



# **Clinical/Internship/Practicum/Field Work Documentation and Forms**

**DO NOT START THIS PACKET UNTIL YOUR  
CLINICAL DIRECTOR/PROGRAM DIRECTOR  
INSTRUCTS YOU TO**

**(Failure to complete all of these forms will prohibit the  
student from starting/attending rotations)**

**Please return forms to:**

Jefferson College of Health Sciences  
101 Elm Avenue SE  
Roanoke, VA 24013-2222  
Attention: Student Affairs/Health Records

4<sup>th</sup> Floor CRCH

Fax: 540-985-8001

## JEFFERSON CLINICAL CHECKOFF SHEET

**“Clinical” refers to Field Work, Internships, Practicums, or Clinical rotations.**

Please submit documents to the Student Affairs Health Records Office located on the 4<sup>th</sup> floor of CRCH.

- DO NOT BEGIN THIS PACKET UNTIL YOUR CLINICAL DIRECTOR/PROGRAM DIRECTOR INSTRUCTS YOU TO.
- Ensure “All Student” health records and immunizations are up-to-date by viewing your Self-Service account. (Annual PPDs are required for all Jefferson students.)
- CPR Certification** – Submit a copy of front and back of card. **American Heart Association’s Basic Life Support (BLS) CPR is the only CPR accepted for clinical rotations.**
- Health Insurance** – Submit copy of the front and back of your insurance card along with the form included.
- Background Check** -Located online at [www.jchs.edu](http://www.jchs.edu). Look under Students (at top of page). Scroll down to **Background Check Instructions** box (Must not be completed more than 60 days prior to the first day of your first rotation). The Health Records Specialist gets a report of Background Checks 1-2 times per week. This is used for verification purposes. Student copies **cannot** be used for verification purposes.
- Drug Screen** - Must be a 10-panel screen from a SAMHSA approved Laboratory performed no more than 30 (thirty) days prior to the first day of your first rotation. Student copies **cannot** be used for verification purposes. The lab **MUST** send a direct copy to the Health Records Specialist. See Drug Screen instructions in this packet for details.
- Carilion Orientation** – Completed online; see instructions on page 6. Submit the following forms:
  1. Carilion Student Orientation (Includes Restraint Check-off section)\*\*
  2. Confidentiality Agreement
  3. Student Program Participation Agreement
  4. EMR Form
- Restraint Check-Off**

# JEFFERSON STUDENT CPR CERTIFICATION

Students are required to be certified in one and two-man, child, infant, and adult AED CPR (which is commonly referred to as Healthcare Provider CPR).

**Basic Life Support (BLS) CPR, offered by The American Heart Association and Carilion is the only CPR course approved for clinical rotations.**

Carilion provides free CPR classes for Jefferson students; however, students are responsible for the \$15.00 textbook. Students should call 540-266-6000 to schedule a class.

Please attach a copy of the front and back of your CPR card in the spaces marked below.

Student's Name (Printed) \_\_\_\_\_

Expiration date of my CPR certification is \_\_\_\_\_

Student's Signature \_\_\_\_\_

Effective May 2, 2016:

Please attach copy  
of front of CPR  
card here.

- When you complete a BLS, ACLS, or PALS class, instead of the paper cards, you will receive an email with a link to claim your eCard.
- You **WILL NEED** to forward your email to [tljones1@jchs.edu](mailto:tljones1@jchs.edu) to give me access to the card.
- This will allow me to verify your certification, but you do not even need to bring me anything.
- You will be able to access and reprint your eCard at any time.

Please attach copy  
of back of CPR  
card here.

# **JEFFERSON STUDENT HEALTH INSURANCE INFORMATION**

**Students in clinical semesters ARE REQUIRED to have health insurance coverage.**

**Students in clinical semesters who do not return this form prior to the beginning of their clinical semester WILL NOT be allowed to attend their clinical experience.**

**Medicaid coverage will be accepted with appropriate benefit card.**

I understand that I am legally responsible for any medical expenses incurred during my enrollment at Jefferson and neither the College nor any clinical site will be responsible for my medical expenses.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Subscriber Name

\_\_\_\_\_  
(Student should sign if over 18 years of age.  
Parents should sign if student is under 18 years of age.)

\_\_\_\_\_  
Date

**A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD MUST BE SUBMITTED.**

**Please attach a copy  
of the front of  
your insurance card  
here.**

**Please attach a copy  
of the back of  
your insurance card  
here.**

## **JEFFERSON DRUG TESTING REQUIREMENTS**

1. All students at the Jefferson College of Health Sciences who participate in a clinical experience will be required to have a drug screen. The drug screen must not be completed more than 30 days prior to the first clinical experience.
2. **If a drug screen has not been received prior to the first day of clinical experience, the student will not be allowed to participate in the clinical and may be given a “U” (unsatisfactory grade).**
3. The drug test performed is a **ten-panel screen** for Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolites, Marijuana Metabolites, Methadone, Opiates, Phencyclidine, Methaqualone, and Propoxyphene.
4. Occupational Health, located on the 1<sup>st</sup> Floor of Community Hospital (building where Jefferson College is located) can perform your drug screen. It costs \$47 at time-of-service. You need an ID with you. If *for any reason* your result is positive (including for a legitimate prescription), there is an additional \$35 fee for the physician to review your results.
5. There is a company that works with labs across the country and Jefferson College has negotiated a discount rate with them:
  - a. **Call 1-800-557-2220.**
  - b. **They will get your zip code to find a lab close to you.**
  - c. **If they have a lab close to you, give the school code of 0115 and they will take your \$50 payment via debit or credit card.**
  - d. **They will mail you a custody control form, overnight, with instructions.**
  - e. **Take a photo I.D. (driver’s license) and copies of any prescriptions that may pop up in the screen.**
6. Students may be tested at laboratories in their home community and are responsible for the drug screen fee. A ten-panel drug screen should be requested for the substances listed in #3 from any **SAMHSA approved laboratory** reviewed by a medical review officer. Results of the drug screen should be sent to:

**Tracy Jones, Health Records Specialist  
Jefferson College of Health Sciences  
101 Elm Ave., SE  
Roanoke, VA 24013-2222**

7. A positive drug screen without proper cause (such as a prescription) will preclude participation in clinical courses and could result in disciplinary sanction.
8. Results **MUST** be sent directly from the lab to either Dean Hill or the Health Records Specialist. No copies will be accepted from students.

Should you have questions regarding this information or the College Prohibited Substances Testing Program, please contact Scott Hill, Dean for Student Affairs, at (540) 224-4693.

# Carilion Health System Student Orientation Independent Study Instructional Sheet

**Please note: Clinical requirements for Jefferson are different from Carilion employee requirements. You must adhere to the policies and procedures required by the college in all matters related to the college or clinical placement.**

The Carilion Student Orientation must be completed before you attend Clinicals and are due ANNUALLY WHILE YOU ARE IN CLINICALS.

## **Directions to Carilion Student Orientation Web page:**

- **Go to [www.jchs.edu](http://www.jchs.edu)**
- On top of the page click on the **Students**
- Scroll down to **Health Records** box; then scroll down to **Student Orientation** link

**Forms to Collect: Print off all four (4) forms for submission to Health Records Coordinator in Student Affairs.**

- 1. Carilion Student Orientation (Includes Restraint Check-off)\*\***
- 2. Confidentiality Agreement**
- 3. Student Program Participation Agreement**
- 4. EMR Form**

\*\*The “Restraints Check-off” portion can be done on campus by an instructor in your field of study. Please watch your e-mail for an announcement regarding when that will be held. You may submit Restraint Check documentation from your supervisor or manager if you are a Carilion employee

## **Topics included in Student Orientation:**

- Pain Management
- Carilion Police Student Safety/Parking Handout
- Managing a Safe Environment
- Workplace Harassment
- Falls/restraints
- Confidentiality
- Corporate Compliance
- Infection Control