***Deadline Date July 10, 2018***

# CLINICAL COURSE REQUIREMENTS FOR UNDERGRADUATE GRADUATE, PHD, DNP STUDENTS

The CON requires students meet clinical course requirements for the fulfillment of clinical contracts as well as for the protection of students and those they assist and/or work with during their clinical placements.

After admission to the major and before beginning any clinical practice courses, students must furnish evidence of having met clinical course requirements, including documentation of good health and freedom from communicable diseases, CPR certification, professional liability insurance coverage, knowledge of universal precautions and HIPAA. *In the event of a documented shortage of vaccinations, the policy of the clinical agency will be followed.* The CON may require additional information. Any student enrolled in a College of Nursing course or program may be asked to present evidence of physical or mental health at any time during the nursing program and program continuance may be contingent upon this evidence.

Nursing students must comply with the health care agencies' clinical requirements. Clinical requirements are enforced by clinical affiliates, Occupational Safety and Health Administration (OSHA), and Center for Disease Control (CDC) regulations. Please be aware that clinical affiliates may refuse clinical rotation access to students who fail to obtain the required immunizations, therefore, negatively impacting a student's ability to successfully progress in the curriculum/program. Clinical requirements may be added or changed based on current information regarding communicable diseases and/or revisions/additions of new College and/or health care agency requirements. Students will be informed of new requirements and deadlines for new requirements.

All nursing students are required to provide proof of all immunizations/vaccinations, positive titers, or documentation supporting one or more of the exemptions.

Valid exemptions include medical exemption and/or a religious exemption. Medical Exemption: Physician, health department, or health care provider provides documentation indicating medical exemption from specific vaccinations due to risk of harm stating one of the following as a contraindication for the vaccination: (1) the individual meets the criteria for contraindication set forth in the manufacturer's vaccine package insert; (2) the individual meets the criteria for contraindication published by the U.S. Centers for Disease Control; or (3) in the best professional judgment of the health care provider, based on the individual's medical condition and history, the risk of harm from the vaccine outweighs the potential benefit. Religious Exemption: The student's religious affiliate provides on official letterhead a signed, notarized statement (affirmed under penalties of perjury) indicating the vaccination conflicts with the student's religious tenets or practices.

Immunizations/Vaccinations

All student applicants are required to submit documentation of completed vaccination/immunization series, positive/reactive/immune titers, or valid medical/religious exemptions for the items listed below with the nursing application.

- Measles, Mumps, Rubella (MMR)
- Varicella

- Hepatitis B
- Tuberculosis (Tb) Screen 2 Step Process for first screening, followed by 1 Step annual screening
- Tetanus, Diphtheria and Pertussis (TDaP)/Td Booster

***Please Note:***

1. Scan copies of your documentation to the ***ProjectNurse/ProjectConcert*** website. Instructions and a tutorial video are included in the new student packet email.
2. To help avoid misplacement or inaccurate recording, it is recommended students submit all their documentation with their names and Student ID "E" numbers on each page (not their social security numbers).
3. Use the forms provided by the College of Nursing to assist in gathering documentation.
4. Submission deadline for health requirements is prior to the beginning of all nursing programs. Students will not be able to attend classes and go to clinical if they have not submitted their documentation by the deadline date.

Obtaining documentation of clinical requirements may take several weeks. Students are encouraged to begin this process as soon as they receive their ETSU College of Nursing admission packets. Students who lack full documentation will not be permitted to attend any nursing courses.

## CLINICAL COURSE REQUIREMENTS

1. **Liability Insurance** – (renewed annually)

a. Current individual professional liability policy (not a group policy) with coverage of $1,000,000/$6,000,000 is required. (Nurse practitioner students must hold a policy which provides coverage for services provided as a student nurse practitioner.)
b. Students who are already licensed as an RN or LPN must buy the appropriate liability insurance coverage and request to be licensed also as a student at no additional charge. Verification that the additional student coverage is in effect must be submitted to the Office of Student Services.
c. A copy of the declaration page of the policy (Certificate of Insurance or Policy Face Sheet) with policy number, expiration date, and liability amounts must be uploaded to the ProjectNurse/ProjectConcert website
d. Resources for liability insurance providers:

Nurses Service Organization (NSO)
Phone: 1-800-247-1500
Fax: 1-800-739-8818
Web site: www.nso.com
159 E County Line Rd.
Hatboro, PA 19040-1218

Chicago Insurance Company
Phone: 1-800-503-9230
Web site: www.Proliability.com
1440 Renaissance Dr.
Park Ridge, IL 60068-1400

e. Submission deadlines for liability insurance are prior to beginning the first semester in the program.

f. Students have the option of requesting an effective date. In order to avoid insurance lapsing during the middle of a semester, students should request effective dates based on the following list:

- August 15th if first clinical course will be Fall semester
- April 15th if first clinical course will be Summer semester
- January 1st if first clinical course will be Spring semester
- If you can't get the date above, get the next available date

2. **Tennessee Licensure** (if applicable)

For information on obtaining a registered nurse license in the state of Tennessee contact the:
Tennessee Board of Nursing
227 French landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37247-1010
(615) 532-5166

3. **Basic Life Care Support (BLS**) - renewed upon expiration

a. Approved course through American Heart Association. Red Cross is not accepted by all agencies. Please do not submit a Red Cross card.
b. Certification must be kept current by renewing according to agency policy and American Heart Association guidelines.
c. Course must include information and practice for:
   - One-and two-person BLS,
   - Infant/child BLS,
   - The choking victim, and
   - Automatic external defibrillator.
d. Totally online BLS courses are not acceptable.
e. Resources for BLS

https://www.mountainstateshealth.com/classes-and-programs/msha-training-center
https://primemedicaltraining.com/cpr-certification-johnson-city-tn/
https://smokymountaincpr.com/cpr-classes-first-aid-aed-and-medical-training-in-johnson-city- tn/
https://tricitiescpr.com/training-calendar/

**4. Physical Examination**

a. This statement must be signed by a licensed health care provider (HCP), i.e., a physician, nurse practitioner, or physician assistant. It must be completed using the ETSU College of Nursing Physical Examination form. ***The hearing test is mandator***y. A whisper test is not allowed. Students should make sure the hearing test is documented on the ETSU physical form.
b. The student should complete and sign the Health Verification Form.
c. ETSU Student Health Services conducts physicals during the summer period only and by appointment only. There is a fee for this service. The physical includes urinalysis, CBC,

comprehensive panel, eye exam, and simple hearing exam. Students are not required to use ETSU Student Health Services.

5. **Tuberculosis Screening** – renewed annually

All nursing students are required to have yearly tuberculosis (Tb) screening (either injection or Assessment, dependant on clinical health care agency), to participate in patient care in health care facilities.

Acceptable screening options include a Mantoux Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) blood test. ***A Tine test is not acceptable***.

- Interferon Gamma Release Assay (IGRA) - Students born in high incidence countries (according to the World Health Organization), including most countries in Asia, Africa, Central America, South America, Eastern Europe and other countries, or who have received the immunization BCG (Bacille Calmette-Guerin) should preferably have IGRA testing (i.e. Quantiferon Gold or T spot), to avoid a possible false positive result for tuberculosis. Any student may choose to have interferon testing especially if they have had a previous positive TST.
- Mantoux Tuberculin Skin Test (TST) - Nursing students choosing TST testing must initially have a two-step TST, then yearly one-step screening. Two-step tuberculin screening requires a second intradermal injection, 1-3 weeks after the first injection.
    - A positive test usually indicates the person has the tuberculosis bacteria or latent tuberculosis, and will require further testing which includes a chest x-ray to rule out active tuberculosis.
        - Latent tuberculosis cannot be spread to others but can convert to active disease at any time. Preventive medications are usually recommended to prevent the infection from becoming active and communicable.
    - Students who have had previous two-step testing must submit documentation and should not have a repeat two-step test.
    - Individuals who have had a past positive TST should never have a repeat TST.

A TST or IGRA may be given on the same day as all immunizations; however, students obtaining live virus immunizations (e.g. MMR, varicella) must wait four weeks before receiving tuberculin screening. Immunizations may be given any time after Tb screening.
Students who have had a chest x-ray for tuberculosis screening should not have another chest x-ray to screen for TB unless symptoms of TB are present. Symptoms of tuberculosis may include cough, chest pain with breathing, chills, unexplained weight loss, fatigue, night sweats or coughing up blood. A yearly review of symptoms and assessment by a health care provider will be required for those with past positive TB screening. A copy of this exam signed by a healthcare provider will be required yearly instead of other types of tuberculosis screening.

**Procedure for TST screening – Two Step**

**Step One**

1. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.

2. Any induration (raised area, not redness) must be measured in millimeters within 48-72 hours. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. Acceptable results are measured in millimeters with a negative test recorded as 0 mm. Tuberculosis screening results will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Please use the tuberculosis form included in your packet. Results must be interpreted considering the risk factors of the individual for tuberculosis. (World Health Organization)

**Step Two**

3. Second tuberculin skin test administered 1-3 weeks after step 1 is read.

4. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.

5. Any induration (raised area, not redness) must be measured in millimeters within 48-72 hours. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. Acceptable results are measured in millimeters with a negative test recorded as 0 mm. Tuberculosis screening results will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Please use the tuberculosis form included in your packet. Results must be interpreted considering the risk factors of the individual for tuberculosis. (World Health Organization)

Tuberculosis screening is available at ETSU Student/University Health Service by appointment, from 8-3:30 on weekdays except Thursday. There is a fee for this service.

**Procedure for TST screening – One Step (For students attending clinical agencies that require annual renewal of injection screening)**

1. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.

2. Any induration (raised area, not redness) must be measured in millimeters within 48-72 hours. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. Acceptable results are measured in millimeters with a negative test recorded as 0 mm. Tuberculosis screening results will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Please use the tuberculosis form included in your packet. Results must be interpreted considering the risk factors of the individual for tuberculosis. (World Health Organization)

**Procedure for TST screening – Assessment Screening (For students attending clinical agencies that require annual renewal of Annual Tb Assessment)**

a. Students will be required to complete the Team Member Annual Tb Assessment form as instructed by Office of Student Services and/or the faculty member.

Tuberculosis screening is available at ETSU Student/University Health Service by appointment, from 8-3:30 on weekdays except Thursday. There is a fee for this service.

**Classification of TST Reactions**

Interpretation of TST results is based on measurement in millimeters, the person's risk of acquiring TB infection, or the risk of progression to disease if infected.

*A TST reaction of ≥ **5 mm** of induration is considered positive in:*

HIV – infected persons
Recent contact with a person with infectious TB disease
Persons with fibrotic changes on chest x-ray consistent with prior TB
Patients with organ transplants and/or immunosuppressed patients, including patients taking equivalent of ≥ 15mg/day of prednisone for one month or longer, or taking TNF-α antagonists.

*A TST reaction of ≥ **10 mm** of induration is considered positive in:*

Recent arrivals to the United States (within last 5 years) from high-prevalence areas (See WHO list)
Injection drug users
Residents or employees of high-risk congregate settings (e.g. correctional facilities, long-term care facilities, hospitals and other healthcare facilities, residential facilities for patients with HIV infection/AIDS and homeless shelters)
Mycobacteriology laboratory personnel
Persons with clinical conditions that increase the risk for progression to TB disease
Children younger than 5 years of age
Infants, children and adolescents exposed to adults in high risk categories

*A TST reaction of ≥ **15** mm of induration is considered positive in the following individuals:*

*Persons with no known risk factors for TB*

**Classification of IGRA**

Results may be positive, negative or indeterminate.

1. A positive IGRA indicates infection with tuberculosis. A chest x-ray will be performed to determine if person has latent or active disease.

2. A negative IGRA indicates that infection with tuberculosis is unlikely.

3. An indeterminate result must be repeated in two weeks.

**6. Hepatitis B Vaccine**

Positive antibody titer **OR** Three doses according to the following schedule

1. 1st dose: at elected date
2. 2nd dose: at least 4 weeks after the first dose
3. 3rd dose: at least 8 weeks after the second dose and 16 weeks after the first dose.

Any student enrolled in a higher education institution who is a health science student expected to have patient contact shall present proof of protection again Hepatitis B ***before*** patient contact begins. Any student enrolled in a higher education institution who is a health science student expected to have patient contact shall present proof of protection again Hepatitis B ***before*** patient contact begins. For purposes of this paragraph adequate immunization is defined as:

1. A complete hepatitis B vaccination series ***or***
2. Laboratory evidence of immunity via a HB Titer.

An individual may be exempted from the requirements of this section only under the following circumstances:

Where a physician licensed by the Board of Medical Examiners, the Board of Osteopathic Examiners or a Health Department determines that a particular vaccine is contraindicated for one of the following reasons:

the individual meets the criteria for contraindication set forth in the manufacturer's vaccine package insert; or

the individual meets the criteria for contraindication published by the U.S. Centers for Disease Control or the ACIP;

the best professional judgment of the physician, based upon the individual's medical condition and history, the risk of harm from the vaccine outweighs the potential benefit

Should the student present a report for a blood test for antibody to Hepatitis B (Hb, Ab) and the result shows that the individual did not respond adequately to the vaccine series, the three-dose series must be repeated.

Hepatitis B vaccines and antibody titers (serology for immunity) are available at the ETSU Student Health Services on an appointment only basis and for a fee. Immunizations Schedule Monday – Friday 8:00-11:30 and 1:30-3:30.

7. **MMR (Measles, Mumps, Rubella**)

a. Submit one of the following:
   - Documentation of 2 doses of MMR vaccine administered at least 30 days apart with the 1st dose given at 12 months of age or later.

- Documentation of 2 doses each of separate measles, mumps and rubella vaccines given at least 30 days apart with the 1st doses given at 12 months of age or later. If first doses were separate vaccines, 2nd dose may be MMR combined vaccine.
- Documentation of positive serological immunity to measles, mumps and rubella.
- Licensed health care provider documented history of each of the diseases. Self or parent-reported disease history is not acceptable.
- Documented allergy to any component of the vaccine.

c. MMR vaccine and titers for immunity documentation are available at ETSU Student Health Services on an appointment only basis and for a fee. Immunizations Schedule Monday –Friday 8:00-11:30 and 1:30-3:30.

8**. Tdap** Tetanus, Diphteria, Pertussis

Tetanus immunization must be documented within the last 10 years. To reduce pertussis morbidity among adults and maintain the standard of care for tetanus and diphtheria prevention and to reduce the transmission of pertussis to infants and in health-care settings, the advisory Committee on Immunization Practices recommends that health-care personnel who work in the hospitals or ambulatory care settings and have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. An interval as short as 2 years from the last dose of Td is recommended; shorter intervals may be used. Other varieties of tetanus will not be accepted.

**9. Varicella (Chickenpox**) – Evidence of one of the following:

a. 2 doses of varicella vaccine at least 1 month apart
b. Positive antibody titer.
c. ETSU Student Health Services does not keep Varicella vaccine on hand in the clinic. Call for the current price. Varicella titers are available on an appointment only basis and for a fee. Immunizations Schedule Monday –Friday 8:00-11:30 and 1:30-3:30.

10. **Annual Influenza Vaccination** – Documentation of influenza vaccination must be submitted annually each fall identifying the healthcare agency/facility in which the vaccination was administered. Students are required to submit 1) proof of immunization and 2) Flu Compliance Form by October 31 of each year.

11. **Annual infection control (OSHA**) and hazardous materials training must be documented in each student's file. Students will complete an exam over this material annually. This exam can be taken on the Project Concert site. It will automatically come to OSS so you do not need to scan a copy of the exam. No paper hard copy will be accepted.

12. **Substance Abuse/Drug Screening**

a. All students are required to submit the Consent to Drug/Alcohol Testing, Statement of Acknowledgement and Understanding, Release of Liability form.
b. If a clinical agency requires students to complete initial and/or random drug testing, directions will be provided to guide students in completion of the drug screening process. The student will be responsible for the cost of testing.

13. **Workforce Confidentiality Form** – All students are required to read, sign and date this form. This form is included in this packet

14. **Tennessee Nurses Foundation (TNF) fee**

    a. Unlicensed students
    - Mail a $15.00 money order to the CON Office of Student Services
    - Do ***NOT*** mail the money order to the Tennessee Nurse's Foundation. The CON will submit payment with additional information from the CON required for processing.

    b. Licensed Students
    - Nurse, Nurse Practitioner, Physical Therapist, Respiratory Therapist, Occupational Therapist, Medical Lab Technologist, Physician's Assistant, and Emergency Medical Technicians do not have to pay the fee.
    - A copy of the license must be submitted with the admission packet.

15. **Health Insurance Portability and Accountability Act (HIPAA)**

- **HIPAA**—All nursing students are required to complete training on the Health Insurance Portability and Accountability Act (HIPAA) offered by the ETSU HIPAA Compliance Office. To ensure our students receive the most up-to-date information on how to protect the health information of our patients, outside HIPAA training will not be accepted. ETSU HIPAA Training consists of two parts and should take approximately 1 hour to complete.

- To access the HIPAA training click here: https://etsu-hipaa.nexustrainer.com/
- Login with your ETSU username (do NOT include @etsu.edu) and password. East Tennessee State University should be selected from the Organization drop down menu.
- Once you are logged in, scroll down to view the "Assigned Training Modules". HIPAA Part One and HIPAA Part Two should be listed. Click "Take the Training" under actions when you are ready to begin.

- Part one and Part Two do not have to completed in one sitting, but both parts (including the quizzes) must be completed by the deadline. After you submit the quiz for each module, a certificate of completion will be populated. You must print and upload *both* certificates to the Clinical Health Requirement Project Concert. You must achieve a score of **80%** to pass. The modules can be repeated as many times as necessary.

- To reprint your HIPAA certificates of completion login to the training site.

- Scroll down. Under "Available Certifications" you should see the HIPAA Part One and HIPAA Part Two modules listed. On the right side, under column "Actions" click "View Results". This will allow you to reprint your completion certificate for each module.

- Please do not take the Google HIPAA quiz found on the internet. You are to use your ETSU email address to log on to the HIPAA site. The Google quiz will not be counted.

**16. Background Checks**

East Tennessee State University requires background checks for all students entering programs in the Health Sciences. This is to ensure a safe clinical environment for both students and the public and to meet the contractual requirements of area healthcare facilities. This is a mandatory requirement before beginning nursing classes.

East Tennessee State University has partnered with TrueScreen to manage this requirement.

Student Background Investigation Instructions

A background investigation is a requirement of the clinical agencies for your program of study.

STEP 1: What to do if you need a Background Investigation?

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation.

1. Click the link below or paste it into your browser: http://applicationstation.truescreen.com
2. Enter the Code: ETSUCON176-CBC in the Application Station Code field.
3. Click the "SIGN UP NOW" button to create an account.
4. Follow the instructions on the Application Station web site.

*Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation report.*

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

Background Investigations are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Truescreen, studentedition@truescreen.com. Follow the link in the email to access Application Station: Student Edition to view the report. To access the site use the same username and password created at the time you submitted your background check. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

The initial background investigation consists of the search components listed below. All records are searched by primary name and all AKAs, a student's primary address, and all addresses lived within the past seven years.

- Social Security Number Validation and Verification
- County Criminal Records Search – all counties of residence lived in the past 7 years
- National Sexual Offender Registry Search
- SanctionsBase Search (includes TN Abuse Registry)
- OIG/SAM

The cost of the Background Investigation is $24.50. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

Clinical Requirements Revised and Approved by Faculty Council 8/22/01
Revised 7/24/03; 10/31/03 (HIPAA);
Edited 8/2/05
Revised 2/20/08
Edited 11/14/08
Edited and revised 02/16/2010
Revised and approved by Undergraduate Academic Standards 3/16/2015; 4/13/15
Approved by Undergraduate Faculty 3/27/2015; 4/24/15
Approved by CON Faculty 5/12/15
Edited and revised 03-16-2016
Edited 01-01-2017

COLLEGE of NURSING
EAST TENNESSEE STATE UNIVERSITY

**Student Name**: _____ **SID**: _____

**PHYSICAL EXAMINATION**
**(To be completed and signed by a licensed Health Care Provider, e.g., physician, certified nurse practitioner, physician assistant)**
**Each section must be completed.**
**Laboratory Reports (as Health Care Provider determines need):** _____

**CBC** _____ **U/A** _____

**Weight** _____ **Height** _____ **Vision: R** _____ **L** _____

**B.P.** _____ **Pulse** _____ _____ _____

**Hearing:** Welch Allyn / AudioScope Screening

******Hearing Test IS REQUIRED*****

□ 20db HL □ 25db HL □ 40db HL

Y = Response N = No Response

| | | | | |
|---|---|---|---|---|
| Right Ear | | | | |
| Left Ear | | | | |
| | 500 | 1000 | 2000 | 4000 |

Frequency (Hz)

**General:** _____

_____

**HEENT:** _____

_____

**Skin:** _____

_____

**Heart:** _____

_____

**Lungs:** _____

_____

**Abdomen:** _____

_____

**Does patient have hernia?** _____

_____

**Extremities and Back:** _____

_____

**Neurological:** _____

_____

**Other:** _____

_____

**REMARKS:** _____

_____

The following performance standards are used to assist students in determining whether accommodations or modifications are necessary and provide an objective measure upon which informed decisions can be based about whether students can meet requirements.

Is the patient able to perform the following performance standards without accommodations?

| Yes | No | Performance Standard |
|---|---|---|
| | | Critical thinking ability sufficient for clinical judgment. |
| | | Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. |
| | | Communications abilities sufficient for interactions with others in verbal and written form. |
| | | Physical abilities sufficient to move from room to room and maneuver in small places. |
| | | Gross and fine motor abilities sufficient to provide safe and effective nursing care. |
| | | Auditory abilities sufficient to monitor and assess health needs. |
| | | Visual abilities sufficient for observation and assessment necessary in nursing care. |
| | | Tactical ability sufficient for physical assessment. |

***Health Care Provider - Please mark one of the following:***

☐ The student is able to perform *all duties* expected of a health care provider without accommodations

☐ The student is able to perform duties expected of a health care provider with the following accommodations:

_____
_____
_____

**M.D., D.O., N.P., P.A.,** _____

**Health Care Provider's Name (Please Print)** **(Circle one or fill in blank)**

_____

**Health Care Provider's Signature**

**Address:** _____

_____

**Phone:** **(** **)** **-** _____ **Date:** _____

Approved at UP Faculty meeting, 03.12.18

COLLEGE of NURSING

EAST TENNESSEE STATE UNIVERSITY

**EAST TENNESSEE STATE UNIVERSITY**
**COLLEGE OF NURSING**

**HEALTH VERIFICATION FORM**

**Instructions: This form is to be completed by student and appropriate documentation attached after acceptance into the nursing major and before any nursing courses. Please do not leave any line blank. If it does not pertain to you simply put N/A or none.**

**Student is to complete the following sections:**

Full Name: _____ E# _____

Birth date:_____ Telephone # _____ Cell# _____

Address: _____
Street or Route City State Zip

Email:_____

**HEALTH HISTORY**

Please check if you have or have had a problem related to any of the following:

Allergies (include drugs): _____

**Please be sure to fill out this allergy line. Sometimes it gets overlooked and causes delays in processing**

Asthma: _____Yes _____No Cold Sores: _____Yes _____No

Cancer _____Yes _____No Diabetes: _____Yes _____No

Depression/Anxiety: _____Yes _____No Emphysema: _____Yes _____No

Endometriosis: _____Yes _____No Eye Problems: _____Yes _____No

Hearing Problems: _____Yes _____No Hepatitis: _____Yes _____No

High Blood Pressure: _____Yes _____No Hernias: _____Yes _____No

Irritable Bowel Syndrome: _____Yes _____No

Stomach Ulcers: _____Yes _____No

Neurological Disorders: _____Yes _____No

Kidney Disease _____Yes _____No

Rheumatoid Arthritis: _____Yes _____No

Tuberculosis: _____Yes _____No

Thyroid Disease: _____Yes _____No

***Please be sure to answer the question below. It sometimes gets overlooked and caused delays in processing.***

Additional Illnesses: _____

Surgeries: _____

Date & Types:_____

Are you currently under treatment for any medical illness? If so, explain:

Are you taking any medication (s)? If so, list all:

List any emotional or chemical dependency problems (past and/or present) and treatment for such.

_____ _____

Student Signature Date

**Please make sure every question is answered on this form. Do not leave anything blank. This form must be completed before submitting to the drop box.**

**Physical Examination form is to be completed by your Health Care Provider**

Revised 07/13/09

**CLINICAL HEALTH REQUIREMENT CHECK LIST**

**Please refer to the previous *"Clinical& Health Course Requirements for Undergraduate and Graduate Students"* for detailed information regarding each requirement listed below.**

1. Criminal Background Report (CBC-Instructions &Code included in packet)

2. Insurance (instructions included in packet)

3. Physical (Use form provided in packet)

4. Health Verification form (Please complete form, leaving ***nothing*** blank)

5. Tuberculosis Screening (TB) (renewed annually) recorded in mm duration (This is mandatory **EVEN** if your place of employment does not require it) you do not have use our form as long as it is recorded in mm duration

6 Tdap tetanus/diphtheria/acellular pertussis (renewed upon expiration) TD not accepted, it has to be **TDAP**

7. Hepatitis B three vaccines or positive titer ***before*** patient contact

8. Measles, Mumps, Rubella (MMR) two vaccines or positive titer ***before*** patient contact

9. Varicella (Chickenpox) **two** vaccines or positive titer with numeric results (even if you had chicken pox as a child you will still need to provide documentation of vaccine or titer).***before*** patient contact

10. OSHA (take the quiz on the Project Concert site) Nothing to scan, the system will alert me when completed

11. Workforce Confidentiality form

12. HIPAA Part One and HIPAA Part Two –Certification of Completion (Two Certificates of Completion need to be scanned to Project Concert)

13 Student Signature Form (this a two page form)

14. Release of Liability Form (this is a two page form)

15. Substance Abuse Policy Form (this is a three page form)

16. Core Performance Standards Form

17. BLS/CPR

18. Demographic Information Survey- Take on Project Concert

East Tennessee State University
College of Nursing
Johnson City, TN

# Record of Tuberculosis Screening: Two Step

Student Name: _____D.O.B.: _____

Country of Birth: _____ Date Arrived in U.S.: _____

*Type of Screening (circle one): Tuberculin Skin Test (TST) IGRA

**TST testing:**
If initial testing for tuberculosis, student must have a two-step TST once. **Results must be recorded in millimeters. Positive, negative or +/- are not acceptable: Results must be read in 48-72 hours.

***Step 1*:**

Date/Time Administered: _____ Administered by: _____

Date/Time TST read: _____ Read by: _____

Results in mm: _____ Interpretation: o Negative o Positive

***Step 2*** (repeat in 1-3 weeks):

Date/Time Administered: _____Administered by: _____

Date/Time TST read: _____ Read by: _____

Results in mm: _____ Interpretation: o Negative o Positive

**IGRA testing** (recommended if immunized with BCG or a previous positive TST test):

Results: _____ A copy of lab result must be included with this form.

*Students with a history of a previous positive TST or IGRA test should not have these tests repeated. Students who have had a chest x-ray following positive screening tests for tuberculosis should not have a repeat chest x-ray. Documentation of previous positive testing should be included with this form. Students should be screened annually by a health care provider including a symptom assessment.

**See guidelines in admission packet for further instructions on interpretation of TST results. Results are based on measurement in millimeters, the person's risk of acquiring TB infection, or the risk of progression to disease if infected.

***East Tennessee State University***
***College of Nursing***
***Johnson City, TN***

**Record of Tuberculosis Screening: Annual One Step**

Student Name: _____D.O.B.: _____

Country of Birth: _____ Date Arrived in U.S.: _____

*Type of Screening (circle one): Tuberculin Skin Test (TST) IGRA

**TST testing:**

If initial testing for tuberculosis, student must have a two-step TST once. **Results must be recorded in millimeters. Positive, negative or +/- are not acceptable: Results must be read in 48-72 hours.

***Step 1:***

Date/Time Administered: _____ Administered by: _____

Date/Time TST read: _____Read by: _____

Results in mm: _____ Interpretation: o Negative o Positive

**IGRA testing** (recommended if immunized with BCG or a previous positive TST test):

Results: _____ A copy of lab result must be included with this form.

*Students with a history of a previous positive TST or IGRA test should not have these tests repeated. Students who have had a chest x-ray following positive screening tests for

tuberculosis should not have a repeat chest x-ray. Documentation of previous positive testing should be included with this form. Students should be screened annually by a health care provider including a symptom assessment.

**See guidelines in admission packet for further instructions on interpretation of TST results. Results are based on measurement in millimeters, the person's risk of acquiring TB infection, or the risk of progression to disease if infected.

**Workforce Confidentiality Agreement**

I understand that ETSU College of Nursing, hereinafter referred to as ETSU, has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation at ETSU, I may see or hear other Confidential Information such as financial data and operational information pertaining to the practice that ETSU is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with ETSU, I understand that I must sign and comply with this agreement.

By signing this document I understand and agree that:

- I will disclose Patient Information and/or Confidential Information only if such disclosure complies with ETSU policies, and is required for the performance of my job.

My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any Practice Information in public areas even if specifics such as a patient's name are not used.

I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, modifications, or purging of Patient Information or Confidential Information. Such unauthorized transmission include, but are not limited to, removing and/or transferring Patient Information or Confidential Information from ETSU's computer system to unauthorized locations (for instance, home).

Upon termination of my employment/assignment/affiliation with ETSU, I will immediately return all property (e.g. keys, documents, ID badges, etc) to ETSU.

I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my employment/assignment/affiliation with ETSU.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with ETSU and/or suspension, restriction or loss

of privileges, in accordance with ETSU's policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Patient Information that I access or view at ETSU does not belong to me.

ETSU and I acknowledge that this Agreement does not obligate ETSU to employ me for any particular length of time nor does it obligate me to work for ETSU for any particular length of time.

Further, if I should breach this agreement, ETSU is entitled to any and all available legal and equitable relief, including injunctive relief, and that I shall be liable for all attorneys' fees, court costs incurred by ETSU in the event that ETSU is the prevailing party in an action brought to enforce this Agreement.

College of Nursing
Workforce Confidentiality Form

***PLEASE PRINT THIS FORM, COMPLETE IT, AND UPLOAD IT TO THE PROJECT CONCERT SITE.***

Name _____
(print)

Student Id Number_____

I have read and understood the College of Nursing information and the Workforce Confidentiality Agreement for College of Nursing clinics. I agree to comply with all the terms of these documents as a condition of student clinical experiences.

Signature_____ Date_____

**Student Name**:_____ **SID**: _____

**East Tennessee State University**

**College of Nursing**

**Substance Abuse Policy**

**RULES AND REGULATIONS RELATED TO UNPROFESSIONAL CONDUCT**

Students at East Tennessee State University who have chosen to prepare for a career in nursing have placed themselves into a relationship where there is a special concern relative to the possession or use of drugs or controlled substances.

The impairment of nurses as a result of alcohol and substance abuse has been recognized as a growing nationwide problem. Substance abuse is a disease process and treatment options are available. Of primary importance to the college is that a large percentage of impaired nurses are identified within the first five years of licensing. In an effort to help lessen this growing problem, the college will proceed in the following manner.

All students will be responsible for compliance with:

- Drug-Free Campus/Workplace Policy Statement (http://www.etsu.edu/senate/facultyhandbook/section_1 pdf#drug)
- Rules of the Tennessee Board of Nursing, Chapter 1000-1-.13 Unprofessional Conduct and Negligence (http://www.state.tn.us/sos/rules/1000/1000-01.pdf)
- Institutional Disciplinary Rules (taken from TBR Policy No. 3:02:00:01): Institutional Policy Statement (http://www.etsu.edu/students/spectrum/s01.htm) and Disciplinary Rules (http://www.etsu.edu/students/spectrum/s02.htm)

1. If a student appears to be under the influence of alcohol or drugs, functioning in any impaired manner, exhibiting inappropriate behavior in the classroom or clinical setting, or demonstrating any unprofessional conduct or negligence, the faculty or clinical affiliate personnel responsible for that student will use professional judgment and document the unprofessional conduct of the student. Such written communication shall convey the specific nature of alleged involvement with drugs or controlled

substances by the student, including any supportive facts or documentation: time, places, circumstances, witnesses or other persons who possess knowledge of the alleged student involvement. (See attachment "Suggested Information to Include When Reporting Reasonable Suspicion of Drug/Alcohol Use") A determination of functioning in an unprofessional manner will be established by the opinion of the professional responsible for the student. The student will sign that he/she has read the documentation regarding his/her behavior.

2. The student will be dismissed from clinical experience that day or removed from the classroom. The student may not return to class or clinical until reviewed by the college dean or designee.

3. The documentation of unprofessional conduct will be forwarded to the dean or designee for review. The documentation will become part of the student's record in the dean's office.

4. The dean or designee will evaluate the substance of the documentation presented within one week and shall

- Arrange a conference with the student.

- Inform the student of the alleged charges and shall provide the student with an opportunity to respond verbally and/or in writing to such charges.

- Based upon the conference proceedings, review the charges with the Vice President for Student Affairs.

- 5. Any student charged with misconduct may be required to appear before the Vice President for Student Affairs Discipline Committee. Such action may be in lieu of or in addition to action taken by the nursing program. Sanctions which may be recommended are listed under Institutional/School Sanctions in the Drug-Free Campus/Workplace Policy Statement and in the Institutional Policy Statement and Disciplinary Rules as directed by TBR Policy No. 3:02:00:01.

All cases which may result in suspension or expulsion of a student from the college or an allied health program for disciplinary reasons are subject to the contested case provisions of the Tennessee Uniform Administrative Procedures Act and shall be processed in accordance with the uniform contested case procedures adopted by the Tennessee Board of Regents unless the student waives those procedures in writing and elects to have his or her case disposed of in accordance with college procedures established by these rules. The Vice President for Student Affairs shall provide information to the student relative to the uniform contested case procedures. In each case, every effort will be made to assure that appropriate due process procedures are followed. The final on-campus appeal of any action is to the college President.

6. Violation of these policies can result in disciplinary action up to and including dismissal from the program of study, even for a first offense.

7. A specific plan for rehabilitation will be developed on an individual basis, and where appropriate, counseling and assistance services for students who are identified as needing help will be

recommended. The plan for rehabilitation may include referral to and completion of Tennessee Professional Assistance Program (TNPAP) services or peer/professional assistance programs in other states.

8. Should a student be dismissed from a program of study for violation of these policies, a plan for rehabilitation will be devised which may include mandatory counseling, periodic drug/alcohol screening and periodic reporting, before a student could be considered for readmission into the nursing program. The student must assume the responsibility for compliance with this plan before a student's request for readmission into the program of study can be considered.

9. Students have a right to, and may request, a formal hearing through due process. See Board of Regents Policy No. 3:02:01 :00.

10. Failure of the student to comply with the decision as outlined will be considered grounds for dismissal from the program.

11. An affiliate used for student clinical experience can require drug screening without cause if such screenings are the policy for employees of that affiliate.

12. Licensed personnel and students in violation of professional conduct will be reported to TNPAP. Students who are licensed nurses through the Nurse Licensure Compact with privileges to practice in Tennessee will be reported to the professional/peer assistance program in their state of residence. Full reinstatement to the college and eligibility for readmission into the nursing program will be considered upon completion of a TNPAP approved rehabilitation program or the recommendation of the TNPAP, completion of a program approved by the professional/peer assistance program in the state of residence for students licensed through the Nurse Licensure Compact or the recommendation of that program, the recommendation of the Vice President for Student Affairs, and the recommendations of the Nursing Student Affairs Committee and the Dean.

Signature:_____ Date:_____

Reviewed and approved by Legal Affairs
4/26/02
Approved by faculty 5/8/02
Approved by Academic Council 9/4/02
Revised and approved by faculty 11/3/03
Revised by Student Affairs 2/8/2010

**Consent to Drug/Alcohol Testing**

**Statement of Acknowledgment and Understanding**

**Release of Liability**

I, _____ am enrolled in the College of Nursing at East Tennessee State University. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the College of Nursing Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff, and property. Accordingly, I understand that prior to participation in the clinical experience, I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from East Tennessee State University.

If I am a Tennessee licensed health professional, I understand that the Tennessee Professional Assistance Program (TNPAP) will be contacted if I refuse to submit to testing or if my test result is positive. If I am licensed to practice nursing in Tennessee through the Nurse Licensure Compact, I will be reported to the peer/professional assistance program in my state of residence. Full reinstatement of my license would be required for unrestricted return to the PhD program in the College of Nursing.

My signature below indicates that:

1.) I consent to drug/alcohol testing as required by clinical agencies or TNPAP or peer/professional assistance program, or as directed by the Office of Student Affairs, East Tennessee State University.

2.) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Dean of the College of Nursing, and others deemed to have a need to know.

3.) I understand that I will be required to pay a fee of $15.00 to TNPAP after admission to the major and that I am responsible for payment of any required drug or alcohol screens. Nurses licensed in Tennessee will not have to pay an additional fee to TNPAP. Nurses licensed through the Nurse Licensure Compact with privileges to practice in Tennessee will not have to pay an additional fee to TNPAP.

4.) I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of East Tennessee State University and the Policy Statement on Drug-Free Campus of East Tennessee State University, as well as, federal, state and local laws regarding drugs and alcohol.

5.) I hereby release and agree to hold harmless East Tennessee State University and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

***My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the College of Nursing.***

_____ _____

Student's Signature Date

**EAST TENNESSEE STATE UNIVERSITY**
**COLLEGE OF NURSING**

**Student Signature Form**

**Name & Student E#** _____
(Please Print Name)

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I have read all of the information in the Student Handbook of the College of Nursing, East Tennessee State University. I understand that I am responsible for abiding by all contents of the handbook and any published updates to the Handbook. I also understand that failure to abide by the Student Handbook and any updates to the Handbook may result in disciplinary consequences, up to and including course failure or dismissal from the program.

**Signature: _____ Date: _____**

**Universal Precautions/Hazardous Chemical Right-to-Know Law**

I have read and understand the policy on universal precautions and the Hazardous Chemical Right-to-Know Law**.**

**Signature: _____ Date: _____**

**Substance Abuse**

I have read and understand the College of Nursing and ETSU policies and procedures governing the use and/or abuse of drugs and/or alcohol and am aware of the penalties which may result from behavior described by this policy.

**Signature: _____ Date: _____**

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**NOTE: Signature required on *Consent to Drug/Alcohol Testing, Statement of Acknowledgement and Understanding, Release of Liability* on separate page**.

**Health, CPR, and Healthcare Agency Requirements**

I am aware of the College of Nursing Health and CPR requirements and understand that each clinical agency will also have security and orientation requirements. I understand that I am required to abide strictly by those requirements in order to participate in clinical experiences.

**Signature: _____ Date: _____**

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**Social Media, Confidentiality and Professionalism Policy**

I have read and understand the College of Nursing Social Media, Confidentiality and Professional Behavior policies with applicability to all College of Nursing activities. I understand that violation of those policies may result in disciplinary procedures up to and including course or clinical failure or dismissal from the program.

**Signature: _____ Date: _____**

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I understand that to progress clinically, I will be required to complete a Criminal Background Check at my own expense from a specified vendor. Unfavorable results may result in my inability to continue in clinical courses and to complete the program.

**Signature: _____ Date: _____**

COLLEGE of NURSING
EAST TENNESSEE STATE UNIVERSITY

***Core Performance Standards***

The performance standards are used to assist students in determining whether accommodations or modifications are necessary and provide an objective measure upon which informed decisions can be based about whether students can meet requirements.

*Critical thinking ability sufficient for clinical judgment.

*Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

*Communications abilities sufficient for interactions with others in verbal and written form.

*Physical abilities sufficient to move from room to room and maneuver in small places.

*Gross and fine motor abilities sufficient to provide safe and effective nursing care.

*Auditory abilities sufficient to monitor and assess health needs.

*Visual abilities sufficient for observation and assessment necessary in nursing care.

*Tactical ability sufficient for physical assessment.

If an otherwise qualified student believes that he or she cannot met one or more of the standards without accommodation or modifications, the nursing program will determine, on an individual basis, whether or not the necessary modifications can be made reasonably. The following process will be used:

*Upon admission to the nursing major, all students will have information regarding ***Core Performance Standards***. A copy is included with the clinical health requirement packet. The

applicant is required to read, sign, date and submit to the Clinical Health Requirement D2L drop box.

*A student with disabilities who believes that he or she may need assistance in meeting the ***Core Performance Standards*** should contact ***Disabilities Services*** at ETSU, Upper Level, and D.P. Culp Center or call 423-439-8346.

I have read and understand the College of Nursing ***Core Performance Standards***. By submitting this form, applicant verifies that the information given is correct and complete.

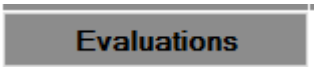
Signature:_____ Date:_____

**Guide to completing Evaluations**

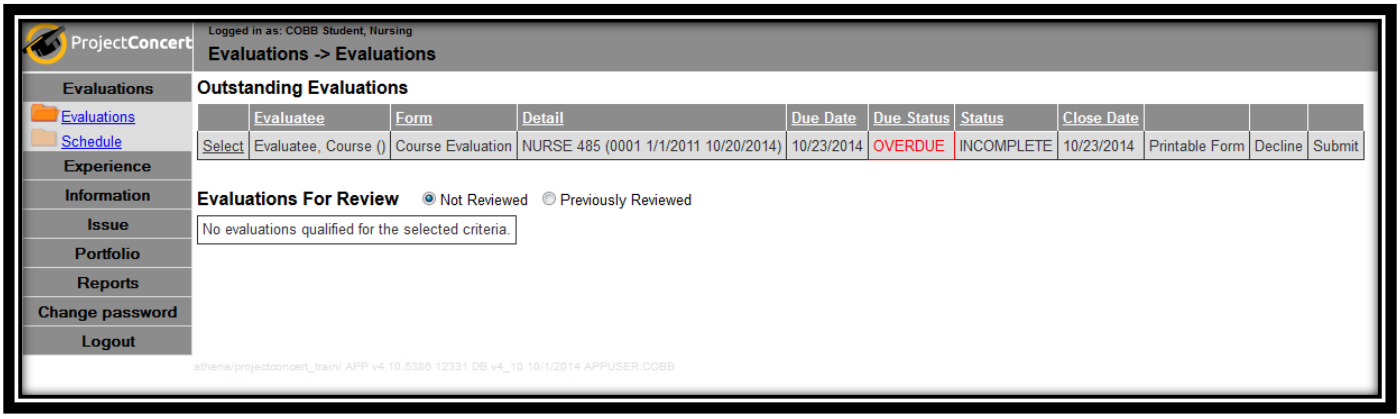
*Please note that the screenshots displayed in this guide may appear slightly different depending on your school's licensing of ProjectConcert and your individual access rights.*

1. Log in to your school's ProjectNurse/ProjectConcert website.

2. Once you are in the system, you will land on the welcome page that looks similar to this:

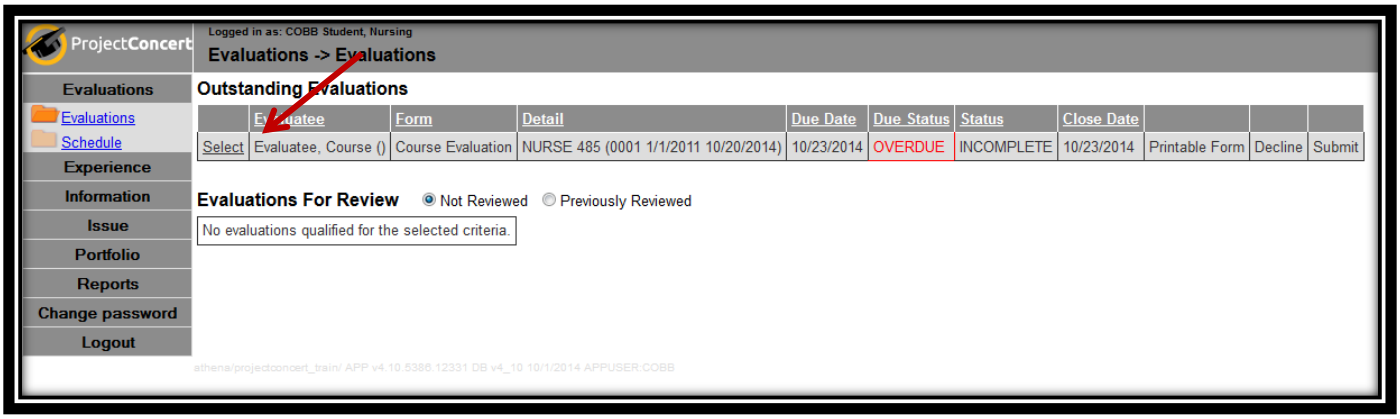
3. Click on  and your screen will change to one similar to this:



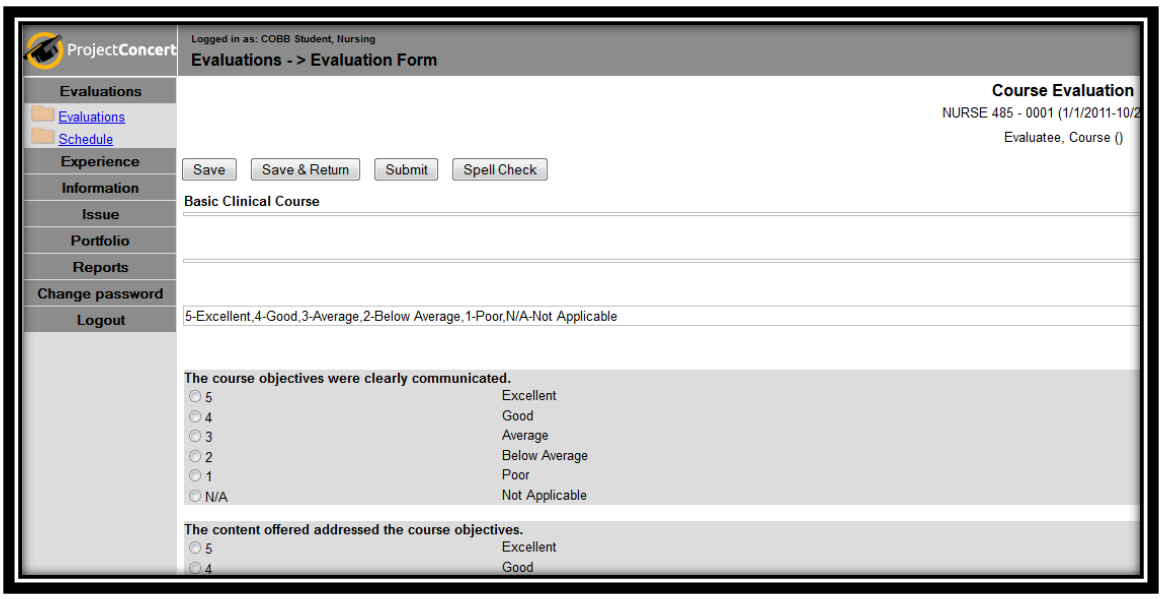



This is where all of your **Outstanding Evaluations** will appear including the name of the form, important dates, the status, etc.

4. Begin by selecting an evaluation to open and complete.



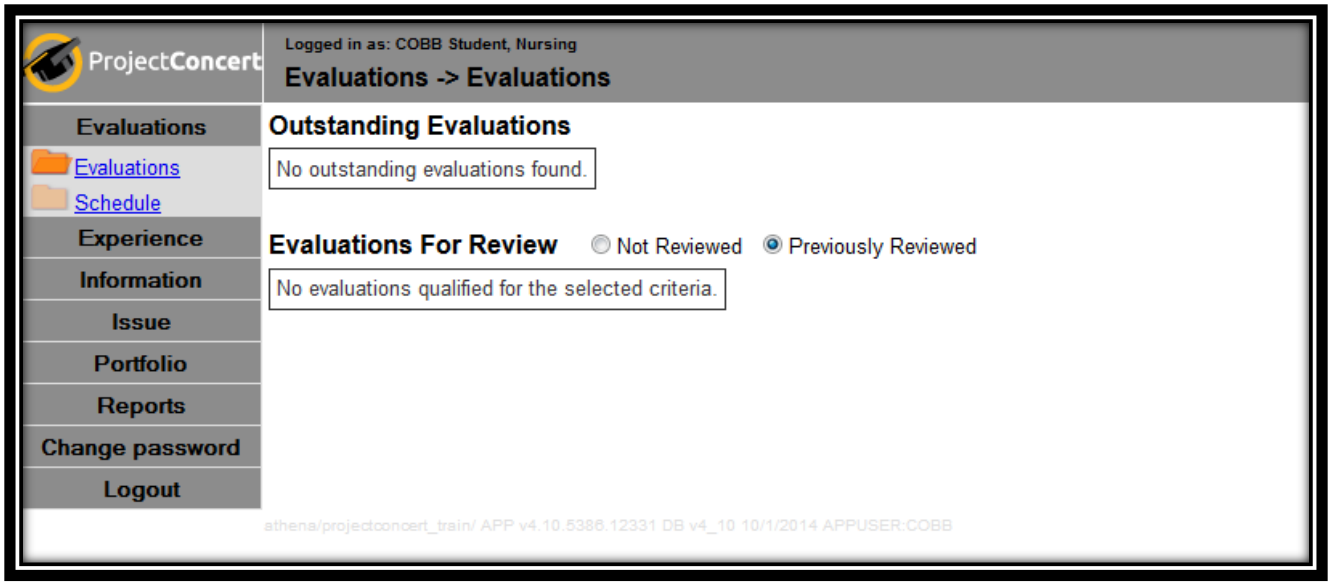

5. As you see a new page opens and you are ready to complete the form. Here is an example:




6. Answer each question, add comments, etc. until the survey is complete. Then, click Submit button.

   If you need more time, you can also click on the Save & Return and it will save your responses and allow you to return at a later time to complete.

7. When all of your evaluations are completed, your Evaluations page will appear similar to this:

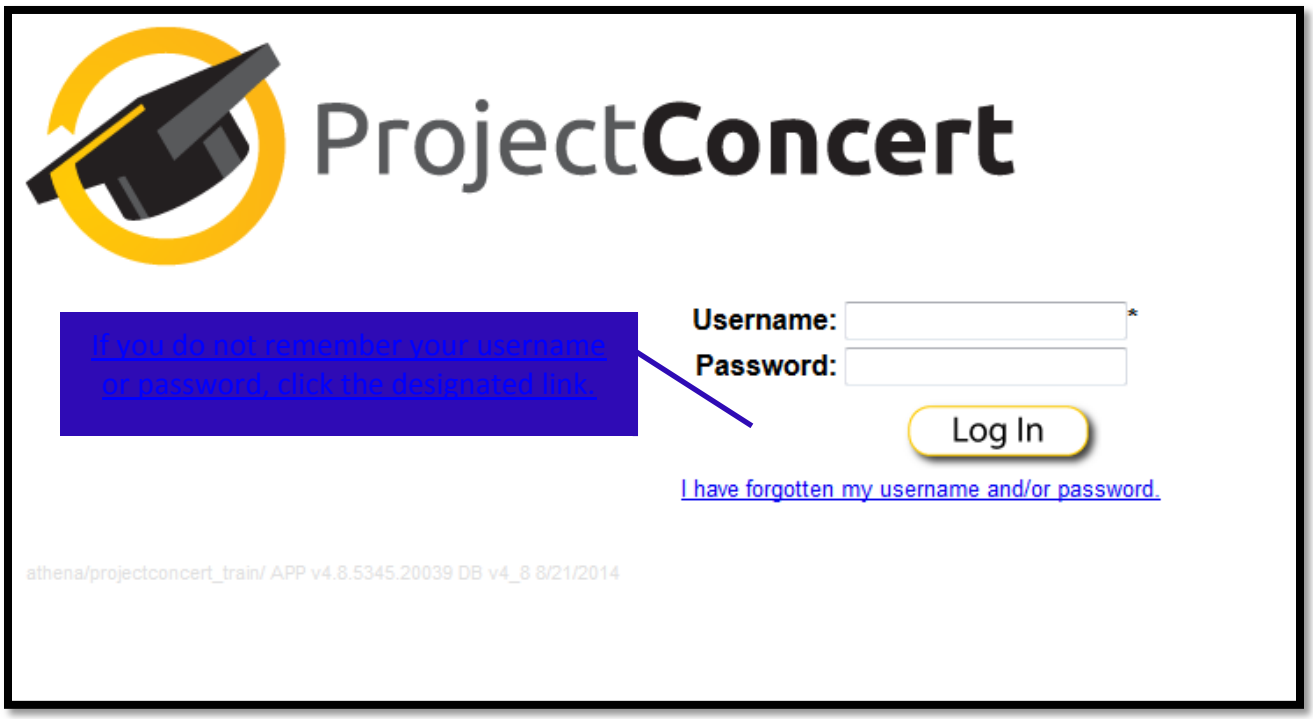



8. Logout when finished.

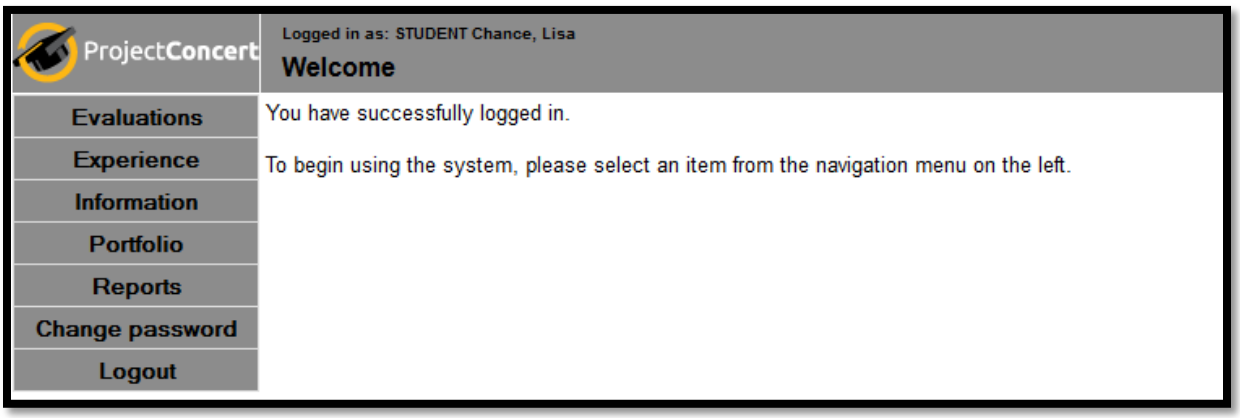
**Student Guide to uploading Documents**

*Please note that the screenshots displayed in this guide may appear slightly different depending on your school's licensing of ProjectConcert/ProjectNurse and your individual access rights.*

1. Log in to your school's ProjectNurse/ProjectConcert website.




2. Once you are in the system, you will land on the welcome page that looks similar to this:



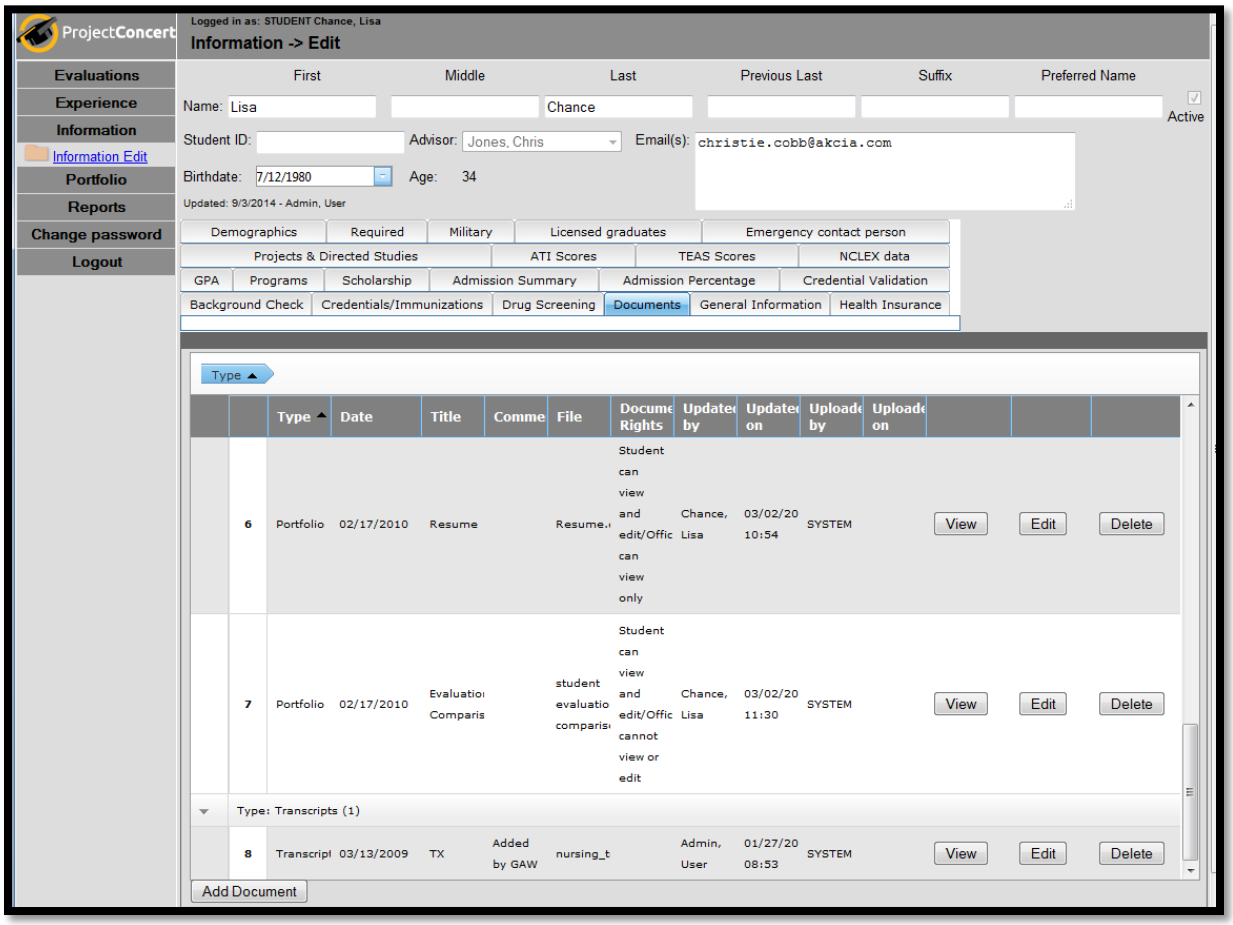
3. To access your personal information/student record, click on

   **Information** .

4. As you see, you have now been directed to a new page that will display your name, ID, DOB,
   Advisor, Email, etc.

This is the page where you will upload documents, view or update your information, etc.

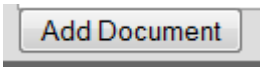
**Note: The ability to make changes/edits within the tabs on your student record must be enabled by your organization.**



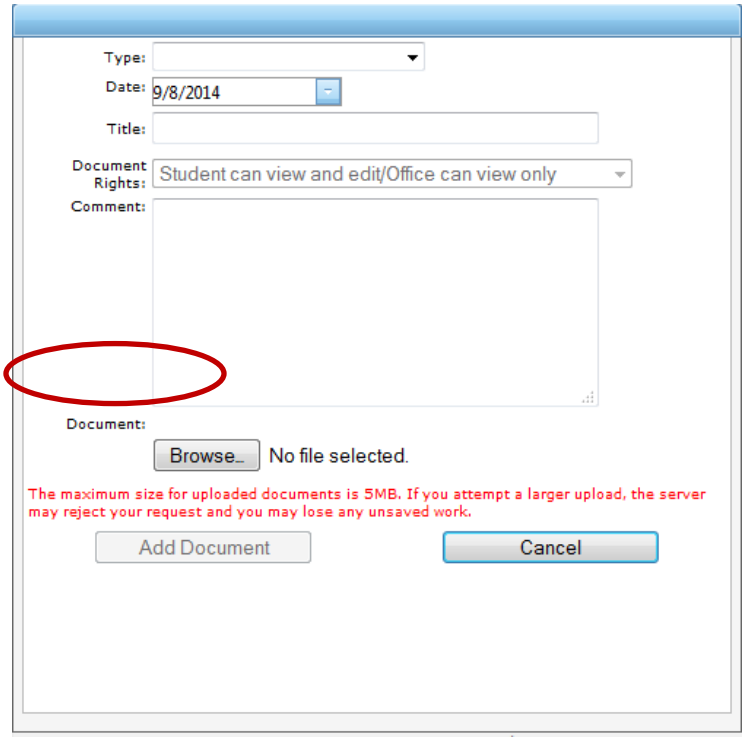

To upload a document to share with your organization, follow these steps outlined below:

- Click the

tab.

- Click 

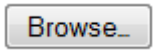
in the bottom left corner and a new window, similar to the one on the next page, will appear.

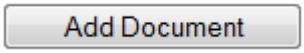



**IMPORTANT: Documents must be 5MB or smaller.**
**If uploading scanned/.pdf documents, try lowering the resolution.**

5. Here, you will select or enter:

    - Type (use the drop down arrow to select the type of document you are uploading)
    - Date
    - Title
    - Document Rights ( this may or may not be an available option)

- Add Comments
- Click 

- Find the document on your PC, Mac, phone, etc.
- Click 

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6. Once you have followed these steps, your document now appears under the

tab.

## Logging into Project Concert:

To log into Project Concert please use the following link:
https://secure.projectconcert.com/etsu

Your login credentials for Project Concert are the same as your ETSU Credentials, i.e. your Goldmail username and password.

Please view to following video tutorial on how to access and get started in Project Concert:

https://youtu.be/Dhin4fne_hU

This video will walk you through all of the steps that are required for you to complete. Project Concert will be the location where all of your Clinical and Health Requirements will be tracked and stored. As you progress through the program, additional features and functionality will be added.

**NOTE: Be sure to complete the Demographic Info Survey within your Student Information Tab. This survey is required of all incoming students.**

## Digitally Signing PDFs:

Within Project Concert, under Portfolio > Programs Docs are Fillable PDF versions of several Clinical and Health Requirement Forms which you can complete and sign digitally. To create a digital signature within Adobe Reader, follow these steps below:

1. Click the signature field (It will have an orange arrow inside it in the top left corner)
2. If you do not have a digital signature on file, the Add Digital ID dialog box will ask you how you want to sign this document:
    a. Select – A new digital ID I want to create now
3. Click Next
4. In the next panel that asks: Where would you like to store your self-signed digital ID?
    a. Select – New PKCS#12 digital ID File
5. Click Next
6. Next enter your identity information
    a. Enter your name
    b. Enter your Goldmail email address
7. Click Next
8. Keep the default file location, but note where this Digital Signature file is being stored in case you need to retrieve it for other applications.
    a. Create a password for this Digital Signature.
    b. Make it something you will remember, because if you forget the password, you will have to create a new Digital Signature.

9. Click finish
10. On the Sign Document Tab you will see your new Digital Signature. To sign the document do the following:
    a. Enter your password
    b. Click Sign

Here is a video tutorial on how to do this as well: http://tv.adobe.com/watch/acrobat-x/using-digital-signatures-in-a-pdf/

If you have any questions or issues accessing or using Project Concert, please contact Mark Bodo, IT Manager for the College of Nursing at bodomn@etsu.edu or by phone at 423-439-4579.

# ***How to take the OSHA (Bloodborne pathogen hazardous post training quiz*)**

***Step 6*** on video **https://youtu.be/Dhin4fne_hU**

Click on ***Evaluations***

Then click ***Ad Hoc Evaluations***

Select ***Evaluatee Student Quiz***

Click ***Create Evaluations***

Make sure the quiz is called ***Bloodborne pathogen hazardous materials post training quiz***

Click on link and it will launch ***Bloodborne pathogen hazardous post training quiz*** presentation-download and review presentation, once reviewed, begin to answer questions on the quiz. Once it is complete then click on submit

# Demographic Survey

This is Step 3 on the ***quick start guide***

Click on the demographic survey tab- complete required fields and click save

# ISSUES WITH LOGGING IN

Please be certain that you are using the following credentials:

Username: Your ***ETSU*** username

Password: Your ***ETSU*** password

If you are using these credentials and are unable to log in, please try to log into D2l using these credentials at https://elearn.etsu.edu

If you are unable to log into D2L you will need to reset your ETSU password. To do this go here: https://etsupws.etsu.edu/AccountActivation/AccountActivation.aspx