# WILLIAM PATERSON UNIVERSITY

## CLINICAL RE-CLEARANCE GUIDE

A re-clearance is done annually after initial clinical clearance is completed. **All clinical clearance documentation requirements are due 14 days prior to the start of the clinical course.** **If a student is not cleared 7 days prior to the start of the first day of their clinical course, they will be administratively dropped without warning. NO EXCEPTIONS**

1. **Re-Clearance Form for Clinical Participation form**: all questions must be answered and provide any follow up information. Must be signed and dated by the student. Upload in Exxat.

2. **Clinical Student Request and Authorization to Release Records and/or Information Form:** must be signed and dated by student. Upload in Exxat.

3. **Annual TB Screen**
   a. **Annual Quantiferon TB-Gold/T-SPOT test**: must provide a copy of lab result. Upload in Exxat.

- If history of positive PPD or positive Quantiferon/T-SPOT, annual TB symptoms check will be done with the nurse. If symptomatic, please refer to WPU nursing student TB policy. Any updated medication regimen must be submitted from your healthcare provider indicating clearance to participate in clinical setting.

4. **Up-to-date Tdap/Td vaccine:** Documentation of up-to-date Tdap/Td vaccine within last 10 years. Please check your immunization record if you require a booster shot. Upload in Exxat.

5. **Flu vaccine**: Documentation of annual flu vaccine during the flu season (August through May). Upload in Exxat.

6. **Annual Urine Drug screen and Background Check** through Universal. Results will be posted in Exxat. Any problems or issues, contact the dedicated team set up by UNIVERSAL, ExxatCS@universalbackground.com.

Please submit **ALL** completed forms and documents to Exxat. **Incomplete forms and documents will not be accepted and will cause a delay in your clearance.**

- ❖ **Exxat** will review the documents uploaded and categorize them as approved, pending, or not approved. **Exxat** will provide comments on documents that need further explanations and/or supplemental documentation. **Please check all comments before reaching out**. Exxat support, v4support@exxat.com. It takes 48-72 hours for Exxat to review/respond.

For further questions, please contact your program clinical coordinator:

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|---|---|
| Undergraduate Clinical Coordinator: | Iryna Surmachevska, surmachevskai@wpunj.edu |
| Graduate Program Assistant: | Jami Jennings, jenningsj3@wpunj.edu |
| WP Online Clinical Coordinator: | Ivy Sosoban, sosobani@wpunj.edu |

# William Paterson University
## Repeat Clearance for Clinical Participation
*Upload completed forms and all required documents in Exxat:*

Name: _____ DOB: _____

ID#: 855_____ **Contact Phone #** _____

Program (check one): ☐ Undergraduate Nursing ☐ Graduate Nursing ☐ DNP

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Since your **last** clinical clearance, have you *(please check yes or no and explain if applicable):*

**1.** Had any changes in your general health? ☐ No ☐ Yes

   If yes, explain: _____

**2.** Missed any clinical days due to an illness, injury, surgery, hospitalization or pregnancy? ☐ No ☐ Yes

   If yes, explain: _____

**3.** Been diagnosed with an illness? ☐ No ☐ Yes

   If yes, please explain: _____

**4.** Had any injuries/surgeries/procedures? ☐ No ☐ Yes

   If yes, please explain: _____

**5.** Started any new medications (prescribed or OTC)? ☐ No ☐ Yes

   If yes, please list medication, dosage, frequency & reason for use:
   _____

**6.** Had any *known* exposure to any communicable diseases including tuberculosis? ☐ No ☐ Yes

   If yes, please explain: _____

**7. Tuberculosis Screen:** Provide records for one of the following**:**

   - Annual QuantiFERON TB-Gold test – *(provide lab report-upload in Exxat)*
   - Annual T-SPOT test - *(provide lab report-upload in Exxat)*

**8. Tdap or Td Vaccine:** If not already submitted, provide documentation of vaccine **within** the last 10 years

**9. Flu Vaccine:** Provide record of vaccine for the current/upcoming flu season *(*August-May*) upload in Exxat.*

**10.**  Complete *Clinical Student Request and Authorization to Release Records and/or Information Form*

Please sign & date: **To the best of my knowledge, the above information is accurate**

_____          _____

Student's Signature                                                            Date