# Clinical/Field Placement Requirements Checklist

**PLEASE NOTE: YOU HAVE REQUIREMENTS DUE PRIOR TO YOUR PROGRAM START DATE**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
<th>Due Date</th>
<th>Completed</th>
</tr>
</thead>
</table>
| Police Record Check with a Vulnerable Sector Screen (Original) – **MUST BE 18 YEARS OF AGE** | - Must be completed after May 1st, 2019  
- Print *Police Form Letter* to take to local police agency (See page 5)                                                                 | August 2nd, 2019             | August 2nd, 2019 (Prior to program start date) or 2 weeks after you turn 18 |
| Immunization Records, 2-step TB testing & Immunity Blood Work                | - Read *Immunization Requirements – Steps to Follow* (See page 6)  
- Complete *Immunization Form* (See page 7 & 8)                                                                                              | August 2nd, 2019             | August 2nd, 2019 (Prior to program start date) |
| Standard First Aid and CPR Level C Certification                            | - Must not expire before April 30th, 2021                                                                                                                                                              | August 2nd, 2019             | August 2nd, 2019 (Prior to program start date) |
| Algonquin College Health Nurse appointment to review health requirements     | Health Nurse Contact:  
- klawitl@algonquincollege.com  
- 613-735-4700 ext. 2748                                                                                                                                                                             | September 13th, 2019         |                           |
| Workplace Hazardous Materials Information System (WHMIS) Certification       | - Opportunity to be completed during first week of school                                                                                                                                              | September 6th, 2019          |                           |
| Ontario Worker Health and Safety Awareness (OWHSA) Certification             | - Opportunity to be completed during first week of school                                                                                                                                              | September 6th, 2019          |                           |
| Authorization to Release Healthcare and Police Information Form              | - Opportunity to be completed during first week of school                                                                                                                                              | September 6th, 2019          |                           |
| Police Check with a Vulnerable Sector Screen (Original) – Winter Semester – **MUST BE 18 YEARS OF AGE** | - Must be completed after November 1st, 2019  
- Print *Police Form Letter* to take to local police agency (See page 5)                                                                 | January 8th, 2020            |                           |
| Repeat TB Test (In preparation for year 2)                                  | - Students must have their repeat TB test completed by the end of Winter semester                                                                                                                      | April 24th, 2020             |                           |

*Students are responsible for all costs associated with the Clinical/Field placement requirements.*
SUBMISSION INSTRUCTIONS

Prior to submitting your documentation, please make a copy for your own records – we will not provide copies to you.

BY MAIL

If submitting required documentation by mail, please indicate your program and year of study.

Algonquin College – Waterfront Campus
Attn: Clinical & Field Placement Support Team
1 College Way
Pembroke, ON K8A 0C8

IN PERSON

- Place all documentation in a sealed envelope with your name, program and year of study
- Drop off sealed envelope into locked drop-box located outside office 413 (4th floor academic office area at Algonquin College – Waterfront Campus)

MISSED DEADLINES

Failure to adhere to the mandatory placement requirements deadlines may result in:

1. An administrative late fee of $50.00. This fee is payable to Algonquin College – Waterfront Campus
2. A hold on your registration in the practicum/placement course until all requirements are submitted. This hold may result in loss of the academic term. Students will not be cleared for placement until all requirements are submitted

CONTACT INFORMATION

If you have any questions or encounter unforeseen circumstances in submitting required documentation, please contact the Clinical & Field Placement Support Team prior to the requirement deadline.

E-mail: CFPS_Team@algonquincollege.com
Phone: 613-735-4700 ext. 2656
POLICE RECORD CHECK WITH VULNERABLE SECTOR SCREEN

- Algonquin College only accepts the ORIGINAL copy of your Police Record Check with Vulnerable Sector Screen (Note: Ottawa Police Service now uses online services – please forward Verified Original Police Record Check to CFPS_Team@algonquincollege.com)
- You must be at least 18 years of age to obtain a Police Record Check with Vulnerable Sector Screen
- Deadline to submit your Police Record Check with Vulnerable Sector Screen is August 2nd, 2019 or 2 weeks after you turn 18
- Must be dated after May 1st, 2019
- Please print the Police Letter Form (page 5) to provide to your local police service in order to obtain your Police Record Check with Vulnerable Sector Screen
- A Police Record Check with Vulnerable Sector Screen may take up to 12 to 16 weeks to obtain depending on your local police service
- Keep the receipt – it may be submitted as proof of purchase if your police service is experiencing a delay
- Applicants with a notation on their Police Record Check with Vulnerable Sector Screen must contact the Academic Chair of the Health & Community Studies Department to determine program suitability. If a student has been charged or has pending charges against them while in a clinical placement, the student must notify the Academic Chair. Failure to do so may result in loss of field placement
- As per our placement agencies’ policies, a Police Record Check with Vulnerable Sector Screen needs to be current within 6 months. Therefore a second Police Record Check is required for the Winter 2020 semester
- Deadline to submit the Winter semester Police Record Check with Vulnerable Sector Screen is January 6th, 2020 – it must be dated after November 1st, 2019

IMMUNIZATION & BLOOD WORK REQUIREMENTS

- Deadline to submit your immunization records and bloodwork requirements is August 2nd, 2019
- Immunization requirements include: Hepatitis B vaccine, 2-step TB test and copy of childhood immunization records or equivalent indicating tetanus, diphtheria, polio and pertussis and measles, mumps, and rubella
- Please refer to the Immunization Requirements – Steps to Follow document (page 6) for more information on immunizations and required blood work
- Arrange an appointment with your healthcare provider to have the Immunization Form (page 7 & 8) and any outstanding immunization and blood work requirements completed
- All students must make an appointment with Health Services by September 13th, 2019 to ensure immunization and blood work requirements are complete
- Only a medical exemption is accepted for immunization accommodations
Please note: If you do not have a healthcare provider the Health Nurse at Algonquin College can assist with the form completion at no cost. Please contact the Health Nurse early to ensure the requirements can be completed prior to the deadline.

Health Services Contact Information: Laurie Ann Klawitter – Health Nurse  
E-mail: klawitl@algonquincollege.com  
Phone: 613-735-4700 ext. 2748  
IMPORTANT: Health Services will be closed from June 17, 2019 – August, 12 2019 inclusive.

**MINISTRY OF LABOUR HEALTH & SAFETY LEARNING MODULES – WHMIS & OWHSA**
- Students will be provided with the resources necessary to complete the WHMIS and OWHSA requirements within the first week of school  
- Deadline to complete through Brightspace is **September 6th, 2019**

**RELEASE OF HEALTHCARE/POLICE INFORMATION FORM**
- The Release of Healthcare/Police Information Form will be provided to you during your first week of class  
- All students are required to sign this authorization which allows the release of medical information and information contained in the Police Record Check with Vulnerable Sector Screen to the placement agencies that the student is assigned to attend for the duration of their program

**STANDARD FIRST AID & CPR LEVEL C**
- Deadline to submit Standard First Aid & CPR Level C is **August 2nd, 2019**  
- Only Workplace Safety Insurance Board (WSIB) approved courses are valid. Online First Aid and CPR courses will not be accepted. Please contact the Clinical & Field Placement Team if you want to know if a course you are registering for is valid.  
- Standard First Aid and CPR Level C certification must not expire until **April 30th, 2021**
Dear Police Services:

RE: Requesting a Police Records Check with a Vulnerable Sector Screening For Student Practicum

Please be advised that _________________________________ is a student in a Health and Community Studies program at Algonquin College Waterfront Campus (Pembroke), and we require a Police Records Check with Vulnerable Sector Screening to be conducted on the above named student. The student will be involved with and /or responsible for children or the vulnerable sector during unpaid program practicums.

Thanking you in advance, should you have any questions or require additional information, please do not hesitate to contact me by phone at: 613.735.4700 ext. 2753 or by email at: conwaym@algonquincollege.com

Sincerely,

Megan Conway, BEd, MPhil, PhD
Chair, Health and Community Studies
Algonquin College in the Ottawa Valley
1 College Way, Pembroke, ON K8A 0C8
Phone: 613-735-4700, ext. 2753
Fax: 613-735-8818
Website: www.algonquincollege.com/pembroke
**IMMUNIZATION REQUIREMENTS - STEPS TO FOLLOW:**

**PLEASE READ CAREFULLY:** Remember - Being ready is your responsibility!

Immunizations are required for your program. They are required to protect both you and your clients from disease or illness.

The immunization process may take several weeks to several months to complete, depending on your immunization history, so start the process early! Students whose forms are not complete will not be able to participate in the field placements.

All of the required tuberculosis testing / immunizations*/ blood work is available through the College’s Health Services at little or no cost. A nurse is available to assist you with your forms at **no cost**. No appointment is required. If your doctor fills out this form for you, or provides TB testing, you may be charged a fee in his/her office.

*Note: Hepatitis B and Varicella vaccines are not free, but are available at a reduced cost.

Steps to Follow:

1. Download this immunization form to have it completed by your health care professional or one of our Health Services nurses.

2. Obtain a copy of your **immunization records**, preferably from **Public Health** as they are usually the most complete record.

   Records may be available at the Public Health Department that was responsible for maintaining records for your high school. Contact information for all Ontario Public Health Departments can be found on their web site: www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html

   For those Students from Ottawa-Carleton High Schools, the Public Health Unit number is 613-580-6744 ext 24108. Please call ahead to arrange to pick up your records at 100 Constellation Drive (within walking distance to the Woodroffe Campus).

   Student who went to Renfrew County High Schools can contact the Public Health Unit at 613-735-8653.

   You may have a **yellow immunization card** which will also be helpful. If you do not have either one of these check with your Family doctor to see if he/she has any records of vaccines you have received there.

   If you are unable to obtain records, please consult with an Algonquin College Health Services Nurse.

3. As a general rule you will need:

   - √ **Proof** of a childhood series for tetanus, diphtheria, polio (TdP) and pertussis or completion of an adult series.
   - √ **Proof** of immunity to chickenpox (a blood test)
   - √ **Proof** of 2 full doses of MMR (measles, mumps, rubella) or blood work to determine immunity to all three
   - √ **2 step TB testing** done at least 1 week apart (requires 4 visits to your health care provider)
   - √ If the TB skin test is positive then a chest x-ray and physician follow up is required
   - √ **Proof** of Hepatitis B vaccination and blood work to determine immunity

4. Timing is everything! It takes approximately 7-10 days for blood work results to come back. TB testing takes a minimum of 2 weeks. If you require Hep B vaccination the first 2 doses are given 1 month apart. If an adult series for TdP is required the first 2 doses are 2 months apart. Therefore, do not wait to start this process.

**Copies of immunization records and blood test results are acceptable and **MUST** be included with your forms.** Please do not mail your originals! Bring mail or fax your forms to the appropriate campus:

<table>
<thead>
<tr>
<th>Campus</th>
<th>Health Services Office</th>
<th>Health Services Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algonquin College</td>
<td>1385 Woodroffe Ave. Room C141</td>
<td>1 College Way</td>
</tr>
<tr>
<td>Ottawa, ON K2G 1V8</td>
<td>Tel: 613-727-4723 ext 7222</td>
<td>Tel: 613-735-4700 ext 2748</td>
</tr>
<tr>
<td>Tel: 613-727-4723 ext 7222</td>
<td>Fax: 613-727-3166</td>
<td>Fax: 613-735-4703</td>
</tr>
<tr>
<td>Algonquin College Pembroke, ON K8A 0C8</td>
<td>Tel: 613-267-2859</td>
<td></td>
</tr>
<tr>
<td>Perth, ON K7H 1X7</td>
<td>Fax: 613-267-3950</td>
<td>Fax: 613-267-3950</td>
</tr>
</tbody>
</table>
**PERSONAL INFORMATION DATA**  ALL FIELDS MUST BE COMPLETE IN ORDER TO PROCESS THIS FORM

**NAME:** ___________________________________________________________________  **Date of Birth:** __________/_______/____  **Sex:** M / F

**Address:** _________________________________________________________________________________________________________________

Street ____________________________________________________________________________________ City __________ Province __________ Postal code __________

**E-mail Address:** __________________________________________________

**Health Card Information:**  **Province:** ___________  **Health Card #** ________________________________  **Expiry Date:** ___________

**Telephone #:** **Home:** ____________________  **Cell:** ____________________  **Other Health Insurance** _________________________________

**Program Name:** _________________________________________  **Program start date:** __________/_______  **Full time** □  **Part time** □  **On-line** □

Please list any ALLERGIES:

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**CONSENT:**

The information on these forms is kept confidential within the Health Services Office. However, if your records are not complete, this will be communicated to the College staff responsible for your placement.

I confirm that I have read the above statement and I give consent to release information as is necessary for my clinical / placement.

**Signature of Student** ________________________________  **Date** ________________________________

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1. **IMMUNIZATION RECORDS:**  PLEASE SUBMIT COPIES OF YOUR VACCINATION RECORDS

☐ COPY OF IMMUNIZATION RECORD ENCLOSED  ☐ RECORDS NOT AVAILABLE  If records are not available, please consult Health Services

2. **TETANUS, DIPHTHERIA, POLIO and PERTUSSIS VACCINES:**

   Documented proof of a primary series is required, OR an adult primary series is required. A single dose of Pertussis is required for all adults.

   **A.** Do you have documented proof of a completed primary series?  ☐ YES  ☐ COPY OF RECORD ATTACHED (MANDATORY)
   
   or  ☐ NO  If no, the primary series will need to be completed (MANDATORY)
   
   or  if no records of any vaccines, an adult primary series is required (see below)

   **B.** Date of last Tetanus vaccine ___________  **Type of vaccine given** ___________  ☐ COPY OF RECORD ATTACHED (MANDATORY)

   **C.** Date of adult dose of Adacel orBoostrix (given at > age 14 ) ___________  ☐ COPY OF RECORD ATTACHED (MANDATORY)

   **ADULT PRIMARY SERIES**  
   
   **1st** dose (Adacel or Boostrix and IPV)  **Date:** ___________ by ________________________________ RN / MD

   **2nd** dose (TdPolio -2 months after 1st visit)  **Date:** ___________ by ________________________________ RN / MD

   **3rd** dose (TdPolio - 6-12 months after 2nd visit)  **Date:** ___________ by ________________________________ RN / MD

3. **VARICELLA (CHICKEN POX) IMMUNITY:**  PLEASE ENSURE TB TESTING IS COMPLETE PRIOR TO GIVING A VARICELLA VACCINE.

   Date of childhood vaccine for Varicella (if given) ___________  ☐ COPY OF RECORD ATTACHED (MANDATORY if vaccine given)

   A blood test result for Varicella Antibodies is required:

   **Date drawn:** ___________  **Result** ☐ IMMUNE  ☐ NON-REACTIVE  ☐ COPY OF LAB ATTACHED (MANDATORY)

   **IF YOU ARE NOT IMMUNE,** vaccination is required. If you were given a single dose of the chicken pox vaccine in childhood, a single booster dose is required.

   If you have never been vaccinated for chicken pox and are not immune, 2 doses are mandatory.

   **Dose #1**  **Date:** ___________  **Vaccine type** ___________  **Lot #** ___________  by ________________________________ RN/MD

   **Dose #2**  **Date:** ___________  **Vaccine type** ___________  **Lot #** ___________  by ________________________________ RN/MD

   (4 - 8 weeks after 1st dose)
**IMMUNIZATION FORM 2013-2014**

**NAME:**__________________________________________  **DATE OF BIRTH** ______/________/______  

**family name**  **given name**  **day**   /   **month**   /   **year**

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### 4. MMR

**NOTE TO HEALTH CARE PROVIDERS:**  **PLEASE ENSURE TB TESTING IS COMPLETE PRIOR TO GIVING AN MMR VACCINE.**

Documentation of two MMR is required: For students who received a second measles only vaccine, a second MMR is required. If no records are available, blood work demonstrating immunity to Measles, Mumps and Rubella is required.

- **Date of 1st MMR:**  __________________
- **Date of 2nd MMR:**  _________________
  - OR  Submit a copy of blood test results for Measles, Mumps and Rubella Antibodies:
    - **Date drawn:**  __________________
    - **Result:**  
      - Measles  
        - Reactive  
        - Non-Reactive or Indeterminate
      - Mumps  
        - Reactive  
        - Non-Reactive or Indeterminate
      - Rubella  
        - Reactive  
        - Non-Reactive or Indeterminate

- **IF YOU ARE NOT IMMUNE:**  A booster dose is required:  **Date given:**  ____________________________

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### 5. TB TESTING

**NOTE:**  **TB testing must be completed prior to any live vaccines such as MMR or Varicella boosters.**

A **2-STEP TUBERCULIN SKIN TEST** is required REGARDLESS OF BCG HISTORY. The TB tests should be given 1 – 3 weeks apart. TB testing must be within 3 months of the start date of your program.  A TB test is invalid if it is given in the 30 day period following the administration of any live vaccines.

- **PREVIOUS POSITIVE TB TEST:**  If you have a **documented** history of a previous positive TB test (induration measuring equal to or greater than 10 mm), a TB skin test is **NOT REQUIRED.**  Proceed instead to Chest X-ray

**STEP ONE:**

- **Date:**  _________________
- **L  R  Forearm**
- **Date read:**  _____________
- **Result ___________mm**
- **Lot: _____________**
- **Signature:_______________________**

**TB test is positive ( >10 mm) proceed to chest X-ray**

- **TB test is negative ( <10mm)** repeat TB test in 1– 3 weeks

**STEP TWO:**

- **Date:**  _________________
- **L  R  Forearm**
- **Date read:**  _____________
- **Result ___________mm**
- **Lot: _____________**
- **Signature:_______________________**

**TB test is positive ( >10 mm) proceed to chest X-ray**

**TB test is negative ( <10mm)** repeat TB annually

**CHEST X-RAY:**  Required ONLY if TB reaction is equal to or greater than 10 mm.

**ATTACH A COPY OF A RECENT X-RAY REPORT**  *(i.e.: within 6 months of your program start date)*

- **Date of X-ray:**  _______________
- **Result:**  _______________
- **INH treatment prescribed?**  YES  NO
- **Reason why**

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### 6. HEPATITIS B VACCINES / IMMUNITY

**HEPATITIS B VACCINE** is MANDATORY.  If you have not already been vaccinated for Hepatitis B, you may elect to receive the vaccine at Algonquin College Health Services for $30 per injection.  You may have had either a 2 dose series (2 doses - given five months apart) or a 3 dose series (3 doses given at an interval of 0, 1 and 6 months) when you were in grade 7.  Either is acceptable.  Unimmunized adults require a 3 dose series.

- **Hepatitis B Vaccine dates:**  
  - 1st _________________
  - 2nd _________________
  - 3rd _________________

  - AND  I have submitted a copy of blood work results indicating Hepatitis B immunity (blood work must be done at least 30 days after the last dose)

```text
Date titre drawn: __________________ Result: __________________
```

- **COPY ENCLOSED**  *(MANDATORY)*

If you have had the vaccine but your blood work shows you are not immune, a booster dose is required followed by a blood test to check immune status one month after the booster dose:  If you are still not immune, please consult a Health Services RN.

- **Date booster given:**  __________________
- **Signature:_______________________**

**Date of post vaccination titre (at least 30 days after booster):**  _______________

- **Result: __________________**

- **COPY OF LAB ATTACHED**  *(MANDATORY)*

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Revised  Mar 2015