



## Mandatory Requirements Information

All charges/ costs are the responsibility of the student. Students may not **BEGIN** the nursing program or attend clinicals if these requirements are not submitted prior to the start of nursing courses. All mandatory documentation must be submitted as directed. Acceptable methods of submission are: in person, by mail or via email. All submissions will be reviewed for completion; students will be notified if a submitted document is not acceptable.

This document is to serve as a guide for requirement completion; the full policy regarding mandatory requirements can be found in the Nursing Student Handbook or the Iowa Wesleyan University Catalog.

### **INITIAL** Requirements to be submitted when entering the Nursing Program

Note: The Division of Nursing requires students to maintain original documents with the exclusion of signed documents as directed.

Requirement	Description	Completed
<b>Nursing Student Handbook Signature Page</b>	The IW Nursing Student Handbook signature page can be found within the Nursing Student Handbook. Please submit the signed document for the current academic year; a copy should be kept for your records.	
<b>Core Performance Standards Document</b>	Please submit the original signed document; a copy should be kept for your records.	
<b>CNA Certification OR Licensure (LPN, RN)</b>	Certification must be achieved PRIOR to entering the Nursing Program. Provide a copy of the card and/or proof of certification. Exception: LPNs or RNs submit a copy of active nursing licensure; licensure must be maintained while enrolled.	
<b>CPR for Healthcare Providers</b>	MUST be the <b>American Heart Association: Basic Life Support</b> ; must be kept current while enrolled in nursing.	
<b>Proof of Health Insurance</b>	Provide a copy of a current health insurance card, front and back; must be maintained while enrolled.	
<b>Physical Exam</b>	See attached form; physicals submitted on alternate forms will be reviewed by the DoN prior to acceptance.	
<b>Drug Screen (Urine)</b>	Urine drug screening may be completed through a student's primary care office or through an outside entity such as the Alcohol and Drug Dependency Services of Southeast Iowa.	
<b>Immunizations*</b>	Hepatitis B: Series of three (3), or titer showing immunity.	
	Measles, Mumps, Rubella (MMR): A series of two (2), or titer showing immunity.	
	Diphtheria, Tetanus, and Pertussis (DTaP): Must be within the last 10 years. Must be kept current while enrolled in nursing.	
	Varicella: A series of two (2), or titer showing immunity.	
	Influenza: annual vaccination (fall).	
<b>TB Testing</b>	A baseline symptom screening AND <u>two-step tuberculosis</u> (TB) skin test is required. See attached form. If a student has had a previous positive skin test, a chest radiograph is required to indicate no active disease. The complete TB testing policy can be found within the Nursing Student Handbook.	

<b>Mandatory Reporting: Child and Dependent Adult Abuse Training</b>	Information regarding Mandatory Reporter Training can be found here: <a href="https://dhs.iowa.gov/child-welfare/mandatoryreporter">https://dhs.iowa.gov/child-welfare/mandatoryreporter</a> Must be kept current while enrolled.	
<b>Criminal Background Check and Dependent Adult and Child Abuse Registry Search</b>	The background check will be initiated the first day of nursing classes (or prior for RN to BSN students). Students should self-disclose offenses, as applicable, prior to entering the Nursing Program and while enrolled. Please see the Nursing Student Handbook for more information.	
<b>Universal Precautions, Blood Borne Pathogens &amp; HIPAA training</b>	Weblinks for completion of this training will be emailed to the student. All modules must be reviewed in their entirety. Once completed, both quizzes must be completed with a score of 80% or better. Completed certificates must be submitted.	

Return All Completed Documentation to:

Iowa Wesleyan University  
Alexandria A. Pardall  
Administrative Assistant DoN  
601 North Main Street  
Mount Pleasant, IA 52641-1398

OR

or Email: alexandria.pardall@iw.edu

Please be aware of the following:

Pursuant to Iowa Code 2.10(6): Nursing courses with a clinical or practicum component may not be taken by a person:

- a. Who has been denied licensure by the board.
- b. Whose license is currently suspended, surrendered or revoked in any United States jurisdiction.
- c. Whose license is currently suspended, surrendered or revoked in another country due to disciplinary action.

Reviewed 7/11, 1/12, 3/13, 06/14, 7/14, 4/15, 6/15, 4/16, 5/18, 11/18, 4/19, 04/2021

Revised 8/19



## Mandatory Requirements Information

All charges/ costs are the responsibility of the student. Students may not **BEGIN** the nursing program or attend clinicals if these requirements are not submitted prior to the start of nursing courses. All mandatory documentation must be submitted as directed. Acceptable methods of submission are: in person, by mail or via email. All submissions will be reviewed for completion; students will be notified if a submitted document is not acceptable.

This document is to serve as a guide for requirement completion; the full policy regarding mandatory requirements can be found in the Nursing Student Handbook or the Iowa Wesleyan University Catalog.

## ANNUAL Requirements for Students

Note: The Division of Nursing requires students to maintain original documents with the exclusion of signed documents as directed.

Requirements	Description	Completed
<b>Nursing Student Handbook Signature Page</b>	The IW Nursing Student Handbook signature page can be found within the Nursing Student Handbook. The original signed document should be submitted annually for the new academic year.	
<b>Core Performance Standards Document</b>	Please submit an updated Core Performance Document. The original signed document should be submitted; a copy should be kept for your records.	
<b>Licensure (LPN, RN)</b>	Active nursing licensure (LPNs or RNs) must be maintained while enrolled in nursing.	
<b>CPR for Healthcare Providers</b>	CPR certification must be maintained while enrolled in nursing. CPR training must be completed through the <b>American Heart Association (Basic Life Support)</b> .	
<b>Proof of Health Insurance</b>	Provide a copy of your current health insurance card, front and back; must be maintained while enrolled.	
<b>Physical Exam</b>	See attached form; physicals submitted on alternate forms will be reviewed by the DoN prior to acceptance. A physical examination must be completed yearly.	
<b>Immunizations*</b>	Diphtheria, Tetanus, and Pertussis (DTaP): Must be within the last 10 years.	
	Influenza: annually (fall).	
<b>TB Testing</b>	Annual symptom screening AND TB testing via skin testing is required while enrolled in the nursing program. See attached form. <i>If a student is more than 30 days overdue for annual TB testing, a two-step TB skin test is required.</i> If a student has tested positive in the past and has had a chest radiograph to rule out active disease, repeat radiographs are not necessary unless symptoms of TB develop or if recommended by a care provider. Annual symptom screening is still required. See the Nursing Student Handbook for more information.	

<b>Mandatory Reporting: Child and Dependent Adult Abuse Training</b>	Please check the expiration date; mandatory reporter training must be kept current while enrolled in nursing.	
<b>Universal Precautions, Blood Borne Pathogens &amp; HIPAA training</b>	Weblinks for completion of this training will be emailed to the student. All modules must be reviewed in their entirety. Once completed, both quizzes must be completed with a score of 80% or better. Completed certificates must be submitted. Training must be done annually.	

Return All Completed Documentation to:

Iowa Wesleyan University  
 Alexandria A. Pardall  
 Administrative Assistant DoN  
 601 North Main Street  
 Mount Pleasant, IA 52641-1398

OR

or Email: alexandria.pardall@iw.edu

Please be aware of the following:

Pursuant to Iowa Code 2.10(6): Nursing courses with a clinical or practicum component may not be taken by a person:

- a. Who has been denied licensure by the board.
- b. Whose license is currently suspended, surrendered or revoked in any United States jurisdiction.
- c. Whose license is currently suspended, surrendered or revoked in another country due to disciplinary action.

Iowa Wesleyan University  
Division of Nursing  
Health History

Complete this portion before going to your primary health care provider for examination. Please print.

Student's name (last, first, middle)

\_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number \_\_\_\_\_

Student's cell phone number \_\_\_\_\_

Social Security number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Female  Male Date of birth \_\_\_\_\_

Marital status \_\_\_\_\_

Expected graduation year \_\_\_\_\_

Residence Plan:  On campus  Commute

**Emergency Information**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

**Accident and/or Health Insurance**

Insurance company name

\_\_\_\_\_

Insurance company address

\_\_\_\_\_

Agreement/Policy number (include letters) \_\_\_\_\_

Group number \_\_\_\_\_

Name of insured \_\_\_\_\_

Relationship \_\_\_\_\_

**Family Medical History**

Check the appropriate box if any of the following apply to your family.

**Disease Relationship**

Alcoholism/Drug Addiction \_\_\_\_\_

Cancer \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Disease \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Emotional/Mental Illness \_\_\_\_\_

Stroke \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Personal Medical History**

Have you *ever had* any of the following medical problems?

- Anemia
- Anorexia Nervosa
- Asthma
- Bleeding Trait
- Bulimia
- Cancer
- Chicken Pox
- Chronic Inflammatory Bowel Disease
- Diabetes
- Emotional/Mental Illness
- Fractures (type: \_\_\_\_\_)
- German Measles (Rubella)
- Head Injury or Concussion
- Hepatitis (type: \_\_\_\_\_)
- Hypertension (high blood pressure)
- Joint/Muscle/Tendon Problem  
(Type: \_\_\_\_\_)
- Kidney Stones
- Measles (Rubella)

- Mumps
- Obesity
- Mononucleosis
- Pelvic Infection
- Peptic Ulcer
- Phlebitis
- Polio
- Prostatitis
- Rheumatic Fever
- Seizure Disorder (Epilepsy)
- Tuberculosis
- Urinary Tract Infection
- Sexually Transmitted Disease
- Other (specify):  
\_\_\_\_\_

Are you being treated for **any** medical condition?  Yes  No

Please specify: \_\_\_\_\_

Are you taking any medication?  Yes  No

Please specify: \_\_\_\_\_

Do you have now, or have you ever been told, that you have a heart condition?  Yes  No

Please specify: \_\_\_\_\_

Have you ever experienced chest pain, dizziness or loss of consciousness during or after exercise?  Yes  No

Please specify: \_\_\_\_\_

Has anyone in your family experienced a sudden, serious cardiac event before the age of 40?  Yes  No

Please specify: \_\_\_\_\_

**Allergies**

Are you allergic to **anything** – including prescription medications, over-the-counter medications, foods, insects, environmental, inhalants?

Please specify allergy and reaction.

No known allergies

Allergic to: \_\_\_\_\_

Reaction: \_\_\_\_\_

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physical Examination**

**This section is to be completed by the primary health care provider. Please print.**

Student's name (last, first, middle)

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Visual Acuity (R) 20/ \_\_\_\_\_ (L) 20/ \_\_\_\_\_

**Systems Review**

*Normal Abnormal Describe Abnormalities*

Skin \_\_\_\_\_

HEENT \_\_\_\_\_

Lymph Nodes \_\_\_\_\_

Neck \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Back \_\_\_\_\_

Breasts \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia (Male) \_\_\_\_\_

Pelvic (Female) \_\_\_\_\_

Rectal \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Neur/Psych \_\_\_\_\_

**General Comments**

Recommendations for physical activity

Unlimited \_\_\_\_\_ Limited \_\_\_\_\_ Explain: \_\_\_\_\_

Do you have any recommendations regarding the care of this patient?

Is this patient now under treatment for any medical or emotional condition?

**Primary Health Care Provider's Information**

PHCP's Name \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

PHCP's Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Core Performance Standards

All nursing students are expected to have the capability to complete the entire nursing curriculum. The nursing curriculum requires demonstrated proficiency in a variety of skills. All students should be able to perform each of the activities with or without reasonable accommodations.

ISSUE	STANDARD	EXAMPLES OF NECESSARY ACTIVITIES (not all inclusive)
Critical thinking	Critical thinking ability sufficient for clinical judgment	Identify cause-effect relationship in nursing clinical and classroom situations. Predict outcomes based on plans of care for clients across life span. Differentiate extraneous data from pertinent data. Synthesize theory and apply to client care situations. Analyze and synthesize information to support or defend a position. Calculate prescribed drugs. Make safe judgments.
Interpersonal abilities	Interpersonal abilities sufficient to interact with peers and faculty.	Function in groups. Establish rapport and therapeutic relationships with clients. Maintain professional boundaries.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Express ideas/thoughts and receive those of others in classroom and clinical setting. Explain treatment procedures, initiate health teaching, document and interpret nursing actions and client response.
Mobility	Gross motor abilities to move from room to room, maneuver in small spaces.	Move around in client's room, work spaces, and treatment areas, perform cardiopulmonary procedures, assist in ambulation, lift and transfer clients (suggested minimum of 50 lbs.). Possess sufficient mobility and stamina to function in a clinical setting for a given period of time.
Fine motor skills	Manual dexterity sufficient to provide safe and effective care.	Complete examinations/evaluations by writing, typing, or demonstration. Calibrate and use equipment.
Hearing	Auditory ability sufficient to monitor and assess health needs.	Hear basic conversation, monitor alarms, emergency signals, auscultatory sounds, and cries for help.
Visual	Visual ability sufficient to monitor and assess health needs.	Read documents (charts, lab reports). Read calibrations of syringes, sphygmomanometer, thermometers, equipment output (waves, printouts, digital readings). Observe client behaviors (color changes, nonverbal communication).
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, percussion, functions of physical examination and/or those related to therapeutic intervention, assess temperature changes.
Emotional stability	Emotional stability sufficient to assume responsibility/accountability for actions.	Respond appropriately to suggestions for improvement. Accept criticism.
Health	Characteristics that would not compromise health and safety of clients.	Minimize exposure to and seek appropriate treatment for communicable diseases.
Accountability & Responsibility	Demonstrate accountability and responsibility in all aspects of nursing practice	Able to distinguish right from wrong, legal from illegal and act accordingly Accept responsibility for own actions Able to comprehend ethical standards and agree to abide by them Consider the needs of patients in deference to one's own needs

Reviewed 06/2018

**Adapted from:** REB Council on Collegiate Education for Nursing, (March, 1993). The Americans with Disabilities Act: Implications for nursing education. [On-line]. Available: <https://www.google.com/url?q=https://www.sreb.org/publication/americans-disabilities-act>

The above statement of criteria is not intended as a complete listing of nursing practice behaviors, but is a sampling of the types of abilities needed by the nursing student to meet program objectives and requirements. The DoN or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The DoN reserves the right to amend this listing based on the identification of additional standards or criteria for nursing students.

Students who are unable to meet core performance standards cannot meet objectives for clinical courses; therefore, cannot meet course requirements. Students must withdraw from the program and may apply for readmission at such time that he/she is able to meet the core performance standards required for the practice of nursing. If you are unable to fully meet any criterion, you will need to make an appointment with the Chair of the Division of Nursing.

I have read and I understand the above Core Performance Standards. To the best of my knowledge, I am able to meet all these criteria.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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IOWA WESLEYAN UNIVERSITY  
TUBERCULIN TEST REQUIREMENTS

NAME Last: \_\_\_\_\_

First: \_\_\_\_\_

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**Baseline Testing**

Prior to entering the Division of Nursing and beginning nursing courses, the following must be completed:

- Baseline symptom screening
- Two-step tuberculosis (TB) skin test

**Annual Testing**

Annually, the following items must be completed by all enrolled nursing students after baseline testing.

- Annual symptom screening
- TB testing via skin testing.

If a student is more than 30 days overdue for annual TB testing, a two-step TB skin test is required.

**Other Considerations**

If a student has previously had or has a positive skin test, the following items are required:

- A chest radiograph report with Health Care Provider documentation that indicates no active TB disease.  
Repeat radiographs are not necessary unless symptoms of TB develop or if recommended by a care provider.
- Annual symptom screening

Students with a Latent TB infection must provide documentation of latency and treatment in accordance with CDC guidelines.

**TB testing not submitted via the Iowa Wesleyan University form will be reviewed to determine acceptance by the DoN. Tests that do not follow instructions, including testing times, will not be accepted.**

IOWA WESLEYAN UNIVERSITY  
TUBERCULIN TEST REQUIREMENTS

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Step #1**

Date Administered: _____  Time Administered: _____	<input type="radio"/> L Forearm <input type="radio"/> R Forearm  Administered By: Printed Name: _____  Signature: _____  Title/Place of Employment: _____	Manufacturer: _____  Exp Date: _____  Lot #: _____
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<b>RESULTS</b>  Date Read: _____  Time Read: _____ (Must be read 48 - 72 hours)	Results: _____ mm  Read By: Signature: _____  Printed Name: _____  Title/Place of Employment: _____	<b>INTERPRETATION</b>  _____ Negative  _____ Positive
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**If positive, a chest radiograph is required. Please refer to the IW Nursing Student Handbook.**

**Step #2**  
**MUST BE COMPLETED WITHIN 7 TO 21 DAYS OF STEP # 1**

Date Administered: _____  Time Administered: _____	<input type="radio"/> L Forearm <input type="radio"/> R Forearm  Administered By: Printed Name: _____  Signature: _____  Title/Place of Employment: _____	Manufacturer: _____  Exp Date: _____  Lot #: _____
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<b>RESULTS</b>  Date Read: _____  Time Read: _____ (Must be read 48 - 72 hours)	Results: _____ mm  Read By: Signature: _____  Printed Name: _____  Title/Place of Employment: _____	<b>INTERPRETATION</b>  _____ Negative  _____ Positive
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