A person in a white lab coat

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FACULTY CLINICAL REQUIREMENTS CHECKLIST

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|  | **REQUIREMENT** | **SUBMISSION FREQUENCY** | **ACCEPTABLE DOCUMENTATION** |
|  | Bloodborne & OSHA Modules & Assessments | Annual | Found in ACEMAPP |
|  | COVID 19 Vaccination | Does not expire | May be required by some of our clinical partners. To be credentialed if you are assigned to one of those sites, you will need evidence of the COVID vaccination. |
|  | Criminal Background Check and Drug Test | Review as needed | Criminal Background Check & Drug Test using Advantage Students ([www.advantagestudents.com](http://www.advantagestudents.com/)). Some facilities require this be renewed every two years. Once report is completed you will need it to “share” it with the clinical facility where you will be attending. |
|  | Flu Vaccination | Annual | Proof of current flu vaccination administration (not just proof of purchase) is due by October 1st for Fall and upon entry for Spring. |
|  | Health Insurance | Update as needed | Answer the health insurance question in ACEMAPP |
|  | Hepatitis B Series (HBV) | Once completed does not expire | **Laboratory** evidence of immunity, reactive Hep B surface antibody (titer & values) and documentation of appropriate immunization. There are 2 or 3 injections at prescribed intervals or documentation that the series is in progress will be accepted.  Within 6 weeks of the series being completed documentation of the titer is required. |
|  | Measles, Mumps & Rubella (MMR) | Does not expire | Proof of 2 vaccinations or **laboratory** evidence of immunity, (reactive) quantitative titer for each measles, mumps, and rubella. If you are in the process of getting the series of immunizations, please show documentation. |
|  | N95 Fit Test | Annual | Copy of your N95 Fit Test from KSU or Wellstar (if you are attending a Wellstar or Grady facility) |
|  | Nursing License | Every 2 years | Copy of your current Nursing License |
|  | TB Testing | Annual | Negative TB Test (PPD, QuantiFERON Gold or TSpot) must be within the last year. The blood tests are highly recommended, but not required. If there is a history of TB, you must supply a copy of the annual symptom-free screen or the lab results of a QuantiFERON test. If not symptom free, we need a new chest x-ray. Lab results are required for the blood tests |
|  | Tetanus-Diptheria-Pertussis (TDAP) immunization/booster | Every 10 years | Proof of a Tetanus/ Diphtheria/Pertussis immunization or booster received within the last 10 years. Proof **must** include month, day and year |
|  | Signed copy of current BLS card | Every 2 years | **American Heart Association – Healthcare Providers Course only** – **NO EXCEPTIONS** |
|  | Varicella (Chicken Pox) | Does not expire | Proof of 2 vaccinations or **laboratory** evidence of immunity, (reactive) quantitative titer. If you are in the process of getting the immunizations, please show documentation. |

*Copies of these forms are available on the website below, along with other information and links for completing health requirements* [*https://wellstarcollege.kennesaw.edu/nursing/clinical/clinical-requirements.php*](https://wellstarcollege.kennesaw.edu/nursing/clinical/clinical-requirements.php)