



**College of Nursing and  
Health Professions**

**ADMINISTRATOR-IN-TRAINING  
RESIDENCY PROGRAM**

**APPLICATION and INFORMATION PACKET**

**HEALTH FACILITIES ADMINISTRATOR  
ADMINISTRATOR-IN-TRAINING (AIT) RESIDENCY PROGRAM**

**University of Southern Indiana  
College of Nursing and Health Professions – Health Services Program  
8600 University Blvd  
Evansville, IN 47712  
812-465-1170**

*This packet is for the sole use of University of Southern Indiana AIT Residency students. The information packet is modeled after Kent State University AIT Program is has been developed with their permission.*

Revised September 2022

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# **ADMINISTRATOR-IN-TRAINING (AIT) RESIDENCY PROGRAM**

## **HEALTH SERVICES COLLEGE OF NURSING AND HEALTH PROFESSIONS UNIVERSITY OF SOUTHERN INDIANA**

### **Instructions**

1. Read all sections completely and refer questions to University of Southern Indiana Administrator-in-Training (AIT) Residency Faculty. [Visit our website](#) for Faculty contact information: [USI.edu/hs-internship-ait](http://USI.edu/hs-internship-ait)
2. Please type or print all sections of the application. This packet is also in electronic format for your use.
3. Complete all CastleBranch requirements before beginning the AIT-Residency Program.
5. State/Federal background checks are required for AIT Residency experiences.
6. Return completed forms to AIT Residency Faculty, College of Nursing and Health Professions, University of Southern Indiana, Health Services Program, 8600 University Boulevard, Evansville, IN 47712, by the deadline date (no later than the first day of the practicum experience or a date determined by instructor). Keep a copy of the information for your files.
7. This packet does not substitute for preceptor application process to the Indiana Professional Licensing Agency.
8. IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT ALL ITEMS ARE SUBMITTED ON TIME, IN GOOD ORDER, AND IN THE PROPER NUMBER OF COPIES.
9. IF A COMPLETE AIT APPLICATION INCLUDING ALL DOCUMENTATION DOES NOT ARRIVE IN THE UNIVERSITY OF SOUTHERN INDIANA AIT RESIDENCY FACULTY'S OFFICE BY THE STATED DEADLINE, THERE IS NO GUARANTEE THAT THE APPLICATION WILL BE REVIEWED.

## GERO 499 AIT Residency Checklist

Date

**This checklist will guide you through your residency.  
Steps are explained in the handbook.**

- \_\_\_\_\_  Complete all Castle Branch requirements before applying for an internship – see Appendix 1 for codes to place an order and information about all the requirements
- \_\_\_\_\_  File an internship application with the Health Services (for Fall Interns – by April 15; for Spring Interns – by September 15; for Summer Interns – by February 15)
- \_\_\_\_\_  Schedule a meeting with [AIT Residency Faculty](#). *Visit our website for name.*
- \_\_\_\_\_  Have an on-site internship interview with your potential Preceptor
- \_\_\_\_\_  Accept the residency offer and submit the AIT agreement (p. 13) to [AIT Residency Faculty](#).
- \_\_\_\_\_  Receive Notice to Register – you will be emailed the CRN# and how to register
- \_\_\_\_\_  Register for the AIT Residency course (GERO 499) after approval received from Joy Fein.
- \_\_\_\_\_  Complete & submit through Blackboard the following forms no later than the 1<sup>st</sup> day of residency:
  - \_\_\_ Personal Data Sheet – p. 9
  - \_\_\_ Education & Work History (or resume) – p. 10
  - \_\_\_ Medical Certification – p. 11
  - \_\_\_ Employment Status Sheet (if applicable) – p. 12
- \_\_\_\_\_  Begin residency
- \_\_\_\_\_  By the end of your 1<sup>st</sup> week, review the Training Plan with your AIT Preceptor. – p. 14-21
- \_\_\_\_\_  Maintain your Weekly Activity Report. This report should be compiled daily and kept on record at the facility. – p. 22-23
- \_\_\_\_\_  Complete & submit through Blackboard your Monthly Summary Report by the 10<sup>th</sup> of the following month. Use your Weekly Activity Report to assist in completing the Monthly Summary. This form is to be signed by you & your AIT Preceptor. – p. 24
- \_\_\_\_\_  Attend scheduled exam preparation sessions, and complete all in-class requirements.
- \_\_\_\_\_  Email to alert [AIT Residency Faculty](#) of your upcoming residency completion within 2 weeks of the anticipated completion of your residency
- \_\_\_\_\_  Complete & submit through Blackboard the Training Plan Summary Sheet on the last day of your AIT Residency, signed by both you and the preceptor. – p. 25-26
- \_\_\_\_\_  Receive a 'pass' or 'no pass' grade or an 'incomplete' if requirements are not met from above.
- \_\_\_\_\_  Schedule meeting with [AIT Residency Faculty](#) to begin the application to test process for NAB examination through IPLA.
- \_\_\_\_\_  Send your AIT Preceptor a 'Thank You' note.

## University of Southern Indiana

### ADMINISTRATOR-IN-TRAINING GUIDELINES AND MANUAL

This information has been prepared to answer the most asked questions about the Administrator-in-Training (AIT) Residency Program. It will also be useful in defining the relationship between AIT, preceptor, and University of Southern Indiana. **From hereafter, "USI" refers to the AIT-Residency Faculty Member.**

#### **I. PRECEPTOR**

Any licensed nursing home administrator with a minimum of two (2) years' experience within the last three (3) years within the state of Indiana is eligible to be a preceptor.

- A. At the discretion of USI, a licensed nursing home administrator may be approved by USI to supervise the practical training and experience of future nursing home administrators in a USI-approved AIT Residency.
- B. Such approval is temporary and must be reapplied for prior to the start of each training program. Approval/Disapproval of a nursing home administrator for preceptorship in no way affects the licensure status of that administrator.
- C. If USI should determine that a nursing home administrator is unsatisfactory to serve as a preceptor, USI may withdraw its approval and/or deny future approval.
- D. USI will base its approval of a nursing home administrator for preceptor on:
  1. The manner in which the nursing home administrator has administered his/her home as documented by various state inspections, certifications and his/her cooperation with state agencies.
  2. The nursing home administrator's personal record of professional accomplishment and performance.
  3. A preceptor must be a full-time nursing home administrator **and** meet the following requirements:
    - a. Be a currently licensed Indiana health facility administrator.
    - b. Have attended a board approved HFA Preceptor educational program within the five (5) years prior to applying to serve as a preceptor.
    - c. Have active work experience as a health facility administrator for at least two (2) out of the immediately preceding three (3) years prior to the date of application.
    - d. Not have any disciplinary action taken by the Board against the Preceptor in the last two (2) years.

- e. Conduct training in a comprehensive care facility.
- f. Be approved by the Board prior to serving as the preceptor for an administrator-in-training.
- g. A candidate with a baccalaureate degree or higher must have two years' full-time nursing home administrator experience in the last five years, ***or***
- h. A candidate with college credits but no baccalaureate degree must have three years' full-time nursing home administrator experience in the last five years
- i. A candidate with no college credits must have six years' full-time nursing home administrator experience, three years of which must have occurred in the last five years.

## **II. TRAINING SITE**

The student may find a preceptor by working with the AIT-Residency faculty member or to locate a suitable facility.

AIT-Residency experiences may not be paid.

The training site must:

- A. Be under the full-time supervision of a licensed nursing home administrator (a minimum of 20 hours per week). Normally, a monthly schedule of residency hours should not exceed 180 hours per month.
- B. Provide professional nursing care under the full-time supervision of a director of nursing who is an R.N. The director of nursing must have at least two years' full-time experience in a nursing home or hospital.
- C. Be staffed and operated in accord with all applicable local, state, and federal laws and rules and must provide quality care in a safe environment. The administrator will be asked to submit copies of all current survey reports for both state licensure (nursing and sanitation reports) and certification for Title XVII and Title XIX.

## **III. TRAINING PLAN**

- A. The pre-training assessment must list and describe briefly those areas of nursing home administration in which the AIT applicant already possesses knowledge and/or skills; it must then list those areas of nursing home administration in which the AIT applicant needs further training and/or experience. These two "lists" must be clearly differentiated.  
***It is the responsibility of the AIT and/or preceptor to document any waiver request which is submitted.***
- B. The Required Training Plan must be used.

- C. The plan must list in the margin the number of hours needed for mastering each subject and must indicate the total number of hours in the plan.
- D. The complete name of the AIT must be placed on each document.

#### **IV. PRECEPTOR'S RESPONSIBILITIES**

- A. The administrator of the facility is the person ultimately responsible for the supervision of the AIT. However, partial responsibility may be delegated to department heads within the facility. Supervisors are urged to have regularly scheduled conferences with AITs and to evaluate them on an ongoing basis so that AITs are constantly aware of their strengths and weaknesses. The evaluation at the end of the residency period should contain no surprises for the AIT.
- B. The preceptor may only train one AIT at any one time.
- C. The preceptor should provide adequate orientation to the trainee before assigning responsibilities. Orientation should include knowledge of physical layout, personnel policies, goals, objectives, programs, etc.
- D. The preceptor should spell out the trainee's responsibilities, authority and limitations in the student role.
- E. The preceptor should provide physical facilities and equipment needed by the student to perform the required tasks.
- F. The preceptor must contact USI if problems arise that preclude the successful completion of the program by the AIT.
- G. The preceptor must notify USI of any employment status changes, thus potentially affecting the trainee's residency program.

#### **V. A.I.T.'S RESPONSIBILITIES**

- A. The AIT must be at the facility at the specified times. In case of illness or other problems, the student must contact the administrator and explain the absence or tardiness as soon as possible. *For absences of more than 3 days, USI must also be notified.*
- B. The AIT must comply with facility policy relative to handling of residents and communication, dress code, grooming, etc.
- C. The AIT must have reliable transportation and be willing to accept an assigned preceptor at a licensed LTC facility within a fifty (50) mile radius of campus. A quality experience is dependent upon working with a preceptor familiar with USI Long-term Care Administration concentration. If assigned preceptor is not acceptable to the AIT, then the AIT may select a preceptor on their own. The preceptor will work with the AIT Residency Faculty member to assure competencies are covered for a quality AIT experience.
- D. If the trainee experiences problems at the facility which cannot be resolved in cooperation with the assigned supervisor, it is the AIT's responsibility to



contact first the preceptor, and if necessary, the USI AIT-Residency faculty member.

- E. The AIT is required to keep an accurate daily log of all training hours and subject areas covered during the residency. This is necessary not only to provide an accurate tally of hours on the weekly reports to USI, but also as documentation of the day-by-day fulfillment of the approved training plan.
  - 1. This log is to be kept throughout the Residency.
  - 2. It must be available for review by the USI representative at the training site at all times.
- F. The AIT must submit a monthly report by the **tenth** of the month following the report month. This form must be signed by the student and preceptor.

**VI. RESTRICTIONS AND GENERAL INFORMATION**

- A. The AIT is expected to serve the Residency between the hours of 6 a.m. and 6 p.m., Monday through Friday, on a regular basis. This does not preclude the AIT from training on weekends and second and third shifts for limited periods of exposure.
- B. The AIT is not allowed to serve in any capacity other than that of trainee during residency hours unless agreed upon by student, preceptor, and residency faculty.
- C. Normally a monthly schedule of residency hours should not exceed 180 hours. Some allowance is made for extra hours which are served to make up for time off due to illness, vacation, leaves of absence, etc.
- D. Vacation/leaves of absence: requests for vacations or leaves of absence beyond two weeks must be made to USI and countersigned by the preceptor; the time must be made up.
- E. Continuing education programs attended during the residency will be reported to USI on the monthly report form. These hours may be used to fulfill the AIT hours if they fit into the Training Plan.
- F. Continuing education courses taken prior to licensing will not count for licensure renewal.
- G. The residency will be served only at the training site(s) approved by USI prior to beginning the program. Residency training outside the training site is allowed on a temporary basis only, for specific purposes (e.g., when such training experiences cannot be supplied on site).

## **VII. LICENSING INFORMATION**

Application for licensure is a two-stage process. There is an application process with the Board which precedes the on-line application process with NAB. Once the student completes the requirements for licensure, e.g., all coursework and all AIT hours, they must request an application from Indiana Professional Licensing Agency. Information about licensing is located website:

<http://www.in.gov/pla/hfa.htm>

It is the student's responsibility to apply for the examination, pay any fees associated with the two licensing exams (national and state) and to prepare for the examination utilizing skills gained during the AIT experience and classroom work.

## PART I - PERSONAL DATA

---

|                        |      |       |                 |
|------------------------|------|-------|-----------------|
| FULL NAME OF APPLICANT | LAST | FIRST | MIDDLE/(MAIDEN) |
|------------------------|------|-------|-----------------|

---

|                 |                            |     |   |   |
|-----------------|----------------------------|-----|---|---|
| Student USI ID# | BIRTHDATE (Month-Day-Year) | SEX | M | F |
|-----------------|----------------------------|-----|---|---|

---

PLACE OF BIRTH \_\_\_\_\_

CITIZENSHIP (circle one):      Native Born      Naturalized

RESIDENCE ADDRESS \_\_\_\_\_

AREA CODE-PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF NURSING HOME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

|        |      |        |       |          |
|--------|------|--------|-------|----------|
| Street | City | County | State | Zip Code |
|--------|------|--------|-------|----------|

NAME OF PRECEPTOR \_\_\_\_\_

PRECEPTOR E-MAIL \_\_\_\_\_

Beginning Residency Date: August \_\_\_\_\_ January \_\_\_\_\_ May \_\_\_\_\_

Answer each of the following questions:

\_\_\_ Yes \_\_\_ No - Have you ever been convicted of a felony?

\_\_\_ Yes \_\_\_ No - Is there any criminal charge, other than a traffic violation, now pending against you?

\_\_\_ Yes \_\_\_ No - Has any application for a nursing home administrator's license ever been suspended or revoked?

\_\_\_ Yes \_\_\_ No - Have you ever been licensed as a nursing home administrator in any other state? If "Yes": \_\_\_\_\_

|       |          |      |
|-------|----------|------|
| State | Lic. No. | Date |
|-------|----------|------|

If your answer to any of the questions is YES, explain fully on a separate sheet of paper.

---

List the names of three persons who can serve as character references for you.

| NAME | ADDRESS/PHONE | OCCUPATION | RELATIONSHIP TO APPLICANT |
|------|---------------|------------|---------------------------|
|------|---------------|------------|---------------------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



### PART III - MEDICAL CERTIFICATION

FULL NAME OF APPLICANT \_\_\_\_\_  
LAST FIRST MIDDLE/MAIDEN  
SS # or STUDENT ID# \_\_\_\_\_

**TO THE PHYSICIAN:**

Please complete this report and use the remarks section below to make any comments pertinent to the suitability of this applicant to practice as a nursing home administrator. Upon completion, please hand deliver, mail, or fax this certification directly to:

AIT Residency Program  
College of Nursing and Health Professions  
University of Southern Indiana  
8600 University Blvd  
Evansville, IN 47720  
FAX: 812-461-5356  
ATTENTION: [AIT Residency Faculty](#)  
*[Visit our website](#) for name of Faculty Member*

In order for the above individual to be eligible for licensure as a nursing home administrator the candidate must meet the following requirements:

- (A) Absence of physical impairments that would interfere with the performance of duties of a nursing home administrator, general good health, and freedom from contagious disease,
- (B) Absence of mental impairment that would interfere with the performance of duties of a nursing home administrator.

In view of the foregoing requirements, I hereby certify that the above individual, who has been my patient for \_\_\_\_\_ years and who was last examined by me on (date) \_\_\_\_\_ (is) (is not) suitable to be admitted to examination for licensure as a nursing home administrator.

**REMARKS:**

\_\_\_\_\_  
(Signature of Physician) (Please type or print Physician's Name)

\_\_\_\_\_  
(Physician's Address) Street Name & No. City State Zip Code

## EMPLOYMENT STATUS - AIT STUDENT

(1) Name \_\_\_\_\_ (2) Training Site \_\_\_\_\_

(3) Residency Date: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

(4) Please check **either** A or B and fill in the time schedule below.

(A) I will not be employed during any hours of the day in any position other than administrator-in-training throughout the period of my residency, including within the facility or outside of the facility.

(B) I will be employed during some hours of the day in a position other than administrator-in-training during the period of my residency.

AIT SCHEDULE

|           | LOCATION | POSITION | HRS. FROM TO |
|-----------|----------|----------|--------------|
| Monday    |          |          |              |
| Tuesday   |          |          |              |
| Wednesday |          |          |              |
| Thursday  |          |          |              |
| Friday    |          |          |              |
| Saturday  |          |          |              |
| Sunday    |          |          |              |

OTHER EMPLOYMENT

|  | LOCATION | POSITION | HRS. FROM TO |
|--|----------|----------|--------------|
|  |          |          |              |
|  |          |          |              |
|  |          |          |              |
|  |          |          |              |
|  |          |          |              |
|  |          |          |              |

I certify that the information on this document is complete and accurate to the best of my knowledge and belief. I further understand that, should it be found that I have acted in any capacity other than that of administrator-in-training during the above stated training hours, in part or all, of said training program can be disallowed.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## **ADMINISTRATOR-IN-TRAINING AGREEMENT**

I, \_\_\_\_\_, have entered into an agreement with  
(Administrator-in-Training)

\_\_\_\_\_ to serve as my Preceptor for a residency period of  
(Preceptor)

\_\_\_\_\_ mos./ \_\_\_\_\_ hours, beginning \_\_\_\_\_  
(Month-Day-Year)

under the conditions approved by USI for this residency.

The nursing home in which the residency is to be based is:

\_\_\_\_\_  
(Nursing Home)

\_\_\_\_\_  
(Street No./RFD/P.O. Box)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

\_\_\_\_\_  
Administrator-in-Training

\_\_\_\_\_  
Preceptor

Name of AIT \_\_\_\_\_

## **REQUIRED TRAINING PLAN**

### **GENERAL ADMINISTRATION**

- A. Become oriented to the facility
  - 1. Tour the Facility
  - 2. Meet all Department Heads
  
- B. Acquire an understanding of a facility's Philosophy of Care and how it is developed.
  - 1. Read the facility's Philosophy of Care, Mission Statement, etc.
  - 2. Discuss with Administrator.
  
- C. Acquire a functional knowledge of facility business practices.
  - 1. Review appropriate policies and procedures.
  - 2. Work in the business office and develop a working managerial knowledge of general ledger accounting systems, which would include understanding:
    - a. Accountant procedures,
    - b. Chart of accounts,
    - c. Profit and loss statements,
    - d. Balance sheets.
    - e. Cost reports,
    - f. Accounts receivable and aging of these accounts,
    - g. Policies relative to accounts payable and collection of accounts payable
  - 3. Work with the Accountant or Controller to develop an understanding of his role in facility operation.
  - 4. Review previous annual budget statements and participate in current budgeting process.
  - 5. Participate in the purchase order process.
  - 6. Learn the Medicare and Medicaid reimbursement systems.
  - 7. Understand the significance of Patient Assessment and participate in a Medicaid audit if possible.
  - 8. Identify the uses of the computer and operate a computer program, if available.
  - 9. Understand the function of all office equipment.



10. Understand the main elements of general business and malpractice liability insurance.
- D. Increase knowledge and skills related to personnel management.
1. Read related policies and procedures.
  2. Develop an understanding of the organizational chart.
  3. Participate in three interviews with prospective employees.
  4. Assist in the orientation of three new employees.
  5. Learn the process for the evaluation of employee performance.
  6. Observe an employee termination and learn the necessary documentation.
  7. Attend an Unemployment/Compensation appeal, if possible.
  8. Become familiar with the regulations and implications of Workers' Compensation, Unemployment Insurance, Equal Employment Opportunity Policy, Americans with Disability Act and Family Medical Leave Act.
  9. Develop an understanding of staffing patterns and the methods of assuring adequate coverage.
  10. Assist in the preparation of time sheets.
  11. Participate in the writing of an employment, classified advertisement.
  12. Review all job descriptions and objectives of line and staff personnel.
- E. Ascertain the roles and functions of the Administrator.
1. Attend staff meetings, whenever possible.
  2. Attend unscheduled meetings between Administrator and various employees.
  3. Observe administrative functions.
  4. Discuss roles, functions, and responsibilities with the Administrator.
  5. Attend meeting between Administrator and Board of Directors.
  6. Understand the importance of trade and professional organizations.

## **II. PERTINENT FEDERAL, STATE, AND LOCAL HEALTH & SAFETY LAWS & RULES**

- A. Develop a functional knowledge of applicable laws and rules.
1. Study Indiana licensing regulations and requirements for participation in the Medicare and Medicaid programs.

2. Review and discuss the Federal and State laws and rules with the Administrator.
3. Review facility policies and procedures with each department head with respect to their applicability to laws and rules, including Patients' Bill of Rights.
4. Participate in the licensing and certification survey process.
5. Read past facility survey reports.
6. Discuss with the Administrator the facility deficiencies that have been cited in the past and the methods utilized to correct them.
7. Become familiar with appropriate State Facility and Building regulations.
8. Develop an understanding of the Occupational Safety and Health Administration and its role in facility operations.

### **III. STANDARDS OF ENVIRONMENTAL HEALTH AND SAFETY**

- A. Identify the common types and etiology of communicable diseases and methods of prevention.
  1. Read infection control and pest control policies and procedures.
  2. Attend quarterly Infection Control Committee meetings.
  3. Research requirements for personnel record documentation related to communicable diseases. (i.e., TB tests, chest x-rays, hepatitis, pneumo vac)
- B. Learn the sanitary procedures for each department (Nursing, Housekeeping, Food Service, and Laundry).
  1. Discuss thoroughly the policies and procedures for each department with appropriate staff members.
  2. Identify each department's responsibility in maintaining sanitary conditions and observe its procedures.
- C. Acquire knowledge of the isolation process.
  1. Read related policies and procedures.
  2. Discuss with appropriate personnel.
  3. Develop a plan for an isolation room.
- D. Develop an understanding of the drug handling and control program.
  1. Read related policies and procedures.

2. Interview appropriate personnel concerning the administration, procurement, labeling, controlling, and accountability of medications,
  3. Attend quarterly meetings of the Pharmacy Committee.
  4. Observe preparation and passing of medications.
  5. Observe a pharmacology audit
- E. Become aware of Life Safety Code and safety precautions for physical plant and all major mechanical devices utilized in the provision of resident care (i.e., oxygen light treatment, suction, whirlpools, wheelchairs, and gerichairs.)
1. Read appropriate policy and procedure manual.
  2. Discuss with staff members responsible for usage of major adaptive and mechanical devices.
  3. Observe actual utilization of equipment.
- F. Acquire knowledge of emergency preparedness, policies and procedures
1. Review, critique, and recommend modifications to appropriate policies and procedures on all potential forms of disaster including:
    - a. fire
    - b. tornado
    - c. bomb threat
    - d. winter storm
    - e. chemical spill
    - f. flood
    - g. nuclear incident
  2. Become acquainted with the fire alarm system.
  3. Participate in a mechanical testing of the fire alarm system, smoke detector system, and the sprinkler system
  4. Conduct a fire drill.
  5. Participate in the Fire Marshall's inspection.
  6. Attend quarterly Safety Committee meetings.

#### **IV. PSYCHOLOGY OF RESIDENT CARE**

- A. Become cognizant of the facility's techniques for sensitizing personnel to the emotional and social needs of residents.
  - 1. Discuss with the Nursing Director, Social Worker, Director of Activities, and In-Service Director/Staff Development Coordinator.
  - 2. Attend related in-services.
  - 3. Develop & schedule an in-service training session.
  
- B. Develop an understanding of the admissions procedure.
  - 1. Read appropriate policy and procedures.
  - 2. Observe the admissions process of three residents from the initial inquiry to assimilation into the facility.
  - 3. Become aware of Medicare and Medicaid eligibility requirements and the applications process.
  - 4. Learn the role of the County Welfare Department's caseworker in the admissions process.
  - 5. Identify the facility's approach for welcoming and orienting new residents.
  - 6. Recognize each department's responsibility in facilitating the resident's successful adjustment, and the role of each in the MDS assessment.
  - 7. Discuss with Social Services personnel the social needs of patient and the role of the family.
  
- C. Become familiar with discharge planning procedures.
  - 1. Observe the discharge and follow-up of three residents.
  - 2. Identify each department's responsibility in facilitating a successful discharge process.
  - 3. Observe the discharge process when a resident dies.
  
- D. Learn the policies and procedures related to room transfers.
  - 1. Read appropriate policies and procedures.
  - 2. Discuss with appropriate staff (i.e., Social Worker, Director of Nursing, and Administrator).
  - 3. Observe three room transfers.
  - 4. Identify each department's responsibility in facilitating a positive adjustment to the transfer.

## **V. PRINCIPLES OF MEDICAL CARE**

- A. Learn medical terminology and abbreviations.
  - 1. Study appropriate printed materials.
  - 2. Discuss with Director of Nursing
  
- B. Identify the most prescribed medications, their therapeutic effect, adverse reactions, and interactions with other drugs.
  - 1. Read appropriate policies and procedures and other related material.
  - 2. Attend quarterly Pharmacy Committee Meetings.
  - 3. Discuss with Medical Director, Nursing Director, and Pharmacy Consultant.
  - 4. Observe the process of use, distribution, and administration of medications and the distinctions between prescription and non-prescription drugs.
  
- C. Learn the facility's approach for promoting good nutrition.
  - 1. Discuss with the dietician and others in the Dietary Department.
  - 2. Learn the different types of diets and the rationale for their usage.
  
- D. Become familiar with the policies and procedures pertinent to the Nursing Department.
  - 1. Read appropriate policies and procedures and other related material.
  - 2. Discuss with the Director of Nursing.
  
- E. Learn the charting procedure.
  - 1. Discuss with Director of Nursing, Assessment Nurse, Charge Nurse, and Medical Records Consultant.
  - 2. Follow the charting entries of three residents for a period of two weeks, including more comprehensive charting knowledge and its multiple uses --- patient assessment, legal, MDS, etc.
  - 3. Attend a Utilization Review Committee Meeting; differentiate skills nursing facilities; include training in skilled nursing facilities for all trainees: trainees in ICF must spend some time in a skilled nursing facility.
  
- F. Develop an understanding of the communication process in the Nursing Department.
  - 1. Observe a shift report between nurses.
  - 2. Participate in monthly Resident Review meetings.
  - 3. Attend a Nursing Supervisor's Meeting.

- G. Learn the staffing patterns and assignments in the Nursing Department.
  - 1. Discuss with the Director of Nursing.
  - 2. Observe and participate in the process of scheduling employees.
  - 3. Observe the difference in nursing responsibilities on each shift.
  - 4. Review the techniques of providing adequate nursing coverage for each shift.
  
- H. Identify ancillary services.
  - 1. Discuss with appropriate staff (i.e., Administrator, Director of Nursing).
  - 2. Observe the process of referring and scheduling residents for necessary ancillary services.
  
- I. Develop an understanding of the Aging Process and its effect on medical care.
  - 1. Read appropriate material.
  - 2. Discuss with Director of Nursing and Medical Director.
  - 3. Attend Resident Care Meetings.

## **VI. PERSONAL AND SOCIAL CARE**

- A. Identify the facility's techniques for coordinating the medical and social needs of the residents.
  - 1. Attend related meetings (i.e., Resident Review).
  - 2. Review the effectiveness of care plans with appropriate personnel (i.e., Social Worker, Director of Nursing, and Director of Activities).
- B. Recognize the role of activities programming in meeting the social and psychological needs of residents.
  - 1. Observe the Activities Department.
  - 2. Discuss care plans with the Director of Activities.
- C. Learn the facility's approach for increasing the resident's input into the decision-making process.
  - 1. Attend a Resident Council Meeting.
  - 2. Observe the grievance process.
  - 3. Review the process for informed consent on advanced directives (living will).
  - 4. Participate in Plan of Care when resident attends. Understand notification process for residents.
- D. Identify the facility's technique for encouraging family involvement.
  - 1. Observe a family conference.
  - 2. Discuss with appropriate staff members (i.e., Administrator, Social Worker, Director of Nursing, and Director of Activities).
  - 3. Participate in a Family Night meeting if possible.

## **VII. THERAPEUTIC AND SUPPORTIVE CARE AND SERVICES IN LONG-TERM CARE**

- A. Learn about available supportive services.
  - 1. Read related policies and procedures manuals.
  - 2. Observe and/or participate in the departments of:
    - a. Physical Therapy/Restorative
    - b. Occupational Therapy
    - c. Speech Pathology
    - d. Dentist
    - e. Podiatrist
    - f. Optometrist
    - g. Psychologist
    - h. Others, as available
  - 3. Review job descriptions or contracts for supportive services
- B. Identify the facility's approach in meeting the spiritual needs of residents.
  - 1. Observe a religious service.

2. Interview Chaplain.
  3. Accompany Chaplain on rounds.
- C. Understand the codes of ethics pertaining to professional services.
1. Read appropriate material.
  2. Discuss with the Administrator, Director of Nursing, Social Worker, Occupational Therapist, Chaplain, and Physical Therapist, the code of ethics for each discipline.

### **VIII. DEPARTMENTAL ORGANIZATION AND MANAGEMENT**

- A. Develop a thorough understanding of the roles, functions, and tasks of each department.
1. Engage as a participant/observer in each department under the direction of the following department heads.
    - a. nursing
    - b. social services
    - c. activities
    - d. housekeeping
    - e. laundry
    - f. dietary
    - g. physical therapy
    - h. medical records
    - i. administrative services
    - j. business office
    - k. occupational therapy
    - l. volunteers
    - m. maintenance, and
    - n. personnel
  2. Compare with other long-term care facilities.
- B. Identify budget allocations, delineating staff costs, supplies expenses, and capital expenses for each department.
1. Review budgets with department heads, the Administrator, and the Finance Director.
  2. Evaluate the procedures utilized by department heads to monitor and evaluate their expenditures.
- C. Recognize the staffing patterns and unique problems for each department.
1. Participate in scheduling for each department.
  2. Evaluate the needs and problems associated with supplemental staffing.
  3. Identify appropriate disciplinary actions.
- D. Review Organizational Chart and study relationship between Departments and understand line of authority from Board of Directors on down.
1. Attend staff meetings.
  2. Attend meetings between Administration and Board.
  3. Daily observations of staff.



- E. Develop an understanding of the function, operation, and maintenance of equipment used in each department.
  - 1. Read related material.
  - 2. Discuss with appropriate staff.
  - 3. Observe use and maintenance, including manuals & maintenance agreement
  - 4. Operate equipment, if possible.
- F. Learn the Administrator's technique for evaluating the performance of departments.
  - 1. Discuss thoroughly with the Administrator.
  - 2. Observe conference with individual department heads.

## **IX. COMMUNITY INTERRELATIONSHIPS**

- A. Understand the methods of enhancing community involvement through volunteer programming.
  - 1. Read appropriate policies and procedures.
  - 2. Interview Volunteer Director.
  - 3. Observe the responsibilities of volunteers.
  - 4. Interview a prospective volunteer.
  - 5. Review the volunteer orientation process.
- B. Become familiar with all area activities of community agencies and organizations.
  - 1. Discuss with the administrator and Department Heads.
  - 2. Attend related meetings whenever possible.
  - 3. Attend related community events.
  - 4. Identify alternatives to long-term-care and observe the interrelationships between the facility and programs in the community.

**EXAMPLE OF DAILY ACTIVITIES ACCOMPLISHED/TASKS COMPLETED\*  
(Used to Compile Monthly Report)**

| DAY/DATE            | TIME IN TRAINING SITE |  | TIME PER ACT RELATED TO OBJECTIVE | REFERENCE TO TRAINING PLAN |
|---------------------|-----------------------|--|-----------------------------------|----------------------------|
| Monday<br>4/1/09    | 9:00 AM<br>5:30 PM    | Tour of training site, meet depart. heads, some staff & residents. Learned physical layout of building, and orientation to general program of the facility | 4 hours                           | I-A                        |
|                     |                       | Reviewed facility Philosophy of care, general goals and objectives   | 1 hour                            | 1-B                        |
|                     |                       | Orientation to general office; telephone system for in-house communication, Xerox copy machine, TouchTone, memory typewriter, adding machine               | ½ hour                            | I-C                        |
|                     |                       | Met with Adm. & Assist. Adm. premising and planning future goals of facility   | 2 hours                           | I-E                        |
| Tuesday<br>4/2/09   | 9:00 AM<br>5:00 PM    | Reviewed Philosophy of Care with Adm., attended resident funeral, seeing Philos. of Care in action   | 1 ½ hours                         | I-8                        |
|                     |                       | Reviewed Dept. of Health guidelines regarding C.O.N. for Health Services project   | 3 hours                           | II-A                       |
|                     |                       | Worked with Adm. on facility C.O.N. application for addition to present facility   | 3 ½ hours                         | IV-8                       |
| Wednesday<br>4/3/09 | 9:00 AM<br>5:00 PM    | Reviewed facility fire safety plan. Toured facility to check for alarms, extinguishers, exits, route of evac. in relation to plan                          | 3 hours                           | III-F                      |
|                     |                       | Reviewed admission inquiries, specific to type of accommodation requested, care needs, reasons for seeking placement                                       | 3 hours                           | IV-B                       |
|                     |                       | Spent time meeting individual residents and staff  | 2 hours                           | I-A                        |
|                     |                       |  |                                   |                            |
| Thursday<br>4/4/09  | 9:00 AM<br>5:00 PM    | Learned use of electronic scanner, stencil maker   | ½ hour                            | I-C                        |
|                     |                       | Worked on facility news bulletin   | 2 hours                           | VI-D                       |
|                     |                       | Reviewed activity programming, attendance, variety of programs offered   | 4 hours                           | VI-B                       |
| Friday<br>4/5/09    | 9:00 AM<br>5:00 PM    | Attended meeting in Columbus with Adm. & Asst. Adm. re: future planning for facility's new construction project  | 5 hours                           | I-E                        |
|                     |                       | Attended meeting at O.D.P.H. for review of C.O.N. procedure with Dept. of Health   | 3 hours                           | II-A                       |

**\*The sheet should be compiled daily and kept on record at the facility.**

**WEEKLY ACTIVITY REPORT**  
**ACTIVITIES ACCOMPLISHED/TASKS COMPLETED**

| DAY/DATE | TIME IN TRAINING SITE |  | TIME PER ACTIVITY RELATED TO OBJECTIVE | REFERENCE TO TRAINING PLAN |
|----------|-----------------------|--|--|----------------------------|
|          |                       |  |  |                            |

**MONTHLY SUMMARY REPORT**  
**AIT RESIDENCY PROGRAM – UNIVERSITY OF SOUTHERN INDIANA**

REPORT FOR MONTH OF \_\_\_\_\_

NAME OF AIT \_\_\_\_\_

NAME OF NURSING HOME \_\_\_\_\_

NURSING HOME ADDRESS \_\_\_\_\_

Instructions: Please send the original report to [AIT Residency Faculty](#), College of Nursing and Health Professions; University of Southern Indiana; 8600 University Blvd; Evansville, IN 47712. [Visit the website](#) for faculty member's name. The report should be submitted by the **tenth** of the month, following the reporting month. Please keep a copy for your files.

| TRAINING PLAN AREA COVERED<br>(I - IX) | TOTAL HRS.<br>PLANNED | TOTAL HRS.<br>THIS MONTH | TOTAL HRS.<br>TO DATE |
|--|-----------------------|--------------------------|-----------------------|
| I                                      |                       |                          |                       |
| II                                     |                       |                          |                       |
| III                                    |                       |                          |                       |
| IV                                     |                       |                          |                       |
| V                                      |                       |                          |                       |
| VI                                     |                       |                          |                       |
| VII                                    |                       |                          |                       |
| VIII                                   |                       |                          |                       |
| IX                                     |                       |                          |                       |
| Totals:                                |                       |                          |                       |

COMMENTS (Discuss progress and note absence, if any -- vacation, sick leave, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

LOCATIONS OTHER THAN HOME OF RESIDENCY where parts of the above program were conducted:  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature (AIT) \_\_\_\_\_ Date \_\_\_\_\_

Signature (PRECEPTOR) \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

## TRAINING PLAN SUMMARY SHEET

PLEASE USE THIS COPY OF THE REQUIRED TRAINING PLAN, TYPING YOUR HOURS FOR EACH SUBJECT AREA AND OBJECTIVE IN THE MARGIN. THEN SEND THE ORIGINAL AND ONE COPY TO THE UNIVERSITY OF SOUTHERN INDIANA AIT-RESIDENCY FACULTY MEMBER AND KEEP A COPY FOR YOURSELF AND YOUR PRECEPTOR. BE SURE TO TOTAL YOUR HOURS FOR THE ENTIRE PLAN. RECORD A SUMMARY OF THESE ON THIS FORM.

|      |  | HOURS IN AREA      |
|------|--|--------------------|
| I.   | GENERAL ADMINISTRATION                 | Total Hours in I   |
|      | A. Orientation                         |                    |
|      | B. Philosophy of Care                  |                    |
|      | C. Business Practices                  |                    |
|      | D. Personnel Management                |                    |
|      | E. Role of Administrator               |                    |
| II.  | FEDERAL, STATE, LOCAL LAWS/RULES       | Total Hours in II  |
| III. | ENVIRONMENTAL HEALTH SAFETY            | Total Hours in III |
|      | A. Communicable Diseases               |                    |
|      | B. Sanitary Procedures for Departments |                    |
|      | C. Isolation Policy                    |                    |
|      | D. Drug Handling & Administration      |                    |
|      | E. Life Safety Code                    |                    |
|      | F. Emergency Policy                    |                    |
| IV.  | PSYCHOLOGY OF PT CARE                  | Total Hours in IV  |
|      | A. Sensitization of Personnel          |                    |
|      | B. Admission Process                   |                    |
|      | C. Discharge Process                   |                    |
|      | D. Room Transfers                      |                    |

TRAINING PLAN SUMMARY SHEET

HOURS IN AREA (page 2)

|   |                     |
|---|---------------------|
| V. MEDICAL CARE                           | Total Hours in V    |
| A. Terminology & Abbreviations            |                     |
| B. Medications                            |                     |
| C. Nutrition                              |                     |
| D. Nursing Policies                       |                     |
| E. Charting                               |                     |
| F. Communication                          |                     |
| G. Staffing Patterns: NSG                 |                     |
| H. Ancillary Services                     |                     |
| I. Aging Process                          |                     |
| VI. PERSONAL AND SOCIAL CARE              | Total Hours in VI   |
| A. Coordination of Medical & Social Needs |                     |
| B. Activities                             |                     |
| C. Resident Input                         |                     |
| D. Family Involvement                     |                     |
| VII. THERAPIES & SUPPORTIVE SERVICES      | Total Hours in VII  |
| A. Supportive Services                    |                     |
| B. Spiritual Needs                        |                     |
| C. Codes of Ethics                        |                     |
| VIII. DEPARTMENTAL ORGANIZATION/MGMT.     | Total Hours in VIII |
| A. Department Role & Functions            |                     |
| B. Budgets & Costs by Department          |                     |
| C. Staffing Patterns                      |                     |
| D. Line Authority & Organizational Chart  |                     |
| E. Departmental Equipment                 |                     |
| F. Performance Appraisal - DH             |                     |
| IX. COMMUNITY INTERRELATIONSHIPS          | Total Hours in IX   |
| A. Volunteer Program                      |                     |
| B. Marketing of Department                |                     |

AIT Preceptor signature \_\_\_\_\_

# **APPENDIX 1:**

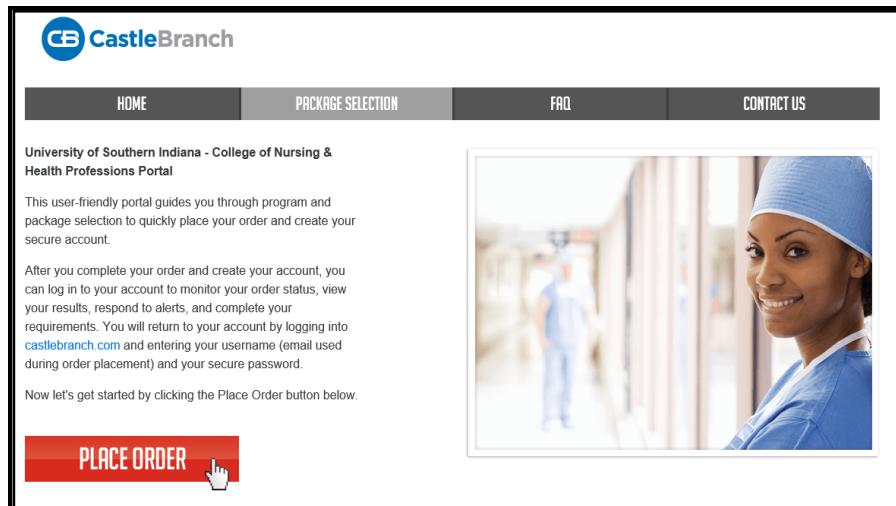
## **Castle Branch Profile Instructions, Policy & Procedures**

**Please go the website indicated below to order your Castle Branch Profile and choose your code:**

To place your order go to:  
<https://portal.castlebranch.com/UE96>

- Step 1:** Click on "Place Order"
- Step 2:** Click on "Please Select" drop down
- Step 3:** Click on: **Health Services**
- Step 4:** Click on: **UF02** package code
- Step 5:** Follow instructions on the screen

**UF02 – Background Check, Drug Test & Medical Document Manager**  
(drug tests are **from LabCorp** – 925 S. Green River Rd., Evansville, IN – price for drug test is included in the package)





**CastleBranch**

HOME    PACKAGE SELECTION    FAQ    CONTACT US

- Please Select
  - Dental Assisting
  - Dental Hygiene
  - Diagnostic Medical Sonography
  - Food Nutrition
  - Gerontology
  - Graduate Nursing
  - Health Services
    - UF02: Background Check - Compliance Tracker - Drug Test
  - Occupational Therapy
  - Occupational Therapy Assistant
  - Radiologic Imaging Sciences
  - Radiology Completion Students
  - Respiratory Therapy
  - Undergraduate Nursing

**The email address you provide will become your username.**  
**Contact us: 888.914.7279 or**

**Medical Document Manager Requirements**

**Measles, Mumps & Rubella (MMR)**

One of the following is required:

- 2 vaccinations OR
- Positive antibody titer for (lab report OR physician verification of titer results required) for all 3 components.

**Varicella (Chicken Pox)**

One of the following is required:

- 2 vaccinations OR
- Positive antibody titer (lab report OR physician verification of titer results required) OR
- Medically documented history of the disease that has been verified by a physician or nurse practitioner and contains their signature.

**Hepatitis B**

One of the following is required:

- 3 vaccinations AND a positive antibody titer (lab report OR physician verification of results required) OR
- Positive antibody titer (lab report OR physician verification of results required)

**Tuberculosis (TB)**

One of the following is required: 2 step TB skin test (2 separate TB Skin Tests within 1-3 weeks apart within the past 12 months), OR QuantiFERON Gold blood test within the past 12 months (negative laboratory report OR physician verification of negative results required), OR T-Spot TB blood test within the past 12 months (negative laboratory report or physician verification of negative results required), OR If positive results,

provide a clear Chest X-Ray dated any time after the positive result (lab report OR physician verification of results required)

### **Tetanus, Diphtheria & Pertussis (Tdap)**

Documentation of a Tdap booster within the past 10 years.

### **Influenza**

One of the following is required:

- Documentation of a flu vaccination administered by 12/01 the current flu season OR/
- Declination of flu vaccine along with statement from Healthcare provider

### **Physical Examination**

Take the blank Report of Physical Examination to your doctor to be filled out. Must be signed by a medical professional. Then upload to this requirement.

### **Medical History**

Complete the blank 2 page Report of Medical History form. Take to your doctor to sign along with your Physical Examination form. Must be signed by a medical professional. Then upload to this requirement.

### **CPR Certification**

One of the following is required:

- American Heart Association Healthcare Provider course, OR American Red Cross CPR/AED for Professional Rescuers and Health Care Professionals OR
- American Red Cross Basic Life Support for Healthcare Providers  
Students should submit proof of an approved American Heart Association or American Red Cross card, e-card, or certification of completion. Renewal date will be based on the expiration date.

### **HIPAA Score**

**CNHP website** <https://www.usi.edu/health/about-the-college/>

Take the HIPAA test and print your HIPAA score and upload the document to this requirement.

### **Confidentiality Statement**

Upload proof of your signed Confidentiality Statement to fulfill this requirement.

### **Workforce Member Review of HIPAA policies**

Upload your signed Workforce Member Review of HIPAA policies document to fulfill this requirement.

### **OSHA Score**

**CNHP website** <https://www.usi.edu/health/about-the-college/>

Take the OSHA test and print your OSHA score and upload the document to this requirement.

### **Social Media Policy**

Upload your signed 2-page Social Media Policy form to fulfill this requirement.

### **Cyber Security Training**

1. Log into your myUSI account
2. Click on the orange icon that has a big “E” for Everfi Student Training
3. Click on “**Begin Training**”
4. Please note, you can save your progress and come back, so it does not need to be completed all in one sitting. However, training must be completed within **30 DAYS**.
5. The training takes approximately 1 to 1.5 hours to complete.
6. Training is self-paced. You can start and leave the course as often as you'd like. When you return, the course will open to the last page visited.
7. When you are done with the training, please **print the certificate**.
8. **Scan and upload the certificate** into Castlebranch in the appropriate area.
9. Save your scanned certificate on your computer.

### **CNHP Lab and Waiver Form**

Upload your signed and dated CNHP Lab and Waiver form to fulfill this requirement.

## **Document Manager Requirements**

### **Drug Test**

Submit documentation of a drug screen (minimum of 10 panel) administered within the past 3 months with lab report. If results are negative, you will be cleared for placement into your program. If results are positive, you must provide documentation from your physician validating you had a prescription(s) for the drugs in question, prior to being cleared for placement into your program. If your results are positive and you provide no documentation from your physician validating you had a prescription for the drug in question, this requirement will be rejected and you will need to contact your program administrator.

**This is what your profile will look like once you have purchased it.  
Upload your documents into each required section.**



**Joy Fein**  
[view profile](#)



**CertifiedProfile**  
Achieve More  
[Need Help?](#)

- MESSAGES (0)
- TO-DO LISTS**
- DOCUMENT CENTER ▾
- RESOURCE CENTER ▾

### To-Do Lists

Click the blue plus signs below to expand your requirements.

**Clinical Requirements UF02: Spring 2015 Interns** 14 Requirements OVERDUE !

Due Date - 12/01/2014

CertifiedProfile Specialists are available to assist you with all aspects of your To Do Lists, including understanding your clinical requirements, guiding you through the upload process and providing clarification on rejected requirements. Our hours are Monday-Friday: 8am-8pm EDT and on Sundays 10am-6:30pm EDT. Reach us by chat from within your CertifiedProfile, email (cpservicesdesk@certifiedprofile.com) or by phone (888) 914-7279.

| Requirement                                     | Date Due   | STATUS   |
|---|------------|--|
| + 1. Measles, Mumps & Rubella (MMR)             | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 2. Varicella (Chicken Pox)                    | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 3. Hepatitis B                                | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 4. TB Skin Test                               | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 5. Tetanus, Diphtheria & Pertussis (Tdap)     | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 6. Influenza                                  | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 7. Physical Examination                       | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 8. Medical History                            | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 9. CPR Certification                          | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 10. HIPAA Score                               | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 11. Confidentiality Statement                 | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 12. Workforce Member Review of HIPAA policies | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 13. OSHA Results                              | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">OD</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Overdue</span>   |
| + 14. Social Media Policy Agreement             | 12/01/2014 | <span style="border: 1px solid #ccc; padding: 2px;">!</span> <span style="background-color: orange; color: white; padding: 2px 5px; border-radius: 3px;">Incomplete</span> |

**Click on the (+) to show the drop down instructions for each requirement. This is where you will upload your documents that you have scanned on your computer.**



- MESSAGES (0)
- TO-DO LISTS**
- DOCUMENT CENTER ▾
- RESOURCE CENTER ▾

### To-Do Lists

Click the blue plus signs below to expand your requirements.

**Clinical Requirements UF02: Spring 2015 Interns** 14 Requirements **OVERDUE**  
 Due Date - 12/01/2014

CertifiedProfile Specialists are available to assist you with all aspects of your To Do Lists, including understanding your clinical requirements, guiding you through the upload process and providing clarification on rejected requirements. Our hours are Monday-Friday: 8am-8pm EDT and on Sundays 10am-6:30pm EDT. Reach us by chat from within your CertifiedProfile, email (cpservicedesk@certifiedprofile.com) or by phone (888) 914-7279.

| Requirement                       | Date Due   | STATUS            |
|-----------------------------------|------------|-------------------|
| 1. Measles, Mumps & Rubella (MMR) | 12/01/2014 | <b>OD Overdue</b> |

One of the following is required: 2 vaccinations OR positive antibody titer for all 3 components (lab report OR physician verification of titer results required). If series is in process, submit 1st vaccine and a new alert will be created for you to complete series. If any titer is negative or equivocal, new alerts will be created for you to repeat series.

Attach a file from either:

CertifiedProfile's My Documents

Your computer or flash drive

Or download the fax/mail requirement cover page

|   |            |                   |
|---|------------|-------------------|
| 2. Varicella (Chicken Pox)                | 12/01/2014 | <b>OD Overdue</b> |
| 3. Hepatitis B                            | 12/01/2014 | <b>OD Overdue</b> |
| 4. TB Skin Test                           | 12/01/2014 | <b>OD Overdue</b> |
| 5. Tetanus, Diphtheria & Pertussis (Tdap) | 12/01/2014 | <b>OD Overdue</b> |
| 6. Influenza                              | 12/01/2014 | <b>OD Overdue</b> |
| 7. Physical Examination                   | 12/01/2014 | <b>OD Overdue</b> |

## **APPENDIX II: Policies**

### **Infection Control Policy**

INFECTION CONTROL: The College of Nursing and Health Professions maintains policies and procedures on infection control. The policies and procedure found within the Infection Control policy are designed to prevent transmission of pathogens and must be adhered to by all students and faculty in the College of Nursing and Health Professions when participating in clinical education experiences. See link below.

### **HIPAA Compliance Policy - Health Information Privacy Policies & Procedures –**

See link below

### **Notice of Privacy Practices –** See link below

These policies can be found in the CNGP Handbook. The handbook is located on the CNHP website listed under “About the College.”

<https://www.usi.edu/health/about-the-college/>