

RU School of Nursing Next-Steps:

All official documents are to be completed and uploaded to ACEMAPP by 8-1-19.

1st Step

If you are a transfer student, please contact your **admissions adviser** to complete the final admissions processing. When that is complete Susan Griffin will be contacting you to set up a registration appointment. You should have your RC email account by now, so please begin checking and using it. All correspondence will go through your RC email address. **It is important that you check your rc email every day. If you are a current RU student**, please call or email Susan Griffin (248-218-2280) to set up a registration appointment.

Please mark your calendar for Tuesday, July 30, 2019. New nursing student orientation will be from 9:00 am - 1:00 pm in HL 113. Scrubs & Beyond will be in the nursing lab (HL 116) from 1:00 pm - 3:00 pm so that you can order scrubs (more information on that below).

Drug Screen

Ascension Providence Rochester's Occupational Medicine dept. (248-652-5203) will do **the 10-panel** urine drug screening. The Occupational Medicine department is located at the same entrance as Ascension Rochester ER. It is open 7am-4:00pm. Cost is \$38. You will need to leave a urine sample. Please ask the attendant to send the results to you. **Your results should be uploaded to ACEMAPP** (more information on that below). You also have the option of completing this at your private physician's office.

Background Check

Hospitals require criminal background checks on all students. RU School of Nursing requires that you provide us with a Michigan State Police online background check in order to comply with clinical agency requirements. In the case that a misdemeanor or felony appears on your background check, please make an appointment with Director Kim Nash (knash@rc.edu). The coordinator of the nursing program will also conduct a search on the Office of Inspector General website and the Michigan State Police OffenderWatch website as required by all healthcare facilities.

Please follow the procedure listed below for obtaining your clearance:

Log on to <https://apps.michigan.gov/Home/Login?q=MlGPpWZJC+eyoP6U6CpNUg==%27>. Choose the "Get Started" tab. Log in as a guest user and follow instructions. Review the information provided, follow the requirements, and print your search. **Print the sheet with results** and not the payment confirmation page. (There is a \$10 charge [Visa, Discover, or MasterCard] by the Michigan State Police for this service). **Please upload a copy to ACEMAPP.**

Immunization Records

You must provide documentation of all vaccines you have received. **Without proof of vaccine, you will need to have titers drawn to show immunity.** Proof of immunization will be needed for Hepatitis B, MMR (Mumps, Rubella and Rubeola), Tdap (pertussis **must** be a part of this), Varicella (**disease history of chicken pox is not proof**), and flu (immunization offered later in Fall semester). **Please keep the original of ALL immunizations for your records and upload to ACEMAPP.**

Tb Skin Test

You will need to have a Tb skin test done **annually** to be able to participate in clinical at healthcare facilities. **Please upload results to ACEMAPP.**

Physical Exam

Complete the student information portion of the **Comprehensive Clinical Health Form** and take it with you to your appointment. Have your physician complete the healthcare provider portion. **Please upload to ACEMAPP.**

CPR

You must have a valid **American Heart Association (AHA) Basic Life Support (BLS) Healthcare Provider (HCP)** card prior to starting class. Rochester College School of Nursing is providing access to the certification class in Ham Library 113 and Ham Library 116 (the nursing lab) for a cost of \$80. Please click on this link:

<https://www.signupgenius.com/go/10C0A4FA9A72EAA8-blshealthcare>

Sign up for one of the sessions, either Friday, July 12, Friday, July 19, or Friday, July 26. The instructor will accept 8 people per session.

Uniform

The requirement for clinical is white top and gray pants and gray, black, or white socks/shoes. Tennis shoes are fine. **On Tuesday, July 30, 2019, from 1:00-3:00 pm in HAM 116 the uniform vendor (Scrubs & Beyond) will be fitting all students for clinical attire.** You will receive a lab coat embroidered with the RU logo, 2 tops, and 2 pair of pants. Payment will be expected at the fitting (Credit card, check, or cash will be accepted). The cost will be between \$140-\$170. Scrubs and Beyond offers a 10% discount to our nursing students. You will have the option to purchase a warm up jacket that can be worn over your scrubs in the hospital setting.

Kaplan

Kaplan, the company RU uses for NCLEX test prep, will provide an orientation during student orientation in HL 113. Kaplan will contact you by email and you will set up payment directly with them at the beginning of the semester. The cost is **\$100 per semester.**

ACEMAPP

ACEMAPP facilitates clinical placement for Rochester University School of Nursing. **The cost is \$50 for the full academic year.** You will be billed directly by ACEMAPP. It is important that this fee be paid as soon as possible since you will not be placed in a clinical rotation until payment is received by ACEMAPP. The clinical coordinator will provide your email address to ACEMAPP and they will communicate with you concerning requirements that are expiring or expired. Requirements include immunizations, background check, drug screen and BLS HCP. **All documents will be uploaded onto the ACEMAPP site.** Go to the following link to learn how to upload your documents to ACEMAPP:

<https://acemapp.org/kb/57>. You will only be able to use this link once you have received an email from ACEMAPP and logged in. You will also be required to pass 3 assessments about bloodborne pathogens, HIPAA, and OSHA. Completion of these requirements and assessments are required for clinical placement.

Skills Lab Kit

On the last page you will find the order form for your Skills Lab Kit. Please follow instructions to order your kit. The kit will come to the school and be given to you on the first day of class.

Other supplies needed

You will need to purchase the following items on your own: stethoscope, BP cuff, hemostat, scissors, and penlight. If possible, please wait until after student orientation on July 30 to purchase these items.

ROCHESTER COLLEGE BSN SKILLS LAB KIT ORDER FORM

The purchase of a **BSN SKILLS LAB KIT** is **REQUIRED** for your course. To have supplies available for the first lab, **YOUR ORDER MUST BE RECEIVED NO LATER THAN 4:00 PM EASTERN TIME ON JULY 31, 2019.** The purchase price of your kit is **\$246.00** which includes shipping and handling. To ensure timely delivery, **THE KITS WILL BE SENT TO YOUR INSTRUCTOR** and dispensed, after proof of purchase from G.T.S., INC.

KITS WILL SHIP DIRECTLY TO THE SCHOOL. KITS WILL SHIP EVERY TWO WEEKS AFTER THE DEADLINE DATE.

ANY KITS REQUESTED AFTER 4:00 PM EST ON 7/31/2019 will require an additional \$10.00 SHIPPING / LATE FEE FOR A TOTAL OF \$256.00.

Please allow 72 HOURS to process order. NO PHONE VERIFICATIONS WILL BE GIVEN.

WAYS TO ORDER

Order by mail: (receipt requires self addressed, stamped envelope)

Please return **THIS ENTIRE ORDER FORM** with a MONEY ORDER or CREDIT CARD INFORMATION (NO PERSONAL CHECKS WILL BE ACCEPTED).

SEND TO:

GRACE TRAINING SUPPLY, INC
400 W. OAK RIDGE RD.
ORLANDO, FL. 32809

Order online: www.gracetrainingsupply.com AUTO REPLY WILL BE SENT-(\$40.00 CHARGEBACK FEE FOR DISPUTED CHARGES). **TO ACCESS ORDERING OPTION ONLINE, YOU MUST USE THE FOLLOWING INFORMATION:**

USERNAME: RCMI / PASSWORD: 195124

Order by fax: 407-856-1788 receipt by e-mail, (preferred) _____ Or phone _____

When placing orders online please do not include in your name any special characters, such as apostrophes, hyphens, or accents

NO PHONE ORDERS WILL BE ACCEPTED

PLEASE PROVIDE THE FOLLOWING INFORMATION:

SCHOOL NAME _____

STUDENT NAME: _____

PHONE NUMBER: _____

SOCIAL SECURITY LAST 4 DIGITS _____

CREDIT CARD #: (Front of card) _____

EXPIRATION DATE: _____ / _____ / _____

CREDIT CARD **HOLDER** BILLING INFORMATION

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

C.C **HOLDER** SIGNATURE _____

WE ACCEPT:

VISA
MASTERCARD
DISCOVER