UNIVERSITY OF NORTHERN COLORADO

School of Nursing

# STUDENT CLINICAL HANDBOOK 2026-27

The official UNC School of Nursing handbooks,
including the most recent updates,
are available here:

**https://www.unco.edu/nhs/nursing/#handbooks**

and they will be updated as changes occur.

***Students are responsible for accessing and using the most current version.***

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**You will be instructed by your SON program on how to specifically complete any **documents requiring student signature**.*

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**POLICY TITLE:**

# Background Check Policy - Students

**Last Revision/Review Date:** 4/26/2024 NFSO; 5/13/2025 HR/MH edits w/Univ Counsel; 9/28/2025 MH edits; 5/1/2026 MH edits
**Previous Review Dates:** 11/07 DWL; 8/2008 ULT/GLT; 12/3/21 NFSO
**Original Policy Date:** 11/2/2007
**Sponsoring Committee(s):** School Leadership Team – Academic Policy

## DESCRIPTION:

All students accepted to the University of Northern Colorado (UNC) School of Nursing (SON) clinical programs are required to pass a background check(s) as a part of their program and licensure requirements, and to meet legal and contractual requirements for off-campus courses scheduled at clinical agencies.

## PROCEDURE:

1. SON will post background check requirements and disqualifying offenses on its website and in its program handbooks.

2. Upon admission SON will inform students of the background check requirement, which may include fingerprinting. SON will provide the process for getting a background check before starting the program and will inform students that additional background checks are possible during the program, depending on the clinical agency requirements. SON will inform students that a positive background check may impact their admission status or ability to continue in their program.

3. The student is responsible for payment through a third-party vendor for background check.

4. As required by SON's clinical agency agreements, the background check(s) includes, but is not limited to, the following:

    - Social Security Number Trace
    - Social Security Number Validation
    - Residential History Search
    - Nationwide Sex Offender and Predatory Registry
    - Federal Criminal History Record Searches (past 7 years)
    - Motor Vehicle Record Search (DMV Search)
    - Employment Verification (most recent employment – 1 search)
    - Education Verification (highest degree earned)
    - Professional License Verification
    - Healthcare Exclusion List (includes Office of the Inspector General (HHS/OIG/SAM) Sanction Report; General Services Administration (GSA) Excluded Parties List (EPLS); Office of Foreign Asset Control (OFAC) Terrorist List (Patriot Act?); FDA Debarment List)
    - CO Statewide Criminal and sex offender History Record Search (past 7 years)
    - Adult and Child Abuse Registry

5. Any student with a positive background check will not be allowed to start or continue in their program. A positive background check means that the student was convicted of one or more of the following criminal offenses or disciplinary action on a professional license/certificate in any state

    - *Any violent felony convictions of homicide. (No time limit)*
    - *Crimes of violence (assault, sexual offenses, arson, kidnapping, any crime against an at-risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S. in the 10 years immediately preceding the submittal of application.*
    - *Any offense involving unlawful sexual behavior in the 10 years immediately preceding the submittal of application.*
    -
    -

- *Any crime, the underlying basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S. in the 7 years immediately preceding the submittal of application.*
- *Any crime of child abuse, as defined in section 18-6-401 C.R.S. in the 7 years immediately preceding the submittal of application.*
- *Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances in the 7 years immediately preceding the submittal of application. (Paraphernalia possession is not considered a disqualifying offense).*
- *Any felony theft crimes in the 7 years immediately preceding the submittal of application.*
- *Any misdemeanor theft crimes in the 5 years immediately preceding the submittal of application.*
- *Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S. in the 7 years immediately preceding the submittal of application.*
- *Misdemeanor or felony crimes of moral turpitude (prostitution, public lewdness/exposure, etc.) in the 7 years immediately preceding the submittal of application.*
- *Registered Sex Offenders. (No time limit)*
- *Any offense in another state, the elements of which are substantially similar to the elements of any of the above offenses.*
- *More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application.*
- *Any encumbrance or disciplinary action on a professional license or certificate.*
- *Any offense, regardless of type, which is still pending in the courts or state professional board (without legal disposition at the time of program application and/or program start).*

6. The SON Director will review any positive background check on a case-by-case basis and will confer with UNC Human Resources and the General Counsel's Office if any offenses are identified on a background check. Additional information may be requested from the applicant or student to determine the outcomes of the background check.

7. Any student who refuses to complete the background check or provides false or misleading information, will be referred to the SON Director for program termination.

UNC School of Nursing

**POLICY TITLE:**

# Drug Screen Policy - Students

**Last Revision/Review Date:** 4/26/2024 NFSO; 5/13/2025 HR/MH edits w/Univ Counsel
**Previous Review Dates:** 10/08 NFSO; 10/11/19 NFSO;12/3/21 NFSO
**Original Policy Date:** 9/28/07
**Sponsoring Committee(s):** School Leadership Team – Academic Policy

## DESCRIPTION:

To ensure the safety and well-being of students and patients, and to meet mandatory contractual and liability standards with clinical agencies, all students interacting with any clinical agency are required to obtain and pass a drug screen as part of the admission process and during their program of study.

Marijuana is a schedule 1 substance under federal law (https://www.dea.gov/drug-information/drug-scheduling) and is a prohibited substance under this policy.

## PROCEDURE:

1. The School of Nursing (SON) will publish the drug screening requirement on its website and in its program handbooks.

2. SON will notify students of the drug screen requirement and requirement for annual drug screens upon admission to the SON clinical programs. SON will also notify students that, depending on agency requirements, random drug screening(s)may be required during the program.

3. Upon admission, SON will provide each student the process to get a drug screen, including the location of designated drug testing sites, deadlines for completion, results reporting, and associated costs.

4. The student is responsible for payment through a third-party vendor designed by SON for the Drug screen(s).

5. For program compliance, SON will use a ten (10) panel drug screen, which includes screening for:

    a. Cannabis
    b. Cocaine
    c. Opioids
    d. Benzodiazepines
    e. Amphetamines
    f. Barbiturates
    g. Methadone
    h. Methaqualone
    i. Propoxyphene
    j. Phencyclidine

6. The designated vendor's Medical Review Officer will review the drug screen to determine whether the student passed. If a student believes that they have extenuating circumstances regarding positive drug screen results, the student may contact the designated vendor to verify that the drug test results are correct.

7. The SON Director will review positive drug screens on a case-by-case basis and may request additional information from the applicant or student and confer with UNC Human Resources and the General Counsel's Office.

8. Any student who fails to submit the drug screen by the required date, or has a positive screen, may not be admitted to the program or may have their program of study terminated.

UNC School of Nursing

**POLICY TITLE:**

# Health and Safety Compliance Tracking for Nursing Students

**Last Revision/Review Date:** 10/13/2023 NFSO; 11/14/2024 MH edits; 5/13/2025 MH edits; 9/21/25 edits; MH edits 4.20.2026
**Previous Review Dates:** 7/98 SB, 5/99 SB; 2/2000 SB, 5/2000SB, 10/2000SB; 5/08 DWL; 9/11 KBL; 4/18/22 NFSO
**Original Policy Date:** 10/11/14
**Sponsoring Committee(s):** School Leadership Team – Administrative Policy

**DESCRIPTION:**

Students must maintain health and safety clearance requirements upon admission to the undergraduate and graduate nursing programs per agency affiliation/legal agreements. Failure to meet these requirements may result in required withdrawal from clinical coursework or program delay.

**PROCEDURE:**

1. The School of Nursing will monitor the following for all students (differences by program are noted below).
2. Requirements will be communicated to the students upon admission to the program.
3. All clearance and other requirements are due the first of the month the requirement is due or as otherwise noted.
4. Requests for an exception to this policy go to the Director for review.
5. Programs without scheduled clinical rotations are exempt from the clearance policy (i.e. PhD in Nursing Education and Nurse Education Certificate program)
6. Students will follow the instructions on the attached sheets (reviewed and updated annually)

| Clearance Category | Initial Requirement<br><br>(due at program start or prior to start of clinical courses- depending on program) | Renewal Requirement | Documentation | Exemption/ Declination Allowed (must be approved by SON Director) |
|---|---|---|---|---|
| Tuberculosis screening<br><br>Definitions:<br><br>**2-step PPD:** 1st PPD read within 48 hrs; 2nd PPD scheduled after 7 days and before 14 days after the first PPD<br><br>**PPD:** if a previous PPD was completed within 12 months, then just one PPD, read within 48 hours, is required for the screen | **Initial Screen**<br><br>2-step PPD (only 1 PPD required if prior PPD completed within 12 months)<br><br>OR<br><br>TB quantiferon screen<br><br>**History of +TB Screen**<br><br>If the student has a history of a +TB screen, they must submit a neg Chest X-ray report completed within past 5 years and a TB symptom clearance by a provider. | **Annual Screen**<br><br>**History of neg TB Screen**<br><br>Annual PPD<br>-if more than a 12-month lapse has occurred after the most recent PPD screen, then a 2-step PPD is required<br><br>OR<br><br>Annual TB quantiferon screen<br><br>**History of +TB Screen**<br><br>Annual TB symptom clearance by a provider<br><br>Chest X ray results every 5 years | **History of neg TB Screen**<br><br>Health record with date and results of screening (PPD or quantiferon)<br><br>**History of +TB screen**<br><br>Annual Symptom Clearance and Chest X ray results (every 5 years) | No |
| Measles, Mumps, Rubella Vaccination | Documented vaccination series (2 doses) or positive titer<br><br>Negative or Equivocal titer results require booster vaccination | None | Health record with vaccination dates or titer results | No |
| Hepatitis B Vaccination | Documented vaccination series (3 doses)<br><br>Titer results not accepted* | None | Health record with vaccination dates | Declination |
| Tdap/Td Vaccination | Documented vaccination | Tdap/Td booster vaccination every 10 years | Health record with vaccination dates | No |

| | | | | |
|---|---|---|---|---|
| Varicella Vaccination | Vaccination series (2 doses) or positive titer<br><br>Negative or Equivocal titer results require booster vaccination | None | Health record with vaccination dates or titer results | No |
| COVID-19 Vaccination | Documented vaccination | As indicated by agency requirements | Health record with vaccination dates | Medical, Religious, Other Exemption |
| Influenza | Documented vaccination | Annual; Due October 1 or as otherwise indicated | Health record with vaccination dates | Medical, Religious, Other Exemption |
| Physical Exam | Within 6 months prior to program/clinical start | None | Health record with date of exam | No |
| RN/APRN license (all programs except pre-licensure) | RN/APRN Licensure | By renewal due date | Copy of license | NA |
| American Heart Association Basic Life Support (BLS) for Healthcare Providers (HeartCode)<br><br>OR<br><br>ACLS for Experienced Providers (only ENP/FNP students are required to complete; replaces BLS requirement) | American Heart Association training; must include hands on skills session/ demonstration | By renewal date | Signed BLS or ACLS card with date of expiration | No |

| | | | | |
|---|---|---|---|---|
| Urine Drug Screen | 10 panel urine drug screen; due at program start (all programs) per SON policy | As indicated; some agencies require additional drug screen prior to clinical experience<br><br>10-panel screen with an extended opiate panel may be required by some agencies | Urine drug screen results | No |
| Background Check | Per background check policy; due at program start (all programs) | As indicated; additional background checks may be required by some agencies | Background check results | No |
| HIPPA Training | Course completed through American DataBank/Complio per SON policy | Annual | Completion certificate | No |
| OSHA Training | Course completed through American DataBank/Complio per SON policy (module list updated annually in policy) | Annual | Completion certificate for each module | No |
| Malpractice insurance | Minimum coverage of $1,000,000/occurrence and $3,000,000 in the aggregate<br><br>Should include base coverage for any licensure held by student, with 'student' (RN/NP) insurance added in addition to base coverage | By renewal date | Certificate of insurance | No |

*updated per CHPHE CBH rule 6 CCR 1009-2, May 2023

UNC School of Nursing

**POLICY TITLE:**

# Student and Faculty Protected Health Information Release Policy

**Last Revision/Review Date:** 12/5/2025
**Previous Review Dates:**
**Original Policy Date:** 12/5/2025
**Sponsoring Committee(s):** School Leadership Team

## DESCRIPTION:

Clinical agencies require documentation of student and faculty health clearance information to assure patient and staff safety in accordance with federal and other laws. This policy outlines processes to collect, track, and release the required protected health information to clinical partners for these purposes.

## PROCEDURE:

1. The SON Director, or designee, will review and update the student and faculty PHI release documents with University Counsel and/or the Student Health Center HIPAA Compliance Officer at the end of each academic year.
    a. The updated documents will be provided to the program management specialists
        i. for incorporation into program student handbooks as they are prepared for incoming cohorts of students for the next academic year.
        ii. for upload into a 3rd party platform for signature (i.e. Typhon)

2. Program coordinators will review the PHI Release policy and the following release document with students during program orientation:
    a. *Authorization to Release PHI and Other Health Clearance* form – student authorization to release Health Clearance Records (i.e. immunizations, required screenings (e.g. TB)), Malpractice insurance coverage, BLS/ACLS certification (ACLS for NP programs only), Nursing licensure information (post-licensure programs), Required training completion (OSHA/HIPAA), Background Check Results, and Drug Screen Results to clinical agencies upon request. Authorization ends at the time of program completion.

3. Students will have an opportunity to ask questions about the policy and release document before signing. Program Coordinators will alert students that they will not be able to participate in their program if they do not sign the release form.

4. Students will be asked to sign the release forms either on paper or through a 3rd party platform (i.e. Typhon). The program management specialists will upload the forms to the student's file.

5. All clinical faculty will be asked to submit the form along with completion of required health clearances and uploaded into Complio for tracking.

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# Authorization for Use or Disclosure of PHI and Clinical Health/Safety Clearance Information

I authorize the UNC School of Nursing to disclose Protected Health Information, Drug Screen, Background Check results, and other health and safety clearance requirements to a clinical agency, upon request of the agency, when participating in clinical experiences.

**PROTECTED HEALTH and other CLEARANCE INFORMATION TO BE USED OR DISCLOSED TO A CLINICAL AGENCY:**

- Health Clearance Records (i.e. immunizations, required screenings (e.g. TB))
- Malpractice insurance coverage
- BLS/ACLS certification (ACLS for NP programs only)
- Nursing licensure information (post-licensure programs)
- Required training completion (OSHA/HIPAA)
- Background Check Results
- Drug Screen Results

This Authorization will expire automatically upon the termination of my nursing program for any reason or upon my graduation from my nursing program.

Signature of student Date

Printed name of student

UNC School of Nursing

**POLICY TITLE:**

# Assumption of Risk Statement

**Last Revision/Review Date:** 4/29/22 NFSO
**Previous Review Dates:** 7/81 RP, 6/88 JF, 10/93 VK; 4/98 LC, 11/27/01 DP; 5/08 DWL 10/18/19 ULT/NFSO
**Original Policy Date:** 12/2/77
**Sponsoring Committee(s):** School Leadership Team – Academic Policy

**DESCRIPTION:**

Due to the nature of nursing education and required clinical agency teaching-learning environments, nursing students may be exposed to situations or communicable diseases that may put a student at risk of illness or injury.

It is recommended that students notify their program coordinator, clinical faculty, and preceptors if they are pregnant, have compromised immunity, or any other situation that may place the student at increased risk. This information will be confidential.

**PROCEDURE:**

1. The attached 'Assumption of Risk during Clinical Experiences' document will be included in the student handbook for all clinical programs, and will be reviewed with the incoming students at admission or orientation (depending on the timing of program start).
2. The students will have the opportunity to ask questions and receive any needed clarifications before the beginning of their program of study.
3. Students will be asked to sign the assumption of risk document and will be kept in their student record.

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## Assumption of Risk
## during Clinical Experiences

Clinical experiences (including senior practicum, clinical rotations, and other assigned clinical observation experiences) are a required component of the nursing academic programs at the University of Northern Colorado. These experiences allow students to practice skills and techniques learned in didactic and lab courses, as well as, develop critical thinking and other competencies important for health care providers. Clinical experiences occur in hospitals, clinics, schools, community organizations, and other appropriate settings where students can interact with patients and clients to develop these important skills.

Sites selected for students' clinical experiences are required to take reasonable and appropriate measures to protect students' health and safety in the clinical setting. Faculty in the School of Nursing (SON) work closely with our clinical agency partners to ensure appropriate measures are in place for your clinical experiences through development and enforcement of policies and procedures relating to your safety and prevention of disease exposure, including, but not limited to exposure to COVID-19. This includes ensuring all students have access to appropriate Personal Protective Equipment (PPE) during clinical experiences and training related to the potential hazards and prevention techniques. Students have the responsibility to report any exposure or injury sustained during their clinical experience to the co-assigned RN or preceptor and UNC faculty.

Even with such measures, there are risks inherit to every clinical experience. Potential risks include, but are not limited to:

- Exposure to infectious diseases through blood or other body fluids via skin, mucus membranes, or parenteral contact
- Exposure to infectious diseases through droplet or air-borne transmission
- Hazardous chemical exposure
- Environmental hazards, including slippery floors and electrical hazards
- Physical injuries, including back injuries
- Psychosocial hazards
- Offensive, inappropriate, or dangerous conduct by patients or clients, families or other persons, including violence, harassment, and sexual harassment

These risks can lead to serious complications, trauma, bodily injury or death.

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I certify that I have carefully read and understand this document. I acknowledge and understand that, as explained in this document, my degree program requires the participation in clinical experiences, and that such participation carries some risks that cannot be eliminated.

I acknowledge and understand that it is my responsibility to follow all faculty instructions and take all available precautions so that the risk of exposure is minimized. I will follow all program specific information relating to prevention of disease and injury.

Knowing these risks, I certify that I have decided, of my own free will, to pursue my chosen degree program, including the participation in clinical experiences.

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Printed name of student/Signature Date

UNC School of Nursing

**POLICY TITLE:**

# Influenza Vaccination and Exemption Policy - Undergraduate and Graduate

**Last Revision/Review Date:** 9/28//2020 NFSO
**Previous Review Dates:** 3/25/11 ULT; 11/2012 ULT, 11/16/12 10/18/19 NFSO
**Original Policy Date:** 4/11/11
**Sponsoring Committee(s):** School Leadership Team – Admin Policy

**DESCRIPTION:**

Clinical agencies require that students who are participating in onsite clinical experiences receive the flu vaccination annually during the designated flu vaccination period or have an approved exemption.

**PROCEDURE:**

1. Students will be vaccinated against influenza annually and submit documentation of the vaccination to the School of Nursing (SON) office by designated date of each year.

2. The influenza vaccination will be paid for by the student.

3. If a student fails to be vaccinated or receive an approved exemption by designated date of each year, the student may have their clinical start date delayed or may be removed from the clinical rotation.

4. Exemption Procedure
    a. An exemption from vaccination may be granted based on documented medical contraindications or religious beliefs. A student requesting an exemption must submit the exemption request and supporting documentation to the SON office for evaluation.

    b. Medical contraindications may include:
        i. Prior adverse reaction to influenza vaccine
        ii. Allergy to a vaccine component
        iii. Medical conditions deemed by a licensed medical provider as contraindications to receive influenza vaccine or for postponing influenza vaccination
        iv. Other approved medical reasons

    c. A student requesting an exemption based on medical reasons must provide proof of the medical contraindication(s) in a letter from a licensed medical provider. If a medical exemption is granted for a temporary condition, the student must resubmit a request for exemption each year. If exemption is granted for a permanent condition, the exemption medical documentation does not need to be requested each year.

    d. A student requesting an exemption based on religious beliefs must provide a letter from clergy supporting the exception. The exemption request must be consistent with the person's prior vaccination history.

    e. The SON Director, or designee, will determine whether the exemption request has been approved.

    f. If an exemption to immunization is granted, the student/faculty member must follow agency policy.

    g. If the exemption is granted and the student is unable to complete the clinical experience secondary to agency policy, the student may earn a failing grade in that course.

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# Influenza Vaccination Exemption Form

**Name**: _____

**Bear Number (last 4):** _____

The UNC School of Nursing requires all students to receive an annual influenza vaccination. To request an exemption, complete this form, attach the supporting documentation, and submit to the School of Nursing office. You will be notified whether your exemption request has been approved.

## Type of Exemption

I request an exemption for the annual influenza vaccination requirement based on (check one of the following):

**_____ Medical Exemption**

1. I certify that I cannot receive the influenza vaccination because of medical contraindication(s).
2. My medical contraindication(s) is:
   _____Temporary (must be certified annually)
   _____Permanent

3. Attached is a letter from a licensed medical provider confirming that I should be exempted from the influenza vaccination requirement due to my medical status. This letter must confirm whether the exemption is temporary or permanent. Temporary exemptions must be recertified annually.

**_____ Religious Exemption**

1. I certify that the influenza vaccination is contrary to my religious beliefs and/or practices.
2. Attached is documentation confirming that this exemption is consistent with my religious beliefs/practices (Documentation may include a letter from clergy, a personal statement of your moral/ethical belief system, or other evidence that this request is based on sincerely-held religious beliefs and is not merely a personal preference.)

_____ _____

**Signature** **Date**

## School of Nursing Office Use

Exemption Approved:
_____Yes, permanent
_____Yes, temporary until_____
_____No

Reviewer's Signature _____

UNC School of Nursing

**POLICY TITLE:**

# COVID-19 Vaccination and Exemption Policy - Undergraduate and Graduate Clinical Programs

**Last Revision/Review Date:** NFSO 12/2/2022
**Previous Review Dates:** SLT 11/2022
**Original Policy Date:**
**Sponsoring Committee(s):** School Leadership Team – Academic Policy

**DESCRIPTION:**

Many clinical agencies require students and faculty participating in clinical experiences receive the COVID-19 vaccination and required boosters or have an approved exemption. To ensure all students and faculty have met the requirements for the various clinical agencies and are able to continue with clinical experiences for their respective programs, the SON requires all students and faculty receive the vaccination and associated boosters or request an exemption through the following process.

**PROCEDURE:**

1. Students and faculty members are recommended to be vaccinated against COVID-19 and submit documentation of the vaccination, and any associated booster vaccinations, to the School of Nursing (SON) office by designated date each year.

2. If a student fails to be vaccinated or receive an approved exemption by designated date of each year, the student may be unable to attend clinical experiences depending on agency policies where the student is assigned.

3. Faculty members who are unvaccinated must alert the School of Nursing Director to ensure an exemption can be negotiated with the facility or to find another instructor to teach the rotation.

4. Exemption Procedure
    a. An exemption from vaccination may be granted based on documented medical contraindications, religious, or other beliefs. A student or faculty member requesting an exemption must submit the exemption request and supporting documentation to the SON Director for evaluation.

    b. Medical contraindications may include:
        i. Allergy to a vaccine component
        ii. Medical conditions deemed by a licensed medical provider as contraindications to receive COVID-19 vaccine or for postponing COVID-19 vaccination
        iii. Other approved medical reasons

    c. A student or faculty member requesting an exemption based on medical reasons must provide proof of the medical contraindication(s) in a letter from a licensed medical provider. If a medical exemption is granted for a temporary condition, the students must resubmit a request for exemption each year. If exemption is granted for a permanent condition, the exemption medical documentation does not need to be requested each year.

    d. A student or faculty member requesting an exemption based on religious beliefs must provide a letter from clergy supporting the exemption. The exemption request must be consistent with the student's prior vaccination history.

    e. For any other exemption request, the student or faculty member must provide a written narrative for the reason the exemption is requested. The exemption request must be consistent with the student's prior vaccination history.

    f. The Director for the School of Nursing will determine approve all exemption requests. The Director may request a meeting with the student or faculty member to obtain addition information before deciding if the request is granted.

g. If an exemption to immunization is granted, students must follow agency infection control policies to participate in the clinical experience.

h. If the exemption is granted and the student is unable to complete the clinical experience due to agency policy, a different site may requested for the student. If no clinical agency is found that will accept a student without vaccination, the student may not be able to complete the clinical rotation during that semester. Every attempt will be made to locate a clinical rotation that will accept the approved exemption, however, progression in the program cannot be guaranteed.

i. All documentation for an exemption request and associated documents will be kept on the Director's sharepoint folder that is only accessible by the Director. If documentation is needed to be shared with a facility to navigate placement, the student will be notified and included on all communication.

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# COVID-19 Vaccination and Booster Exemption Form

**Name**: _____

The UNC School of Nursing requires all students to receive COVID - 19 vaccination, any associated boosters, or request an exemption. To request an exemption, complete this form, attach the supporting documentation, and submit to the School of Nursing Director. You will be notified whether your exemption request has been approved.

## Type of Exemption

I request an exemption for the COVID-19 vaccination and associated booster requirement based on (check one of the following):

**__ Medical Exemption Request**

1. I certify that I cannot receive the COVID-19 vaccination because of medical contraindication(s).
2. My medical contraindication(s) is:
   _____Temporary (must be certified annually)
   _____Permanent

3. Attached is a letter from a licensed medical provider confirming that I should be exempted from the COVID-19 vaccination requirement due to my medical status. This letter must confirm whether the exemption is temporary or permanent. Temporary exemptions must be recertified annually.

**__ Religious Exemption Request**

1. I certify that the COVID-19 vaccination is contrary to my religious beliefs and/or practices.
2. Attached is documentation confirming that this exemption is consistent with my religious beliefs/practices (Documentation may include a letter from clergy, a personal statement of your moral/ethical belief system, or other evidence that this request is based on sincerely-held religious beliefs and is not merely a personal preference.)

**___ Other Exemption Request**

1. Attached narrative documents a request for exemption that is unrelated to medical or religious exemption categories.

_____ _____

**Signature** **Date**

## School of Nursing Office Use

Exemption Approved:
_____Yes, permanent
_____Yes, temporary until_____
_____No

Director's Signature _____

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**POLICY TITLE:**

# Malpractice Insurance - Student

**Last Revision/Review Date:** 3/24/2017 NFSO
**Previous Review Dates:** 3/21/07 LC; 3/29/08 ULT; 3/3/17 GLT
**Original Policy Date:** 5/4/01
**Sponsoring Committee(s):** School Leadership Team – Administrative Policy

**DESCRIPTION:**

Because of the increasing legal requirement by clinical agencies used by the School of Nursing (SON) for individual student malpractice coverage, the SON requires all students in undergraduate, Advanced Practice Nurse Practitioner and Doctor of Nursing Practice programs to obtain and maintain individual malpractice coverage with minimal limits of $1,000,000 per occurrence and $3,000,000 in the aggregate.

**PROCEDURE:**

1. Students shall be informed upon admissions to the School of Nursing programs of the requirement of carrying individual malpractice insurance throughout their clinical program.
2. Information regarding agency options for such insurance will be provided in student handbooks and the SON office.
3. Students may be required by clinical agencies to show proof of their individual malpractice coverage. Failure to have required coverage will necessitate withdrawal from the clinical course.

UNC School of Nursing

**POLICY TITLE:**

# OSHA/HIPAA Annual Training - Students

**Last Revision/Review Date:** 12/5/2025 NFSO
**Previous Review Dates:** 10/4/13 ULT; 10/18/13 NFSO11/30/21 9/21/2025 MH
**Original Policy Date:** 5/3/13 ULT
**Sponsoring Committee(s):** SchoolLeadership Team

## DESCRIPTION:

The SON requires formal documentation that students enrolled in clinical programs have completed annual training for HIPAA and OSHA for healthcare workers prior to direct patient experiences. .

## PROCEDURE:

1. Students will be advised of the need for annual OSHA and HIPAA training at the start of the clinical program.

2. Students will receive instruction on how to register for HIPAA and OSHA Training each year through a verified third-party vendor. Training will be paid by course participation fees.

3. Students will complete the training prior to the first clinical rotation. Due dates for completion will be determined by the program coordinator in collaboration with the respective program management specialist.
    a. Required OSHA training modules include:
        i. Backcare / Ergonomics
        ii. Bloodborne Pathogens for Healthcare Workers
        iii. Fire Safety and Emergency Evacuation
        iv. Electrical Safety in Healthcare
        v. Hand Hygiene
        vi. Hazard Communication for Healthcare Workers
        vii. Infection Control for Healthcare Workers
        viii. Personal Protective Equipment for Healthcare Workers
        ix. Preventing Workplace Violence in Healthcare Settings
        x. TB Protection for Healthcare Workers

    b. Required HIPAA training modules include:
        i. Patients Rights
        ii. HIPAA Privacy and Security for Students
            (list updated 9/21/25)

5. Students will upload completion certificates for each OSHA and HIPAA training modules into the third-party tracking software (Complio).

6. Students will not be able to participate in direct patient care until the required training is completed. Failure to complete the training by the specified due date may result in a delay in clinical start, removal from a clinical rotation, or failure of the course, depending on the agency requirements.

6. The list of training modules required will be updated annually by the Director of the School of Nursing, or their designee.

**POLICY TITLE:**

# Nursing Licensure Policy for Post-licensure Students

**Last Revision/Review Date:** 1/26/18 NFSO
**Previous Review Dates:** 11/13 ULT; 1/19/18 ULT
**Original Policy Date:** 11/22/2013
**Sponsoring Committee(s):** School Leadership Team – Administrative Policy

**DESCRIPTION:**

Post Licensure BSN and graduate students must have an unencumbered, valid nursing license when admitted to a nursing program and maintain the license until graduation. .

**PROCEDURE:**

1. Any change in the status of the student's license must be reported to the School of Nursing immediately, by the student.
2. A license that has been suspended or revoked will prevent the students from progressing in the program.
3. Once a suspended or revoked license has been reinstated the student may apply for readmission.
4. Failure to report a change in license status will result in dismissal from the School of Nursing.
5. Students who are dually enrolled with an associate degree program must submit verification of licensure before matriculation into the final semester of the program.

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**POLICY TITLE:**

# Student/Faculty Injury and Workers' Compensation Policy

**Last Revision/Review Date:** 12/5/2025 NFSO
**Previous Review Dates:** 5/92; 8/91; 2/96; 11/01 HR/SB; 4/16/07 LC; 3/25/08 DWL; 11/14/17 HR/FH; 9/27/19 HR/FH; 11/11/2020 HR/MH; 11/11/2024 MH edits 3/2025 MH update form; 9.10.2025 MH edits
**Original Policy Date:** 9/25/07
**Sponsoring Committee(s):** School Leadership Team – Administrative Policy

## DESCRIPTION:

When UNC places a student in a cooperative education or student internship program without pay from the employer, UNC shall insure such a student under UNC's worker's compensation insurance.

## PROCEDURE:

1. If a UNC student or faculty is injured or sustains an exposure to infectious pathogen at an affiliated agency during a clinical experiences and requires immediate attention, they should be directed to the nearest urgent care/emergency room for care. The student/faculty member should alert the provider that their care will be covered under UNC's worker's compensation insurance policy.

2. If the injury/exposure does not require emergent/urgent care, the student/faculty member should follow the agency's policy for care of the injury.

3. Regardless of the type of injury/exposure, the student/faculty member must complete any health care agency report forms as required by the agencies policies.

4. The student/faculty member must communicate the injury/exposure to the clinical lead faculty member or program coordinator who will support completion of the Injury/Illness report form found on the UNC Human Resources Website - Health/Safety https://www.unco.edu/human-resources/employee-resources/health-safety.aspx

5. The student/faculty member must submits the completed and signed Injury/Illness form to the School of Nursing Director, or designee, for review and submission to Human Resources.

6. The UNC Injury/Illness form must be submitted to Human Resources within four (4) working days of the injury/exposure. If the director, or designee, is unavailable to submit the form within 4 days of the injury, the student should be directed to submit the form directly to HR via email human.resources@unco.edu and include the SON Director on the email to process the form.

7. The Injury/Illness form is also kept in the student file on the SON SharePoint and NHS Dean's Office, HR representative for record keeping. The SON Director will update the workman's comp injury/exposure excel file (SharePoint - SON/Staff/Documents) to include the date of injury/exposure, program of study, student last name, and type of injury.

8. Each semester, the SON Director, in collaboration with the program management specialists, will inform HR of the states students in all programs are completing clinical experiences and will track the location of all current students on the affiliation agreement tracking spreadsheet. For rotations in WY or out of country, the SON Director will inform the UNC Office of Finance and Administration.

*10/15/2025 - Per Assoc VP of Administration - UNC's Liability/Workman's comp insurance can cover all states, except WY. It does not cover out of country rotations but may pending expansion of UNC's policy on a case-by-case basis.

*Use this form to report ALL workplace incidents - on or off campus - involving Employees, Student Workers, and Students involved in Practicum Work Assignments.*

Injured Employee/Student must complete Sections I & II – Please Print Clearly

## EMPLOYEE/STUDENT INFORMATION

### Section I

| | | | | |
|---|---|---|---|---|
| Injured Employee/Student Name | | | Bear # | |
| Home Address | City | State | Zip Code | |
| Date of Birth | Sex: Male ☐ Female ☐ | Marital Status | Home Phone | Work Phone |
| Department | Job Title | Campus Box | Hire/Work Start Date | |
| Supervisor/Faculty Name | Supervisor/Faculty Phone # | Supervisor/Faculty Email | | |

## ACCIDENT/ILLNESS INFORMATION

### Section II

| | | |
|---|---|---|
| Injury or Illness Date | List Time Injury or Illness Occurred: AM ☐ PM ☐ | Was the accident or illness on UNC's property? If not where. YES ☐ NO ☐ |
| Location of Injury or Illness (Room # & Building or Company) | Date reported to Supervisor/Faculty | Time reported to Supervisor/Faculty AM ☐ PM ☐ |
| Time began work on date of injury AM ☐ PM ☐ | Did employee/student return to work after being injured? YES ☐ NO ☐ If YES, Date returned to work / / | |
| Name the object or substance which directly injured the employee/student (Be specific e.g. knee hit floor, fell-hand hit pavement, hammer struck finger etc): | | |
| What were you doing when injured? – Describe how the injury or illness occurred and the part(s) of the body affected - Be specific and detailed (e.g. bending to pick up item felt a sharp pain in lower left back, slipped on ice while walking, gradual pain developed in shoulder over a course of 3 months, etc.) Identify all body parts that were injured. | | |
| List all known witnesses (include Name and Phone Number) | | |
| Was the injury/illness treated with first aid? YES ☐ NO ☐ | | Has the employee visited a medical provider for this injury/illness? YES ☐ NO ☐ If yes, what is the name and address of the provider? |
| Was 911 called? YES ☐ NO ☐ | | |
| **Employee/Student Signature** | | **Date** |

## EH&S and HR Use Only

| | | | | |
|---|---|---|---|---|
| Date Received Report | Lost Time or Restrictions YES ☐ NO ☐ | WC Claim Number | Date Faxed to EH&S | HR Representative |
| Medical Provider (Hospital or Doctor) | | | Date of 1st appointment | |

Dear

We are sorry to learn that you have been injured. In order to be sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information soon. In the meantime, you should see one of the medical providers UNC has selected to treat our injured employees. These medical providers specialize in on-the-job injuries and are located in the offices listed below.

PEAK FORM MEDICAL CENTER
8225 W 20th St, Greeley CO 80634
Phone: (303) 655-9005

BANNER OCCUPATIONAL HEALTH CLINIC
1517 16th Ave, Greeley, CO 80631
Phone: (970) 810-6810

Our goal is to ensure that you get the quality care you need to recover quickly and return to work as soon as possible. If you have questions, please contact Human Resources at (970) 351-2718, fax number (970) 351-1386.

Sincerely,

UNC Human Resources

Worker's Compensation Insurance Contact Information:
Pinnacol Assurance
7501 E Lowry Blvd., Denver, CO 80230
(303) 361-4000 or 1(800) 873-7242

_____ _____
Employee Signature Received letter on this date

UNC | School of Nursing

**POLICY TITLE:**

# Clinical/Practicum Placement Policy

**Last Revision/Review Date:** 12/1/2023 NFSO
**Previous Review Dates:** 10/18/19, 3/9/18 NFSO, 4/30/2021 NFSO; 12/1/2023 NFSO
**Original Policy Date:** 3/2/2018
**Sponsoring Committee(s):** School Leadership Team – Academic Policy

## DESCRIPTION:

The purpose of this policy is to facilitate appropriate and timely clinical and practicum placement of all nursing students. Students must complete the specified number of clinical/practicum hours based on course and program requirements. The definition of practicum for the purpose of this policy is any clinical experience where the student is placed 1:1 with a preceptor, except for the graduate nurse practitioner programs in which 1:1 experiences are termed 'clinical'

Clinical and practicum placement is competitive. The School of Nursing has affiliation agreements with several regional healthcare systems and practices. Regulatory requirements vary state-to-state and must be considered when placing students in sites outside of Colorado. Once a site and preceptor are secured, the School of Nursing provides approval and obtains agreements / clearance for all placements.

## PROCEDURE:

1. At least 3-4 months prior to the start of the clinical/practicum course, the clinical/practicum placement coordinator or program coordinator contacts students regarding their needs for securing a site and preceptor. Students residing out of state should be contacted as early as possible to assure adequate time for arranging new affiliation agreements.

2. The student may identify a site/preceptor on their own that is within program guidelines or may request assistance from the clinical placement coordinator or program coordinator.
    a. Clinical/Practicum placement requests may be denied by the clinical/practicum placement coordinator, program coordinator or facility clinical/practicum placement coordinator for any perceived conflict of interest in objective evaluation of the student (i.e. working with relatives, direct supervisors, etc.).
    b. Students may schedule their clinical/practicum hours at a clinical site they work at, however, the clinical/practicum hours cannot be scheduled as part of the student's employment. Thus, students must have hours scheduled for their course that are separate then their scheduled work hours. Students cannot be paid for their time in a clinical rotation.
    c. If contacted for assistance, the clinical/practicum placement or program coordinator will seek an available site/preceptor.
    d. Requests for out-of-state rotations will be discussed and approved by the program coordinator to assure all state requirements are addressed. Concerns or questions about specific state requirements will be discussed with the State Authorization & Compliance Administrator in the Office of the Provost.
    e. The clinical/practicum placement or program coordinator secures a site and preceptor and notifies student.
    f. The student then has 5 business days to initiate contact with the site/preceptor.
    g. The student must inform the clinical/practicum placement or program coordinator of the status of the contact with site/preceptor by the 6$^{th}$ business day.
    h. If student fails to initiate contact within the 5 business days, then the placement or program coordinator may offer the site/preceptor to another student.
    i. If the student declines the offered site/preceptor, the student is at risk of not being offered another site/preceptor for the designated semester.

3. Student submits the *Form to Request a Clinical Site Affiliation Agreement/Attestation* (form titles and content vary slightly by program and are attached) to Program Management Specialist or designee by the posted deadline.

4. Deadlines for each semester are outlined in the student handbooks, on the above-named form, and/or in course information.

5. The student is responsible for verifying with the Program Management Specialist or designee that they have been cleared prior to starting in the rotation.

6. Final confirmation of clinical/practicum placement is to be done using student's BearMail account.

**Undergraduate Programs:**

7. The lead clinical faculty member will initiate conversation with students who are entering a practicum clinical course about preference for site and clinical specialty. For RN-BSN program clinical/practicum courses, students may provide information on specific preceptor, in addition to clinical site.
    a. Clinical placement requests may be denied by the clinical placement coordinator, program coordinator or facility clinical placement coordinator for any perceived conflict of interest in objective evaluation of the student (i.e. working with relatives, direct supervisors, etc.).
    b. The lead clinical faculty member will work with the undergraduate program management specialist to request placements.
    c. The clinical placement or program coordinator secures a site and preceptor and notifies student.
    d. If the student declines the offered site/preceptor, the student is at risk of not being offered another site/preceptor for the designated semester.

8. Deadlines for each semester are outlined via email communication and in the course syllabus.

9. The student is responsible for verifying with the Program Management Specialist or designee that they have been cleared prior to starting in the rotation.

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# NP CLINICAL SITE PLACEMENT FORM

(this form does not go to the preceptor or site)

- Submission is **required** to inform the SON of your intent to be at a site. **It neither confirms nor guarantees placement.**
- Submit a **separate** completed form for each site attending during a clinical course.
- You **may not** begin clinical until you receive a confirmation email from the site or Mellany indicating approval.
- New or expiring agreements may take 3+ months to finalize. Submitting the form late or an incomplete form may delay your clinical rotation.
- Email completed form(s) to mellany.archer@unco.edu.

| Deadlines for form submission | Summer clinicals | Fall clinicals | Spring clinicals |
|---|---|---|---|
| | **March 15th** | **June 15th** | **October 15th** |

## STUDENT INFORMATION

**Name:** _____ **Bear Email:** _____ **Phone:** _____

**Course #:** _____ **Start Date:** _____ **End Date:** _____

**I am an employee of the site listed below or of the health system of which it is a part of:** ◯ **YES** ◯ **NO**

## PRECEPTOR CONTACT & SITE INFORMATION

**Proposed Site:** _____

**Address:** _____

**Preceptor Name:** _____ **Credentials:** _____

*Note: if preceptor is a PA, a supervising physician's name must be documented.*

**Preceptor Email:** _____

**Role/Specialty Area:** _____

**Clinical Overview/Purpose:**
*(OB, Peds, Family Practice, ED, other.)* _____ **# Hours:** _____

## CLINICAL SITE CONTACT INFORMATION

Each site has its own clearance process; accurate contact info is required so UNC can coordinate placement with the appropriate person at the requested site. Please check the box that applies to this request:

☐ I am omitting contact information because the site is well-known to UNC (a large hospital system such as NCMC, UCHealth, etc.).

☐ This is a request for *Denver VA, Kaiser, Salud,* or *Sunrise Community Health*. I am omitting the contact information because placement for these sites is handled through UNC only and not through individual students.

☐ The site or preceptor has provided information regarding the person who coordinates placement; I will complete the fields below:

**Name:** _____ **Email:** _____

**Site Address:** _____

**Phone (OPT):** _____

UNC School of Nursing

**POLICY TITLE:**

# Clinical Experiences during University Closures

**Last Revision/Review Date:** 12/5/2025
**Previous Review Dates:** 11/4/11; 2/9/18 ULT; 4/27/18 NFSO
**Original Policy Date:** 12/11 NFSO
**Sponsoring Committee(s):** School Leadership Team

## DESCRIPTION:

The University of Northern Colorado experiences closure of the campus for a variety of reasons, which affects off site clinical course requirements in various ways. This policy is to set forth general guidelines and student expectations for attendance and communication regarding offsite clinical experiences when the university closes.

## PROCEDURE:

1. University closure for unsafe road conditions (snow or ice):
    a. Attendance in off-campus clinical experiences will be dependent on local conditions.
    b. Undergraduate practicum and NP students will notify their preceptor and clinic/unit manager if they can attend the clinical experience after conferral with the faculty member based on local conditions.
    c. The lead clinical faculty member for undergraduate clinical courses will notify the clinical instructors and students. Clinical instructors will notify the agencies/clinical units that students will not attend the clinical experience during the campus closure.

2. University closure for unsafe road conditions after the start of the clinical experience:
    a. Clinical instructors for undergraduate clinical courses, in consultation with the UG clinical lead faculty or the program coordinator, will determine whether to continue the clinical experience until the end of the shift or to end the clinical experience at the time of the University closure announcement depending on local conditions.
    b. Practicum and NP students will confer with their preceptor and clinical faculty member to make the decision about whether to continue the clinical experience until the end of the shift.

3. Each program coordinator may cancel clinical experiences if the university has not closed and students are not yet at their clinical site and weather conditions exist which may make it unsafe for students to travel to their clinical site. The coordinator will communicate this information with the effected instructors and students. Communication with agencies will be the same as set forth in 1.b and 1.c.

4. University closure for reasons other than unsafe road conditions (power outages, water main break, etc):
    a. Students will participate in clinical experiences as scheduled.

***Per purchasing and contracts, 1/19/18, students are covered by UNC malpractice insurance when performing in other agencies even when UNC is closed for operation.**

UNC School of Nursing

**POLICY TITLE:**

# Performance Standards – Clinical Programs

**Last Revision/Review Date:** 4/26/2024 NFSO; Edits MH/DRC 8.18.25
**Previous Review Dates:** 1/31/14 ULT; 2/14/14 NFSO, 4/29/16 NFSO; 4/18/2022 NFSO
**Original Policy Date:** 1/31/14
**Sponsoring Committee(s):** School Leadership Team – Academic Policy

## DESCRIPTION:

At the University of Northern Colorado, we are committed to creating accessible, inclusive, and equitable learning environments across all programs, including clinical nursing education. In alignment with federal law and institutional policy, students enrolled in the School of Nursing (SON) Clinical Program are expected to engage with program requirements and performance standards, with or without reasonable accommodations. These accommodations are determined through an individualized, interactive process involving the student, the Disability Resource Center (DRC), and the SON in order to uphold both academic and patient care standards while ensuring equitable access.

## PROCEDURE:

1. Students will review and sign the Performance Standards attestation form prior to program commencement and each subsequent semester. Students with concerns about their ability to meet a standard due to a disability or medical condition are encouraged to contact the DRC to initiate the accommodation process. This signed document will be filed in the student's SON file.

2. After enrollment in the Program, if a student develops a temporary health condition or a permanent disability that requires accommodation for any aspect of their learning (including classroom and offsite clinical rotations), they will be directed to contact the DRC, who will facilitate the interactive process to establish reasonable accommodations.

3. As part of the interactive process, when necessary, the DRC will seek information from the SON Director, relevant program coordinator, or course faculty, about the academic requirements essential to the course or program. As part of the interactive process, the DRC may consult SON leadership and faculty to identify any essential requirements of the course or program. This ensures that accommodations are evaluated in relation to academic integrity and licensing standards, and that reasonable modifications do not fundamentally alter core competencies.

4. The DRC will document its conclusions regarding the accommodation and communicate with the requesting student and relevant faculty/director or other relevant persons such as clinical coordinators and supervisors.

5. SON faculty or staff who receive an accommodation request from a student should pass the request along to the DRC directly so the DRC can engage with the student in an interactive process of determining reasonable accommodations. When doing so, faculty and staff should provide the student’s name and contact information so that the process is not impeded.

6. If a student has temporary or ongoing medical restrictions that may impact engagement at a clinical site, they should contact the DRC. Healthcare provider documentation may be needed to inform the interactive process. The DRC will coordinate a discussion with the student, SON Director, and relevant program leaders to explore next steps, which may include temporary modification of clinical participation.

7. For the health and safety of students and patients, some accommodations may need to be disclosed to the clinical agency the student is attending. The clinical agency may deny the requested accommodation if it does not meet their health and safety standards. When clinical agencies raise concerns about a requested accommodation, the DRC and SON will make good faith efforts to identify alternative placements or explore other solutions that maintain access while upholding health and safety. The student will remain an active participant in this process.
8. If, after the interactive process and the implementation of reasonable accommodations, it is determined that a student is unable to meet the essential program requirements, the SON will explore academic alternatives and/or program adjustments in collaboration with the DRC. Dismissal or withdrawal is considered only after all reasonable options for access have been exhausted.

UNC Disability Resource Center Contact Information and Resources - https://www.unco.edu/disability-resource-center/
Email:DRC@unco.edu
Phone at 970-351-2289.

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# Performance Standards

**Print Name: _____**

| Performance Requirement | Description | Standard | Examples of Actions (not all inclusive) | Initials |
|---|---|---|---|---|
| Critical Thinking | Ability to problem solve | Critical thinking ability sufficient for clinical judgment | Identify cause- effect relationships in clinical situations, develop care plans, evaluate the effectiveness of nursing interventions | |
| Interpersonal | Ability to relate to others | Interpersonal abilities sufficient for professional interactions with a diverse population of individuals, families and groups | Identify needs of others, establish rapport with patient, families, colleagues, engage in successful conflict resolution, peer accountability | |
| Communication | Speech, reading, writing | Effective use of English language. Communication adeptness sufficient for verbal, nonverbal and written professional interactions | Explain treatment procedures, initiation of health teaching, documentation and interpretation of nursing actions and patient responses | |
| Mobility / Endurance | Physical ability, strength, stamina | Physical abilities sufficient for movement from room to room quickly and maneuver in small spaces in order to physically perform patient care continuously for up to a 12-hour shift | Movement about patient's room, work spaces, and treatment areas, provide routine personal care and emergency administration of rescue procedures (CPR), walk, sit, and stand for long periods of time | |
| Motor Skills | Physical ability, coordination, dexterity | Gross and fine motor abilities sufficient to provide safe, effective nursing care | Calibration and use of equipment, lift, transfer and position patients, maintain sterile technique | |
| Hearing | Use of auditory sense | Auditory ability sufficient to monitor and assess health needs | Ability to hear monitoring device alarms and other emergency signals and cries for help, auscultatory sounds | |

| | | | | |
|---|---|---|---|---|
| Visual | Use of sight | Visual ability sufficient for observation and assessment necessary in patient care | Observe patient condition and responses to treatments, see calibration markings or numbers | |
| Tactile | Use of touch | Tactile ability sufficient for physical assessment | Ability to palpate and use sense of touch in physical examinations and therapeutic interventions | |
| Emotional/Behavioral | Emotional and mental stability | Emotional stability and appropriate behavior to function effectively under stress and assume responsibility/ accountability for actions | Adaptable, concern for others. Ability to provide safe nursing care in a stressful environment with multiple interruptions, noises, distractions, unexpected patient needs | |

I have read and understand the list of Performance Standards for the nursing program I am enrolled in. Currently, I am able to meet all of the standards with or without reasonable accommodations. I understand that if my situation changes or if I am observed to be unsafe due to temporary or permanent inability to meet any one or more of these standards I will reach out to the Disability Resource Center.

_____

*Print Name*

_____

*Signature* *Date*

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**POLICY TITLE:**

# Confidentiality Statement

**Last Revision/Review Date:** 12/5/2025
**Previous Review Dates:** 9/16/11; 4/20/18 ULT; 4/27/18 NFSO
**Original Policy Date:** 10/2011
**Sponsoring Committee(s):** School Leadership Team

## DESCRIPTION:

As a part of their program of study and in accordance with standard affiliation agreements with partnering clinical agencies, students are required to abide by federal laws and clinical agency policies and procedures related to privacy and confidentiality of protected patient information.

## PROCEDURE:

1. The program coordinator for each clinical nursing program will review this policy with students during program orientation and ask students to sign attesting their understanding and agreement to maintain patient privacy and confidentiality and abide by federal laws throughout the program.
2.
3. Students will review the policy and sign the form at the beginning of each semester including clinical rotations throughout the program.

4. The policy and form will be provided to the student for signature in an online platform allowing digital signatures (i.e. Typhon). The signed forms will be filed in the student's file i located on the SON Sharepoint.

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# Confidentiality Statement

I understand that during my educational experience in the University of Northern Colorado, I will come in contact with protected health and other information for which I am required by federal law and agency policies to keep confidential. This information may be in oral, written, or electronic format, and includes, but is not limited to, patient information, personnel/employee information, and computer or access codes.

I agree to become familiar with and abide by all federal laws (i.e. HIPAA and HITECH) and clinical agency policies and procedures related to privacy and confidentiality of patient and other information. **All patient information is confidential.**

I agree I am responsible to:

- Access and communicate information only on a need to know basis.
- Never access confidential information merely for personal interest.
- Communicate information only to those authorized to receive it.
- Report inappropriate use of information to my clinical instructor or preceptor.
- Maintain confidentiality of computer access codes.
- Exclusively use student login/computer access codes during clinical rotations (i.e. refrain from using employee login credentials during student experiences if also employed by the agency)
- Access patient information or medical records while at the clinical site (not from home or other location)
- Dispose of all confidential written and printed information by shredding according to agency policy
- Avoid communicating any information about patients, clinical sites, clinical instructor, peers, or agency personnel by e-mail, on social media sites, or on any other internet platform.
- Avoid communicating patient or other protected information via text/phone messaging platforms.
- Not duplicate (copying, taking a picture or capturing an image) of any part of a medical record or of patient care.
- Avoid taking any photos in the clinical setting
- Avoid use of agency logos, trademarks, symbols, images, or any similar documents, for any purpose
- Avoid electronically recording, patients, conversations, or any other information in the clinical setting

**I understand and acknowledge that, in the event I breach any provisions of this confidentiality statement or the confidentiality policies and procedures of a clinical agency, I may be dismissed from the Nursing Program. I may also face legal ramifications from the clinical agency.**

Signature of student Date

Printed name of student

# Undergraduate Specific Polices

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**POLICY TITLE:**

# BSN Prelicensure Program – Dress Code & Uniform Policy

**Last Revision/Review Date:** 5/2/2025 NFSO
**Previous Review Dates:** 4/28/00, 2/2/01, 2/29/08, 3/15/08 dwl; 11/16/12 ULT/NFSO; 1/25/13 ULT/NFSO; 12/4/15 ULT/NFSO; 1/9/16 NFSO; 11/30/18 ULT/NFSO, 10.29.2021 NFSO; 10.7.22 NFSO
**Original Policy Date:** 9/23/79
**Sponsoring Committee(s):** Undergraduate Leadership Team

The UNC prelicensure BSN program uniform identifies you as a UNC student, which contributes to transparency and safety when you are functioning in the clinical setting. It also serves as a sign of respect for the patient and organization (hospital, clinic, etc.). A nursing student's appearance is a direct reflection of their attitude regarding the profession of nursing and is thus a reflection on the UNC School of Nursing.

The UNC School of Nursing strives for inclusion and equity of all students. Exemptions related to cultural considerations should be addressed with the Assistant Director of Undergraduate Programs.

All students in the BSN prelicensure program must purchase and are expected to wear the designated uniform for the UNC School of Nursing when indicated for clinical or other experiences. Specific agency requirements may supersede use of the uniform for some rotations (e.g., preceptorship, community health). The proper UNC uniform is mandatory in all clinical and laboratory settings.

## CLINICAL ATTIRE

**Uniform:**
The UNC School of Nursing regulation uniform is a specified, approved navy-blue tunic with pants. A long sleeved black, navy blue, grey or white tee shirt without visible logo may be worn under the scrub top. A navy-blue uniform jacket may be worn and must have the UNC logo on the sleeve.

A navy-blue UNC labeled uniform jacket and student nurse nametag may be worn over non-work attire when not wearing a uniform in the clinical setting if appropriate. Non-work attire worn under the lab coat must be professional in appearance. Clothing should fit properly, be clean, in good condition and of a length and style that does not interfere in performing job duties.

Students must have a stethoscope and a watch with a sweeping second-hand or digital second indicator in all clinical settings.

**Name Badge:** Students are required to wear their name badges, identifying them as BSN students from UNC, during all clinical experiences. Any device used to wear the name badge must be of material that breaks away easily. Students are required to wear their name badge at chest level.

**School of Nursing Patch:** UNC identification patch must be permanently attached on the sleeve of the regulation uniform, three inches below the left shoulder seam. Patches can be purchased by students from the University Bookstore.

**Shoes:** Shoes should be good quality, comfortable, in good repair and dedicated to the work setting. Safety, comfort, appearance, and quietness should be the prime considerations in the selection of appropriate footwear. Mostly grey, white or black shoes are acceptable. Shoes must be completely enclosed. Open-toed or open-backed shoes (including clogs with back strap) are prohibited.

**Socks or Tights:** Socks without visible words or logos or solid color tights must be worn.

**PERSONAL APPEARANCE:**

**Hygiene:** Good personal hygiene is the responsibility of each student and is respectful of patients and colleagues in the clinical environment. Students are expected to bathe regularly, to conduct proper oral hygiene, and to use deodorant to prevent offensive body odors. Uniform should be laundered and wrinkle free. Shoes should be kept clean. Scented soaps, lotions, perfumes, and colognes may offend or elicit allergic responses among patients and clinical staff and should be avoided while students are engaged in clinical settings.

**Jewelry:** Jewelry is a potential source of contamination in the clinical setting as well as a safety concern. Engagement rings and wedding bands may be worn (other rings are prohibited). One small, stud earring anywhere on each ear may be worn (any other earring should be removed or may be replaced with a clear or skin-colored plug). Larger ear gauges must be covered or plugged with skin-colored plugs. All other visible body piercing jewelry are not permitted and must be removed prior to entering the clinical site. No other jewelry may be worn. Medic alert and wristwatches are not considered jewelry.

**Hair:** Hair should be pulled back and off shoulders if longer than shoulder length for safety purposes. Barrettes and black, navy blue, grey, or white headbands and head coverings are acceptable (hats and beanies are not acceptable). Sideburns, beards, and mustaches must be short, neat, well-trimmed, and follow the contours of the face for sanitary and safety purposes.

**Nails:** Artificial nails/nail tips are strictly prohibited in all clinical environments. Nails must be maintained at a length no longer than the fingertip and kept free of debris and polish.

**Cosmetics:** Heavy use of makeup is not acceptable. Scented lotions, perfumes, colognes, and after shaves may not be used. Heavy scents of any kind can be detrimental to the health of patients.

**Smoking, Vaping, Gum Chewing:** Smoking or vaping any substance is prohibited. An individual and their clothing must be free of smoking or vaping odor. Chewing gum is prohibited when interacting with patients and in the nursing labs.

**Tattoos:** Tattoos must be covered. Tattoos on the hands must be discussed with the clinical course coordinator.

**PROCEDURE:**

1. The dress code and uniform policy will be placed in the student handbook and reviewed at the time of admission to the program and during orientation.

2. Students will be informed that failure to comply with this Dress code and Uniform Policy may result in disciplinary action as recommended by faculty of record.

3. Medical exceptions or cultural/religious considerations with the policy may be made by the Assistant Director of Undergraduate Programs on a case-by-case basis.

**POLICY TITLE:**

# Clinical Performance Evaluation - Undergraduate

**Last Revision/Review Date:** 5/1/2026 NFSO
**Previous Review Dates:** 4/24/11ULT; 4/18/14 ULT; 4/19/19 ULT/NFSO; 3/1/2024 NFSO; 3/7/2025 NFSO
**Original Policy Date:** 5/6/2011
**Sponsoring Committee(s):** Undergraduate Leadership Team

## DESCRIPTION:

Each student must receive a satisfactory grade in clinical performance in order to pass each clinical course. During the progression of the clinical course, each student will receive ongoing verbal as well as a final written evaluation of their clinical performance from the clinical instructor. The final written evaluation will be based on the clinical evaluation tool designed for each clinical course.

## PROCEDURE:

1. In order to receive a satisfactory grade for clinical performance in a clinical course, the student must
    a. Receive a grade of satisfactory on each critical behavior as indicated on each clinical evaluation tool.
    b. Receive a grade of satisfactory or needs improvement on each clinical objective other than the critical behaviors (see 1.a)
    c. Adhere to the student code of conduct.

2. If it becomes apparent during the progression of the clinical course that the student is not meeting the objectives of the course as indicated in #1 above, the clinical instructor will notify the lead clinical faculty member. Students who are unable to satisfactorily meet clinical course objectives may complete a Clinical Remediation Plan (attached) or fail the course at the determination of the clinical instructor and lead clinical faculty.

3. If the Clinical Remediation Plan is implemented, the clinical instructor will review the plan outlined in the Clinical Remediation Plan with the student prior to the next scheduled clinical day.
    a. At the designated follow-up time indicated on the Clinical Remediation Plan, the clinical instructor will complete the follow-up section of the form and review the information with the student.
    b. The clinical instructor will then forward the form to the lead clinical faculty who will review, sign, notify the Program Coordinator, and place the form in the student's School of Nursing official record.

4. Should an incident occur near the end of the scheduled clinical experience that would prevent the student from receiving a satisfactory grade as indicated in #1 above and adequate time is not available for a remediation plan to be implemented and evaluated, it is at the discretion of the clinical lead faculty, in collaboration with the clinical instructor, to write a formal remediation plan (as per instructions in # 3 above) that will bridge to the successive clinical course. Lead clinical faculty will determine if remediation or course failure is warranted.
    a. If a formal remediation plan is in place, the student will be allowed to pass the initial clinical course, with the stipulation that the student successfully meets the requirements of the Clinical Remediation Plan by a predetermined date in the subsequent clinical course.
        i. At the time the bridge remediation plan is initiated, the student will be notified that the remediation plan will be shared, as necessary, with the subsequent semesters' clinical instructors, clinical lead faculty, and Program Coordinator and placed in the student's School of Nursing official record.
        ii. Should the student be unsuccessful in meeting the requirements of the Clinical Remediation Plan by the predetermined date, the student will receive an unsatisfactory clinical course grade.

5. Should a student subsequently demonstrate the same unsatisfactory behaviors or needs improvement on critical behaviors during their remaining clinical experiences within the School of Nursing, it is the discretion of the Program Coordinator to enact a plan that may include the appointment of an unsatisfactory grade.

6. The clinical agency shall maintain the right to refuse the return of a student who has not adhered to agency policies and procedures. This may result in an unsatisfactory clinical grade.

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# Clinical Remediation Plan

**A plan for student success**

**Student Name:** _____

**Faculty Member:** _____

**Date:** _____

**Course:** _____

**This is notification that you currently have unsatisfactory performance in clinical. You are not meeting the following clinical objectives based on the data outlined below:**

**In order for you to achieve a grade of satisfactory in clinical, you will need to do the following:**

**Student Signature:** _____

**Faculty Signature:** _____

**Date Reviewed with Student:** _____

## Follow up

**Student is meeting the clinical objectives and has satisfactorily completed the items outlined in the remediation plan above.**

❑ Yes ❑ No

**Comments:**

**I understand that this remediation plan and the course evaluation will be shared with the course coordinator and the clinical faculty of future semesters.**

**Student Signature:** _____
**Date**

**Clinical Faculty Signature:** _____
**Date**

**Clinical Lead Faculty Signature:** _____
**Date**

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**POLICY TITLE:**

# Critical Behaviors for Satisfactory Achievement in Clinical Nursing Courses

**Last Revision/Review Date:** 12/5/2025
**Previous Review Dates:** 11/17/79; 5/88 SB; 4/10/98 LC; 2/09 NFSO; 1/31/14 ULT; 2/4/14 NFSO
**Original Policy Date:** 5/19/78
**Sponsoring Committee(s):** ULT

## DESCRIPTION:

To achieve a satisfactory/passing grade in any clinical nursing course, the student must demonstrate safe nursing care and acceptable professional behavior. Failure to adhere to the following practices may result in a failing grade.

1. Refrain from engaging in client care when physical or emotional condition is a threat to clients and/or others.
2. Carry out nursing intervention in a safe manner.
3. Engage in nursing practice in accordance with the student's level of preparation, legal limitations, and agency policy.
4. Communicate with faculty and health team members respectfully, appropriately, honestly and accurately, including reporting errors of omission or commission to appropriate persons.
5. Maintain confidentiality of client information.
6. Notify faculty or the individual designated in advance if they will be absent from any assigned experience.
7. Seek appropriate supervision and/or consultation in the planning and provision of nursing care.
8. Acknowledge and accept responsibility for their own actions.
9. Demonstrates professional behaviors (e.g. self-directed, prepared for clinical, on time, appropriate use of electronic devices, and dressed according to course dress code).

## PROCEDURE:

1. Clinical instructor(s) and lead clinical faculty will confer regarding student's failure to adhere to any of the above critical behaviors. A decision will be reached regarding whether the situation warrants a failing grade in the course.
2. Involved faculty will place an anecdotal record in the student's file with a copy to the student and the Assistant Director.

# Graduate Specific Polices

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**POLICY TITLE:**

# Clinical Performance Evaluation – APRN students

**Last Revision/Review Date:** 10/21/15 GLT/NFSO; Reviewed GLT 4/2022
**Previous Review Dates:**
**Original Policy Date:** 10/31/14
**Sponsoring Committee(s):** Graduate Leadership Team

## DESCRIPTION:

Each student must receive a satisfactory grade in clinical performance in order to pass each clinical course. During the progression of the clinical course, each student will receive ongoing verbal as well as a final written evaluation (see attached tools) of his/her clinical performance from their clinical preceptor and clinical faculty. In courses that have a clinical component, both the didactic and clinical portions must be passed in order to receive a passing grade for the course.

## PROCEDURE:

1. If it becomes apparent during the progression of the clinical course that the student is not meeting the objectives of a clinical course and the clinical preceptor and/or course faculty deems that a formal remediation is indicated, the course faculty (in collaboration with the clinical preceptor) will complete a Notification of Unsatisfactory Clinical Performance form (see attached).

2. The course faculty will review the plan outlined in the Notification of Unsatisfactory Clinical Performance form with the student prior to the next scheduled clinical day.

    a. At the designated follow-up time indicated on the Notification of Unsatisfactory Clinical Performance form, the clinical preceptor and/or course faculty will complete the follow-up section of the form and review the information with the student. The form will then be reviewed, signed, and placed in the student's School of Nursing official record.
    b. At the time the remediation plan is initiated, the student will be notified that the remediation plan will be shared with the subsequent semesters' clinical preceptors and course faculty and placed in the student's School of Nursing official record.
    c. Should the student be unsuccessful in meeting the requirements of the Notification of Unsatisfactory Clinical Performance by a predetermined date, the student will receive an unsatisfactory clinical grade.

3. The clinical agency/clinic shall maintain the right to refuse the return of a student who has not adhered to agency policies and procedures. This may result in an unsatisfactory clinical grade.

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# Notification of Unsatisfactory Clinical Performance

**Student Name:** _____

**Clinical Preceptor:** _____

**Course Faculty:** _____

**Date:** _____

**Course:** _____

**This is notification that you currently have unsatisfactory performance in clinical. You are not meeting the following clinical objectives based on the data outlined below:**

**In order for you to achieve a grade of satisfactory in clinical, you will need to do the following:**

**Student Signature:** _____

**Clinical Preceptor:** _____

**Faculty Signature:** _____

**Date Reviewed with Student:** _____

## Follow up *(Notification of Unsatisfactory Clinical Performance)*

**Student is meeting the clinical objectives and has satisfactorily completed the items outlined in the remediation plan above.**

❑ Yes ❑ No

**Comments:**

**I understand that this remediation plan and the course evaluation will be shared with the course faculty and the clinical preceptors of future clinical courses.**

**Student Signature:** _____

**Date**

**Clinical Faculty Signature:** _____

**Date**

UNC School of Nursing

**POLICY TITLE:**

# Graduate Preceptor Policy

**Last Revision/Review Date:** 3/6/2026 NFSO
**Previous Review Dates:** 4/10/98; 12/08 GLT; 7/29/14; 1/13/17 GLT; 2/3/17 NFSO/ GLT 2/2022;
**Original Policy Date:** 1/26/90
**Sponsoring Committee(s):** Graduate Leadership Team

**DESCRIPTION:**

The preceptor is an expert practitioner (e.g. Advanced Practice Registered Nurse {NP, CNS, CNM, CRNA}, physician {MD, DO}, physician assistant (PA), or other relevant specialist in the health profession) who is approved by the course faculty of record in consultation with the program coordinator. The preceptor actively practices in the area that is consistent with the clinical hours and course requirements. The preceptor provides the student with learning experiences for the student to meet the course objectives. The preceptor acts as a professional role model, resource, facilitator, coach, and mentor. The School of Nursing provides guidance to these preceptors in achieving the course and clinical expectations.

**PROCEDURE:**

1. Students in conjunction with faculty will identify their preferred preceptor and/or clinical site in context of the program and course requirements.
2. The Program Coordinator and Graduate Program Management Specialist verify if the preferred preceptor and clinical site are appropriate for the course's educational goals. This includes any preceptor and/or clinical site new to the program.
3. If approved, the student will submit a *Request for Clinical Placement* form to the Graduate Program Management Specialist, who then determines if an affiliation agreement needs to be established, renewed, or is current. If the preceptor/clinical site is out of state, the Graduate Program Management Specialist will verify with UNC's State Authorization Compliance and Assessment Specialist to see whether the student is allowed to complete a clinical rotation in that particular state.
4. The UNC State Authorization Compliance and Assessment Specialist will then begin the process of submitting materials to the specific state Board of Nursing to meet those state requirements and works with the Graduate Program Management Specialist and SON Director to successfully complete any State Board of Nursing requirements.
5. The Graduate Program Management Specialist verifies that the preceptor is willing to accept the role as a preceptor for the student through personal contact then begins assisting the student with any specific required onboarding for the site.
6. The student submits to the course faculty member a signed, written, informal agreement outlining the objectives for the clinical rotation agreed upon by the student and the preceptor. The student reviews the syllabus with the preceptor and provides a copy including the evaluation form.
7. The Gradate Program Management Specialist sends a welcome letter with information to guide the preceptor in successful completion of these clinical educational hours and requests updates on the preceptor's credentials. Those credentials are uploaded into the electronic tracking system upon receipt. Students are responsible for insuring that all preceptor credentials are loaded into the electronic clinical tracking system.
8. The preceptor and student complete an evaluation at the end of the student's rotation through the electronic tracking system or through a paper evaluation returned to the course faculty.
9. The Graduate Program Management Specialist sends a letter of appreciation with the total number of student precepting hours to the preceptor at the end of the semester.

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**Student Clinical Handbook Agreement**
**2026-2027**

I have read, understand and agree to abide by the policies and guideline outlined in this School of Nursing Student Clinical Handbook. I have asked questions to clarify anything I don't understand.

Printed Name: _____

Signature: _____

Date: _____