

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. ***Note, the initial background check must be completed first. The background recheck should only be completed when the initial background check is about to expire or has expired.**

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.

For further questions, please contact your program clinical coordinator:

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

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

William Paterson University
Clinical Student Request and Authorization
to Release Records and/or Information

This form when completed and signed by you authorizes the School of Nursing, to release protected information from your clinical record to the person or agency you designate.

I, _____, authorize the School of Nursing
(Print name of student)

and administrative staff, and Exxat to release information to one another regarding my clinical physical and any relevant information related to participation in the nursing program at William Paterson University.

The records are to be discussed verbally, via fax, or via email for the purpose of coordination of care. This authorization shall remain in effect for one year from the date signed below (unless otherwise indicated).

I understand that I have the right to revoke this authorization in writing, at any time by uploading such written notification to Exxat.

However, my revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

Student ID#

Date of Birth

Signature of student (*parent if minor*)

Date