Doctoral Student Waiver Form

Name: _____________________________  PID: ______________________

Term : _____________________________ Year: ______________________

By signature of this document, I certify that:

- I have met minimum compliance requirements for enrollment in the Doctoral Program by having submitted a signed Confidentiality Statement, completed annual HIPAA training and testing, and submitted a copy of my health insurance card, as well as documentation of 2 MMR and 3 DtP/Td vaccinations to include a Tdap vaccination within the past 6 years and the seasonal flu vaccine. I understand that if my HIPAA training expires during the current term, I must renew this requirement before the expiration date.

- I meet one of these conditions: (check one of the following):
  - I am not involved in any research or clinical activities this semester involving direct (one to one) contact with clients and/or human subjects. I acknowledge that should my level of involvement change, I will contact the Assistant Director for Student Compliance in the Office of Admissions and Student Services (OASS) immediately for guidance.

  OR

  - I am involved in course-related or research related activities which involve direct (one to one) contact with clients and/or human subjects. I understand I must meet with the Director, OASS before the end of the first week of the term to determine what further compliance requirements, if any, I must meet. (Note: Detailed summary of full requirements are enclosed)

- Further, I acknowledge that full compliance with the health, safety and legal requirements of the School of Nursing and University is expected and solely my responsibility. I understand that should I fail to attain or maintain compliance, my standing in the Doctoral Program may be jeopardized.

_____________________________  _______________________
Signature of Student               Date

_____________________________  _______________________
Signature of Faculty Advisor  Date

Please return completed form to: Office of Admissions and Student Services, Suite 1200 Carrington Hall.

Revised: 5/02; 07/04; 07/05, 02/09,10/09, 8/10,2/11
School of Nursing requirements - All students are required to provide the following documentation:

- Copy of current unencumbered North Carolina Registered Nurse License
  - Note: Students assigned to clinical sites in states other than NC shall provide a copy of an unencumbered RN license to practice in the applicable state.

- Information Security Policy review and submission of signed Universal Confidentiality Statement
  - HIPAA training and post-testing [http://hipaatrain.med.unc.edu](http://hipaatrain.med.unc.edu) complete the tutorial for Group #1 and Group #2, Modules 1 – 6. Students are responsible for submitting documentation verifying completion of the online tests.

- Measles, Mumps, Rubeola, Rubella, & Tetanus: Students (regardless of date of birth) must submit vaccination evidence of:
  - 3 DTP (Diphtheria, Tetanus, Pertussis) doses, to include a Tdap within the past 5 years.
  - 2 MMR (Measles [Rubeola], Mumps, Rubella) doses or positive titers for each
  - Documentation of seasonal flu vaccine

- Varicella (Chicken Pox)-receipt of the two-dose series vaccination or positive serologic titer

- Hepatitis B Virus immunity as validated by positive serologic HBV titer or receipt of three-dose series vaccination followed by positive serologic HBV Surface Antibody Titer
  - Note: titer must be reported in numerical value; immunity equates to a positive value of >10.9 mIU/mL

- Tuberculosis Screening validated by initial two-step TB screening (Mantoux test) and annual one-step screening thereafter (if TB skin test positive, submission of Annual Tuberculosis Screening Questionnaire (completed by health care provider) and results of a chest x-ray within the past five years
  - Note 1: a Two-Step Screening means one must submit documentation of the results of two TB tests conducted within 12 months preceding matriculation date. Tests can be conducted no sooner than seven days apart. The purpose of the two-step test is to reduce the likelihood that a booster reaction is later interpreted as a new infection.
  - Note 2: The School of Nursing prohibits students from interpreting their own TB test results or from asking School faculty to make this determination. Only the test source may interpret the results and issue a final reading determination.

- Health Insurance coverage to include coverage of blood-/air-borne diseases in the event of exposure during a student’s clinical/research experience

- Current CPR Certification (only Basic Life Support/Health Care Provider course certified by the American Heart Association is accepted)
  - Note: PALS may be substituted for students in the pediatric specialty; students in the ANP or Women’s Health specialties may substitute ACLS for this requirement.

- OSHA training and post-testing (to include blood- and air-borne pathogens, universal precautions, and applicable safety content specific to clinical agencies.)
  - Note: Only UNC Healthcare or UNC-Chapel Hill training/testing is accepted. Students employed by either of these institutions may submit training/testing verification from their supervisor or testing service. All other students must complete the self-study tutorials and post-tests for Bloodborne Pathogens, Tuberculosis and Infection Control, and Healthcare Worker/JCAHO Safety Information at the following URL: [http://ehs.unc.edu/training/self.shtml](http://ehs.unc.edu/training/self.shtml). Students are responsible for submitting documentation verifying completion of the online tests.

- Copy of cover page of Professional Liability (Malpractice) Insurance policy (coverage limits: $1 million per event/$3 million aggregate)
For Matriculation into the School of Nursing:

ALL Students:

- Information Security Policy review and signed Universal Confidentiality Statement
- Measles, Mumps, Rubeola, Rubella, & Tetanus (DPT/TDaP): Students (regardless of date of birth) must submit vaccination evidence of:
  - 3 DTP (Diphtheria, Tetanus, Pertussis) or Td booster vaccinations since infancy to include one TDaP vaccination within the past five years.
  - 2 MMR (Measles [Rubeola], Mumps, Rubella) doses
  - Note: Serologic titers confirming immunity for any of these diseases may be submitted in lieu of the vaccination series for that disease
- Annual seasonal influenza vaccination, to include H1N1 immunization, as determined the US Centers for Disease Control
- Health Insurance coverage to include coverage of health conditions, accidents and blood-/air-borne diseases in the event of exposure during a student’s clinical/research experience; insurance coverage must be validated annually.
  - Note: students may select the insurance carrier of their choice to include the UNC-Chapel Hill Student Health Insurance Plan [http://www.pearceandpearce.com]
- Information Security Policy review and submission of signed Universal Confidentiality Statement
- HIPPA training and post-testing
  - Note: only UNC Healthcare training and post-testing are accepted; this includes training/testing sponsored by UNC Hospitals, UNC School of Medicine or Rex Healthcare. Students employed by these institutions may submit a copy of their annual HIPAA training/testing completion certificate. All other students must complete the six self-study tutorials available at http://hipaatrain.med.unc.edu. Please follow directions for Group #1 and Group #2. Complete modules 1 thru 5 and notify OASS upon completion.

Exceptions:
Doctoral students must meet compliance requirements commensurate with the intensity of client/human subject contact they experience through research or employment activities. These students submit a waiver, signed by both the student and his/her faculty advisor, at the start of each semester denoting the extent of contact the student expects to have in academic activities. If the student’s situation changes, as it may with employment as a Teaching or Research Assistant, or in the course of dissertation work, the student must submit a revised waiver, and simultaneously attain full compliance with all applicable requirements prior to engaging in an elevated level of client contact.

Requirements by level of client/subject contact:
- No contact or indirect contact: demonstrated MMR, DPT, and TDaP immunity; annual seasonal influenza vaccination, annual HIPAA training/testing; confidentiality statement, and health insurance;
- Non-invasive direct contact: As above plus two-step TB screening; demonstrated Varicella immunity; and OSHA training/testing;
- Invasive direct contact: As above plus demonstrated Hepatitis B immunity.
  - If serving as supervising Clinical Faculty/Teaching Fellow, must additionally evidence current AHA-BLS certification and an unrestricted NC RN license.
  - If conducting data collection for the dissertation, professional liability insurance is required.