside Health System? ☐ YES

☐ NO

Are you eligible for rehire? ☐ YES

☐ NO

If you answered YES to any question, enter start and end date (month/year), and position held and location:

### SCHOOL (Sponsoring Organization):

Name of School: VIRGINIA PENINSULA COMMUNITY

Coordinator: JENNI JONES

Address of School: 99 THOMAS NELSON DR

Coordinator Phone: (757) 825-3867

Hampton, VA 23666

Coordinator Email: jonesjc@vpc.edu

Program / Practicum /

Field of Study: ADN

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

GPA: \_\_\_\_\_

### LOCATION OF LEARNING EXPERIENCE:

Riverside Facility: \_\_\_\_\_

Department: \_\_\_\_\_

Department/Preceptor Name & Phone: \_\_\_\_\_

Total Requested  
Hours: \_\_\_\_\_

Learning Experience

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Anticipated Program Graduation Date: \_\_\_\_\_

### REQUIREMENTS TO BE COMPLETED PRIOR TO LEARNING EXPERIENCE:

1. Students must provide their schools with valid documentation that all health and safety requirements that follow have been completed prior to submission of this application for placement. Riverside reserves the right to review such documentation on request.
2. This application is to be submitted to the Riverside Education Contracts Department 30 days prior to the requested learning experience start date.

**ALL ILLEGIBLE AND/OR INCOMPLETE APPLICATIONS WILL BE PROPERLY DISPOSED OF TO ENSURE CONFIDENTIALITY**

STUDENT NAME (Please Print) \_\_\_\_\_

CURRENT YEAR \_\_\_\_\_

SCHOOL VA Peninsula Com. College

PROGRAM ADN

**PLEASE PLACE A CHECK IN THE BOXES BESIDE EACH REQUIREMENT BELOW INDICATING COMPLETION.**

**HEALTH REQUIREMENTS**

Proof of up-to-date immunizations listed below has been provided to my school.

- Tetanus booster within past ten years (td or Tdap)
- Two measles, mumps & rubella (MMR) immunizations (or titers proving immunity)
- Hepatitis B (HBV) 3-vaccine immunization series completed or in progress  
**OR:** Hepisav (HepB-CpG) 2-vaccine series – This vaccine requires a positive titer (anti-HBs  $\geq 10$  mIU/ml) to prove immunity.
- Two varicella (chickenpox) immunizations (or titers proving immunity)



Proof of a Tuberculosis immunity has been provided to my school. Check method of proof of immunity:



Negative IGRA test results from either (1) QuantiFERON® TB Gold In-Tube test (GFT-GIT) or (2) T-SPOT®B test (T-Spot)



Mantoux Tuberculin Skin Tests (TST) according to the protocols bulleted below.

- 2-TSTs within the past 12 months (initial placement only) of placement application.
- **TST must not expire prior to the end of the learning experience.**
- For previous positive TST / IGRA, documentation of a negative chest x-ray subsequent to the positive TST. An updated TB Screening Questionnaire Documentation Form (RHS-EXT-503.H) must be submitted with each placement application.
- Following initial placement, students will be required to submit an updated TB Screening Questionnaire Documentation Form (RHS-EXT-503.H) with each placement application.

**NOTE: \*\*A copy of current proof of immunity or current TST to be carried at all times while at a Riverside facility.**Annual Influenza vaccination has been completed and provided to my school. Only intramuscular or intradermal vaccine will be accepted.Fall semester: Completed by November 1<sup>st</sup>. (Flu vaccine administered prior to August 1<sup>st</sup> will not meet this requirement.)Spring semester: Completed prior to the first day assigned to an RHS facility.Summer semester (May 1-August 30): No influenza vaccination required.**NOTE: \*\*A copy of the flu vaccination documentation to be carried at all times while at a Riverside facility (during fall and spring semesters).**

Covid-19 vaccination with boost(s) as required.

**NOTE: \*\*Original Covid-19 vaccination record to be carried at all times while at a Riverside facility.****URINE DRUG SCREEN & CRIMINAL HISTORY BACKGROUND CHECK REQUIREMENTS**

Proof of a negative 12-panel "Health Professional Panel" urine drug screen as defined by the laboratory of the school's choice.



Proof of criminal history background check that included: Virginia Statewide Criminal Records, Residency History &amp; Social Security Alert, National Record Indicator (Criminal Records &amp; Nationwide Sex Offender Registry), Nationwide Healthcare Fraud &amp; Abuse Registry (FACIS Level III) databases, and Nationwide Federal Criminal Search.

**CARDIOPULMONARY RESUSCITATION (CPR) REQUIREMENTS (for nursing and allied health professionals)**

Proof of current CPR certification by one of the two providers listed below has been provided to my school. Check type of certification:



CPR for the Healthcare Provider-American Heart Association

OR



CPR for the Professional Rescuer-American Red Cross

- Only the above two CPR certifications are approved for placement at Riverside. (Other CPR certification, including online CPR certification, is not acceptable. A copy of the CPR card will not be accepted.)

- **CPR certification must not expire prior to the end of the learning experience.**

**NOTE: \*\*Original CPR card to be carried at all times while at a Riverside facility.****LICENSE / CERTIFICATION VERIFICATION (for post-entry graduate or doctoral nursing students)**

Proof of current professional credentials and educational requirements provided to my school.

Type of license/certification

State / National

Expiration Date

**MANDATORY SAFETY TRAINING****Clinical students only:** proper handwashing has been reviewed & demonstrated. Documentation of skills checkoff will be required upon request

Non-Riverside Safety Training Transcript attached

**I certify that I have completed the requirements listed above. I understand that my TST and CPR must not expire during my learning experience at Riverside.**

STUDENT SIGNATURE

DATE:

STUDENT NAME (Please Print)

CURRENT YEAR:

SCHOOL: VA Peninsula Com. College

PROGRAM:

ADN

I certify that:



I have verified the accuracy of the information listed above.



Student background Report attached or attested.



A Criminal History Background Check as required has been completed and no record of felony or barrier crimes exists.



# RIVERSIDE

## Application for Student Placement for Non-Riverside College **Student Learners**

RHS-EXT-Attachment 503.C

SIGNATURE VERIFICATION BY SCHOOL OFFICIAL  
PRINT NAME / TITLE OF SCHOOL OFFICIAL

*[Signature]* **RNC**  
**JENNIFER JAMES, MSN, RNC - LRN DIRECTOR OF ALLIED HEALTH**

DATE

### ANNUAL TUBERCULOSIS SURVEILLANCE SCREENING

Tuberculosis surveillance is required by regulatory agencies for health care students / volunteers / interns.

PLEASE CHECK ALL SYMPTOMS THAT APPLY:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Persistent coughing | <input type="checkbox"/> Hoarseness                  | <input type="checkbox"/> Excessive weight loss            |
| <input type="checkbox"/> Excessive fatigue   | <input type="checkbox"/> Excessive sweating at night |   |
| <input type="checkbox"/> Persistent fever    | <input type="checkbox"/> Coughing up blood           | <input type="checkbox"/> <b><u>I HAVE NO SYMPTOMS</u></b> |

*I certify that the above information is correct.*

STUDENT SIGNATURE

DATE:

STUDENT NAME (Please Print)

CURRENT YEAR:

SCHOOL:

PROGRAM:

### ACKNOWLEDGEMENT FORM

PLEASE INITIAL BESIDE EACH STATEMENT BELOW.

In requesting placement at a Riverside Health System facility, I hereby acknowledge the following/statements:

- ☐ I understand that while in the capacity of student, I am not an employee, agent, partner of, or in joint venture with Riverside Healthcare Association, Inc. or its affiliates/subsidiaries (referred to herein as "Riverside Health System")
- ☐ I understand that I will not be covered by health insurance, Worker's Compensation Insurance, or life insurance provided by Riverside Health System.
- ☐ I understand that I must comply with the immunization requirements that are outlined in the Agreement between Riverside Health System and my sponsoring school.
- ☐ Riverside Health System is strongly committed to ensuring patient privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) and other required patient privacy related laws and regulations. I may, during the course of my experience, become aware of confidential information concerning patients or employees. I understand that I am responsible for the safe keeping and non-disclosure of any information and agree not to use, disclose, or release any information concerning any employee or patient of Riverside Health System to any person without the expressed permission of Riverside Health System.
- ☐ I agree to abide by the rules, regulations, policies, and procedures of the Riverside Health System facility were assigned for my experience.
- ☐ I understand my continued participation in the educational experience is at the sole discretion of Riverside Health System. I understand that my learning experience may be terminated at any time should safety/privacy concerns or other violations of rules, regulations, policies, and procedures be identified. My sponsoring agency will be notified.

*I certify that I have read and agree to abide by the terms of this Agreement and will comply with its requirements during and after termination of any educational relationship with RHS. I understand that violation of the provisions of this Agreement or other inappropriate acts involving RHS' information systems will subject me to consequences up to and including revocation of privileges, dismissal, and legal action.*

SIGNATURE

DATE

STUDENT NAME (Please Print)

CURRENT YEAR



SCHOOL

PROGRAM

### RIVERSIDE HEALTH SYSTEM – COVID-19 Affiliation Participation Notice

During the COVID-19 pandemic, Riverside Health System (RHS) continues to be committed to protecting the health of our patients, families, visitors and staff. RHS has been welcoming back affiliated schools and students since early June 2020, to schedule and hold clinical rotations. It is RHS expectation that students and affiliated instructors follow standard precautions and [www.CDC.gov](http://www.CDC.gov) recommendations to protect themselves and decrease the spread of infections while in our facilities.

Students/Instructors are **NOT permitted** to participate in care activities or procedures for suspected or known COVID-19 patients or aerosol-generating procedures (AGPs).

Students/Instructors **must not** report for participation in a rotation if ill or have any of the following symptoms:

Cough	Sore throat	Loss of taste or smell
Shortness of breath or difficulty breathing	Muscle or body aches	Congestion or runny nose
Fever (> 100.4)	Fatigue	Nausea or vomiting
Chills	Headache	Diarrhea

Students/Instructors **must not** report for participation in a rotation if **any of the following situations apply**:

- You are currently under evaluation for a COVID-19 exposure.
- You have been diagnosed with COVID-19 and have not yet been cleared to discontinue isolation.
- You have had close, prolonged contact with a confirmed COVID-19 positive person (*outside of a safeguarded work environment*).

Students/Instructors will follow standard precautions and [www.CDC.gov](http://www.CDC.gov) recommendations by:

- Masks must be worn at all times in the facility. Students should arrive on their first clinical day with a school-provided, new surgical or procedure mask and a brown paper bag with labeled with their name & school. Masks should be maintained in the bag between rotations and reused as possible. Masks that become wet, torn, or soiled during the rotation will be replaced by the RHS facility/department.
- Students must arrive with their own personal goggles. Goggles should be labeled with the student's name and school. Goggles are to be cleaned and maintained by the student as soiled and at the end of each shift.
- Masks and goggles must be worn for all Medical/Surgical patient encounters and throughout the rotation.
- IF the student has been approved for an Emergency Dept. or Surgical Dept. rotation, RHS-fitted, and provided N95 masks must be worn at all times (rotation availability is limited).
- Students are not to be assigned to known COVID+ patients, identified PUIs (*Patients Under Investigation*), or participate in aerosolizing procedures that require N95 or P100 masks.
- As individuals do not wear masks while eating/drinking, all students must eat their meals in an area with a minimum of 6 feet physical distancing between any other individual. It is recommended to eat outside, in personal vehicles, and avoid all breakrooms or group environments while masks are off.

Please sign and date this notice as an attestation of understanding and additional expectations.

Signature: \_\_\_\_\_ School: VA Peninsula Com. College

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

**Return signed notice to your school Program Coordinator for submission to Riverside Education Contracts Department.**