

Appendix D

**County College of Morris
*Inter-Office Memorandum***

To: Nursing Students

From: Lesley Andrew, Chairperson
Department of Nursing

Subject: Criminal History Background Check and Urine Drug Screening

I acknowledge that I have received written notification informing me that all students in clinical sections will be required to submit to a Criminal History Background Check and Urine Drug Screening as mandated by the Joint Commission and Clinical Affiliate Contractual Guidelines. These Criminal History Background Checks will occur on an annual basis. If the background check yields a positive result, admission into the professional phase of the program may be denied. If at any time after acceptance into the professional phase of the program a student has a positive criminal history background record, it may result in dismissal from the program.

All students accepted for reinstatement must have an updated Criminal History Background Check before they will be permitted to attend clinical.

When a graduate applies for licensure as a nurse in New Jersey, the New Jersey Board of Nursing requires a Criminal History Background Check. If the Criminal History Background Check reveals a criminal conviction, a review of the application by the Board of Nursing is required.

LA/di

Signature

Date

Print Name

County College of Morris
Division of Health and Natural Sciences
Allied Health and Nursing
HIPPA Policy

All students will comply with the policies and procedures governing the use and disclosure of individually identifiable health information under federal law 45 CFR parts 160 and 164 HIPAA. All students are required **to de-identify individually identifiable health information in the records produced and retained by them.**

Individually identifiable health information:

- 1) Name
- 2) Address
- 3) All dates directly related to an individual, i.e. date of birth, admission date, discharge date, date of death and all information indicating the age of the individual.
- 4) Telephone and fax numbers
- 5) Electronic mail addresses
- 6) Social Security Numbers
- 7) Medical record numbers
- 8) Health plan beneficiary number
- 9) Account number
- 10) Certificate/license number
- 11) Vehicle identifiers and serial numbers, including license plate numbers
- 12) Device identifiers and serial numbers
- 13) Web Universal Resource Locators (URLs)

Any paperwork or radiography that a student produces must not have any reference to the patient's name or the hospital. No PHI (Personal Health Information) can be put into any CCM or personal computers or personal electronic devices. Students are prohibited from photographing any hospital documents or patients. Any breach of PHI or HIPA privacy or non-disclosure requirements must be reported to the hospital or medical facility immediately.

Any student who violates PHI or HIPPA privacy or non-disclosure requirements will be dismissed from the Allied Health or Nursing Program. The student may appeal the decision to the Dean of the Division of Health and Natural Sciences and the Vice President of Academic Affairs. The Vice President of Academic Affairs decision is final. The student is not eligible to reapply to either the Allied Health or Nursing program.

Signature of Student

Date

Print Name

**County College of Morris
Nursing
Student Education Records and
Identification Information Release Form**

Student's Name: _____

Date of Birth: ____/____/____

Student ID Number: _____

Social Security Number: _____

CCM Student Email: _____

Address: _____

Telephone Number: (_____) _____ - _____

I _____, hereby, authorize County College of Morris, 214 Center Grove Road, Randolph, New Jersey 07869, to release my educational records and other identifying information, including address, date of birth, telephone number and social security number to the clinical sites where I am participating and/or regulatory agencies requesting these educational records and identifying information. This document will remain in effect while I am enrolled in the professional phase of the program up to a two year period from the signature date.

I understand this identifying information may be required by the clinical facilities for purposes of issuing student ID badges as well as accessing electronic health records and other sensitive data during clinical rotations.

Student's Signature

Date

Witness' Signature

Date

**County College of Morris
Nursing Department**

Acknowledgement of Nursing Department Attendance Policy

I understand that attendance is a part of the grading system in the Nursing Program at CCM.

I understand that regular and prompt attendance at all classes, including lecture, precept and campus lab is expected and recommended.

I understand that 2 clinical absences may result in a clinical failure for the course. Documented proof of medical and/or other reasons must be provided. Student must present their case to the course specific faculty team.

I understand that my signature on the lecture, precept and campus laboratory "Attendance Sheet" is proof of my attendance and it is my responsibility to sign-in at lecture, precept and campus laboratory.

I understand that CCM does not inhibit or penalize students for exercising their right to religious observance. If a student may be absent from class or miss scheduled coursework in order to observe religious holidays, it is the student's responsibility to notify the course instructor within the first two (2) weeks of the semester/term of the specific dates conflicting with coursework.

If I have any questions, I can refer to the Student Handbook Policy on Attendance and the Course Specific Syllabus Policy on Attendance or make an appointment with my Nursing Program Advisor.

Student Signature: _____

Date: _____

Printed Student Name: _____

Student ID #: _____