

Ball State University
School of Nursing
BACCALAUREATE INFORMED CONSENT

Name _____

The School of Nursing maintains legal contracts with clinical agencies and must follow each agency's policies in order to allow nursing students to practice nursing for the required clinical nursing courses. The School and students must maintain compliance with agency policies, such as nursing standards of practice, health, CPR, drug screens, and criminal background requirements.

My initials on each item and my signature on this document signify that I have read each item and that my questions have been answered to my satisfaction with regard to the risks involved in nursing and health care and the requirement for me to follow the policies and procedures of the School of Nursing and agencies in which I will be working as a nursing student.

SCHOOL OF NURSING and PROFESSIONALISM

____ 1. I understand I must follow all policies and procedures established by the School of Nursing. These policies include, but are not limited to, policies in nursing course syllabi, and the Baccalaureate Nursing Program Handbook, and Ball State University Code of Student Rights and Responsibilities (www.bsu.edu/sa). I understand some nursing policies are more specific than those in the University due to professional requirements in nursing.

____ 2. I understand that when I am in uniform and/or participating in nursing and agency activities, I represent the School of Nursing and Ball State University and will demonstrate professionalism at all times.

____ 3. I understand I must follow the nursing code of ethics and standards of practice established by the Indiana State Board of Nursing (<http://www.in.gov/hpb/boards/isbn/statrules.html>), as well as American Nurses Association (<http://nursingworld.org/ethics/code/ethicscode150.htm#preface>) and International Council of Nurses (<http://www.icn.ch/ethics.htm>).

____ 4. I understand I am responsible and accountable for providing safe patient care. This includes, but is not limited to, satisfactory preparation for all labs, including patient care.

____ 5. I will maintain confidentiality of clients, including Health Insurance Portability and Accountability Act, and organizations in which I work as a nursing student and will abide by the policies and procedures of such clients and organizations regarding the privacy and security of patient and organizational information.

MY HEALTH and SAFETY

____ 1. I understand there are health and safety risks for me related to nursing and healthcare.

____ 2. I understand I could become ill by being exposed to a number of illnesses such as Hepatitis, HIV, and other infectious and/or communicable diseases. I will follow Standard Precautions developed by the Centers for Disease Control and Prevention and the Standard Precautions adopted by the state department of health as required to decrease these risks. I understand and acknowledge that there is no known cure for AIDS at this time. I understand that the Standard Precautions are intended to help protect myself, my patients, my family members, and other health care workers from infections and/or communicable diseases.

____ 3. I understand I am at risk for injuries by sharps (needles, glass ampules, etc.). I will follow established procedures to help prevent injuries by sharps and related risks of exposure to infectious and/or communicable diseases. If involved with a needle stick or other incident while caring for a patient, I agree to follow the most current protocol recommended by the Centers for Disease Control and Prevention and to cooperate fully with any established agency protocol for such incidents.

____ 4. I understand I am at risk for orthopedic injury or other physical injuries in simulation and clinical laboratories. I will follow the proper procedures including, but not limited to, patient transfers, lifting, bending, and other physical activities to help prevent injury to myself and others.

____ 5. I understand the School of Nursing recommends that I inform it of any medical condition that could

negatively influence my ability to perform the nursing requirements of the nursing program, such as pregnancy or contraction of a communicable and/or infectious disease. I have been informed and understand that an altered state of my health, such as being infected with HIV, may increase my health risk in relation to care giving activities for patients with bacterial and viral diseases. I have also been informed that some vaccinations are contraindicated or have decreased effectiveness in immunosuppressed conditions. I agree to seek sound medical advice for changes in my health status.

____ 6. I agree to inform the School of Nursing of any medical condition in which I may need course adaptations or accommodations and cooperate fully with the accommodation review process through the Office of Disabled Student Development.

____ 7. I understand that my participation in the nursing program will require study based within clinical settings and in individual homes in a variety of cultural and environmental situations. I will follow policies and procedures related to clinical agency activities including, but not limited to, home visits, clinics, providers' offices, hospitals, extended care facilities, schools, day care centers, and other public and private facilities. I understand that these policies are intended to promote my safety as well as to accommodate the clinical agency or setting.

____ 8. I understand that if I am uncomfortable with the idea of caring for patients with infectious and/or communicable diseases, I may discuss my concerns with nursing faculty at the University or with Counseling Center professionals. The University will provide information about alternative career plans if I request such information.

____ 9. I understand I will be required to provide my own transportation to and from clinical agencies and clinical sites.

____ 10. I understand I will be responsible for paying for parking, meals, and other clinical expenses at clinical agencies and sites.

Printed Name

Signature

Date

Ball State University
School of Nursing
HEALTH CLEARANCE, CPR, and CRIMINAL BACKGROUND CHECKS

The School of Nursing maintains legal contracts with clinical agencies and must follow each agency's policies in order to allow nursing students to practice nursing for the required clinical nursing courses. The School and students must maintain compliance with agency policies, such as nursing standards of practice, health, CPR, drug screens, and criminal background requirements.

My initials on each item and my signature on this document signify that I have read each item and that my questions have been answered to my satisfaction with regard to health clearance, CPR, drug screening, and criminal background checks as a nursing student.

____ 1. I understand I must have a physical exam at the Ball State Health Center prior to entering the baccalaureate nursing program and this includes specific immunizations. I must submit the white health clearance form to the Baccalaureate Office Secretary, CN 418B, on or before the required date or I will be dropped from the nursing class(es).

____ 2. I understand I must begin the Hepatitis B immunizations or sign a waiver form prior to the required date. I will obtain the Hepatitis B immunizations as required and submit the white health clearance form to the Baccalaureate Office Secretary, CN418B, on or before the required date. If I do not complete the immunizations during the required month, I will not be permitted to attend clinical lab(s), which will result in an unsatisfactory clinical day.

____ 3. I understand that I must provide proof of tuberculosis testing on an annual basis while a student in the nursing program. The appropriate TB documentation must be submitted via the white health clearance form to the Baccalaureate Office Secretary, CN 418B, on or before the required date or I will be dropped from the nursing class(es).

____ 4. I understand I must submit official current CPR documentation (***ONLY Healthcare Provider via American Heart Association or Professional Rescuer by American Red Cross***; no other certification are acceptable) to the Baccalaureate Office Secretary, CN 418B, on or before the required date or I will be dropped from the nursing class(es).

____ 5. I understand I must submit to and pay any costs required for criminal background checks, including Indiana and federal checks, and agency required drug screens. I understand that unsatisfactory results from any required criminal history check or drug screening may result in a failure to be approved for required placement assignments, and as such may result in my inability to progress through the BSU School of Nursing programs, as such required placements are prerequisites to the completion of any School of Nursing degree.

Criminal background checks:

- Prior to admission into any BSU School of Nursing program.
- Annually thereafter, prior to August 1st of each year.

____ 6. I understand a clinical agency may require additional components of a criminal background check, other than those required by the School of Nursing, as well as drug screening. I understand I am required to pay for any and all criminal background checks and drug screens required. I understand the results must be sent directly to the School of Nursing. **I understand that a copy of the results will be sent by the School of Nursing to the clinical agencies to which I am assigned.**

____ 7. I understand an agency may require me to meet with agency representatives regarding disclosure of my criminal background check. I understand if the assigned clinical agency does not accept me as a nursing student based on my criminal background check, it may result in an inability to progress through the BSU School of Nursing programs, as such required agency placements are prerequisites to the completion of any School of Nursing degree.

____ 8. I understand if my name is on the Indiana Sex and Violent Offender Directory, any other Sex and/or

Violent Offender Directory maintained by any State, or if I am required to register on any Sex and/or Violent Offender Directory maintained by any State, the School of Nursing will deny admission or if admitted, will dismiss me from the nursing program. I further understand if my name is on the Medicare/Medicaid Exclusion list, the School of Nursing will deny admission, or if admitted, will dismiss me from the nursing program.

____ 9. I understand I must disclose in writing any convictions of any misdemeanors or felonies in Indiana, any State, or country to the School of Nursing prior to my entry into the baccalaureate nursing program. I understand if an assigned clinical agency does not accept me as a nursing student based on my criminal background, it may result in an inability to progress through the BSU School of Nursing programs, as such required agency placements are prerequisites to the completion of any School of Nursing degree.

____ 10. I understand the School of Nursing reserves the authority to determine my eligibility to be admitted to the program and/or progress in the program. I understand that any conviction will be a factor used to determine if I will be admitted to the program.

____ 11. I understand a clinical agency may require drug screens. I understand I am required to pay for any and all drug screens required. I understand the results must be sent directly to the School of Nursing and that a copy of the results will be sent by the School of Nursing to the assigned clinical agencies. I understand a copy of positive results of a drug screen may be sent to the following university offices: School Director, CAST Dean, Director Student Rights and Community Standards, and Executive Director University Compliance.

____ 12. I understand I may be required to submit to further criminal background checks and/or drug screens at my expense as required by an individual agency used for my clinical experiences.

Printed Name

Signature

Date

**Ball State University
School of Nursing
Disclosure of Criminal Background**

1. Name of Student (Print): _____

2. Maiden Name if Applicable (Print): _____

3. Enter All Other Names Used (Print): _____

4. Social Security Number: _____

5. Date of Birth: _____

6. List **all States** and **Counties** you have resided in **during the prior seven (7) years** and the **dates of residency** for each such State and County. (If you have lived in Delaware County during the school year you must also include Delaware County, IN as a place of residence.)

State	County	Date by Years

7. Have you ever been convicted of any felony charges? (circle) Yes / No

8. Have you ever been convicted of any misdemeanor charges? (circle) Yes / No

9. Are there any current pending felony charges that have been filed against you? (circle) Yes / No

10. Are there any current pending misdemeanor charges that have been filed against you? (circle) Yes / No

11. If you answered yes to any of the above questions, list all criminal convictions you have received by year, as well as any current pending criminal charges that have been filed against you.

12. I understand that providing false information regarding my criminal history, failing to disclose requested information regarding my criminal history, or not successfully passing any required criminal history check may result in a failure to be approved for required placement assignments, and as such may result in my inability to progress through the BSU School of Nursing programs, as such required placements are prerequisites to the completion of any School of Nursing degree.

Date: _____ Signature: _____