

2020/2021

Primary Health Care Nurse Practitioner Certificate Program

Clinical Placement Package
Student Handbook

Daphne Cockwell
SCHOOL OF NURSING

Table of Contents

Introduction to the Clinical Placement Package – Student Handbook	2
PHCNP Certificate Clinical Placement Terms & Conditions	3
PHCNP Certificate Program – Clinical Placements PowerPoint	5
PHCNP Practice Requirement Record	16
PHCNP Practice Information Record	18
Ryerson University WSIB Student Declaration of Understanding	22
PHCNP Clinical Placement Package Documents Checklist	24

Introduction to the Clinical Placement Package – Student Handbook

The documents (pp. 2-15) preceding your Clinical Placement Package (pp. 16-24) include general guidelines and instructions related to the clinical placement assignment process. Please review and carefully note the terms and conditions listed as they pertain to each clinical placement assignment offered throughout the PHCNP program.

All clinical placements are determined by the Clinical Placement Coordinator in consultation with the Site Coordinator. Clinical placement assignments will endeavor to match a student's learning goals, career interests and course objectives with an appropriate clinical setting.

To be eligible for a clinical placement assignment, students will participate in the following three-step process:

STEP I

- a. Download and print a copy of the 2020/2021 Clinical Placement Package - Student Handbook from the NP Database online.
- b. Complete the package forms and provide supporting clearance documentation as required.

STEP II

- a. Schedule an in-person appointment with the Clinical Placement Coordinator for review and submission of your Clinical Placement Package. Faxed, scanned or emailed versions will not be accepted.

The deadline for all Clinical Placement Package submissions is **Friday August 7, 2020 by 4:00pm.**

STEP III

- a. Students will be notified of their clinical placement assignments by the Clinical Placement Coordinator via email at the start of each semester; the exact date is TBD.

Students may not proceed with clinical placement until they have met all of the pre-requisite practice requirements. Failure to submit the required forms and supporting documentation by the given deadline may jeopardize a student's clinical placement and/or result in a delayed start.

Students are advised to begin the process early to ensure enough time to complete the required processes.

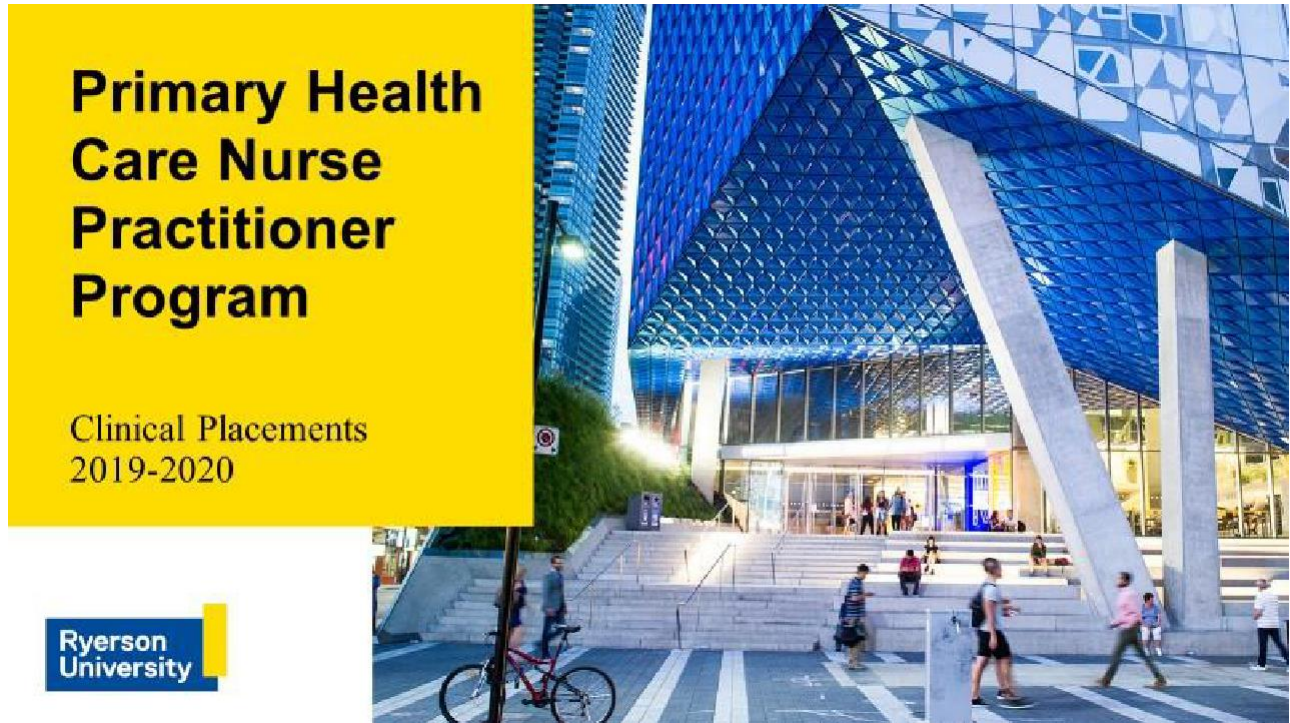
PHCNP Certificate Program - Clinical Placement Terms & Conditions

Please review the following terms and conditions as they pertain to each clinical placement assignment, noting that all rules are without exception unless otherwise specified by the Site Coordinator and/or Program Director. A signature will be required on the last page (pp. 24) of this package in acknowledgement of these terms and conditions.

- Most, if not all, clinical placements will be located within the geographical boundaries of the central region allocated to Ryerson University. (A map of this central region catchment area can be viewed at <http://np-education.ca/>). For this reason, students residing outside of the GTA cannot be guaranteed a placement outside these boundaries.
- All students are expected to travel to both seminars and clinical placements. A student's location or where he/she resides is not a considering factor when assigning clinical placements.
- It is the student's responsibility to adapt their personal schedules (i.e. work, family, social life, etc.) to accommodate the requirements of the clinical placement including the preceptor's schedule.
- Each student will be precepted by at least one NP during the duration of the program.
- A student's own workplace is not a suitable choice for clinical placements and will not be considered.
- Placements are not subject to student approval. If a student "refuses" or chooses "not to accept" their assigned placement, the student will forfeit his/her clinical placement. This action will jeopardize the student's progress in the program by preventing continued enrollment in the clinical courses.
- Clinical placement assignments are non-negotiable, meaning that once a student is assigned a clinical placement there can be no changes made to accommodate a student preference of any sort. Exceptions are subject to approval by the Site Coordinator and/or Program Director and can only be made under rare and extenuating circumstances.
- Students are not permitted to directly contact agencies listed on the Central Registry Database regarding placement opportunities. Prospective agencies and preceptors that have not first been cleared by the Clinical Placement Coordinator will not be eligible for placement consideration. If you have already contacted or made placement arrangements with a potential preceptor or agency, please cancel these plans and redirect this contact to the Clinical Placement Coordinator.
- Note that not all of a student's learning needs/goals will be met in one particular clinical setting. There will be multiple opportunities throughout the program for individual learning needs to be addressed.
- Once a clinical placement is confirmed, and only when contact information is forwarded to the student by the Clinical Placement Coordinator via email, may the student contact the preceptor to arrange an interview or placement start date.

- Should a student chose to withdraw from a course with a clinical component or from the program itself, he/she will be responsible for communicating this decision with his/her preceptor, faculty and PHCNP administration staff.
- The program reserves the right to remove any student from his/her clinical placement whose performance does not meet the expected standards of practice for a student at that level of the course at that point in time; and/or where patterns of behavior fail to demonstrate progression towards meeting the course objectives. This situation is not considered to be unsafe practice unless it refers to patterns of behavior or an incident that puts self, patient/client and/or others at a risk that is both imminent and of a substantive nature. The program is under no obligation, in these cases, to find an alternative placement.
- If, after discussions between student, Preceptor and Site Coordinator, it is determined that a student's patterns of behavior have resulted in the clinical practice agency terminating the placement, the student may be advised to withdraw the course. If the student is deemed to have jeopardized her/his opportunity to complete the objectives of the course he/she will receive a failing grade. The agency is not obligated to meet with the student to appeal such decisions.

PHCNP Certificate Program – Clinical Placements PowerPoint



Important Contacts



Primary Contact Person

For questions and matters relating to clinical placements, please

contact: PHCNP Program Clinical Placement Coordinator



May 26, 2019 |

TBA

Office: 5th floor of the

DCC, 529A

288 Church Street

Tel: 416-979-5000 ext. 554176

PHCNP Program Administration Daphne Cockwell Complex (DCC)

Juilett Saunders

RN, MN PHCNP

Interim Site Coordinator

(416) 979-5000 ext.

556560

j3saunde@ryerson.ca

DCC Rm #534

Cristina Catallo

RN, PhD

Interim Graduate Program Director

(416) 979-5000 ext. 552019

ccatallo@ryerson.ca

DCC 580c

Mr. Gerry Warner

MSW

Program Administrator

(416) 979-5000 ext.

557852

gerry.warner@ryerson.ca

DCC 536



May 26, 2019 |

Important Websites

<http://np-education.ca/>

The screenshot shows the NP-EDUCATION website. At the top is a word cloud with terms like 'Ontario PHCNP Program', 'Nursing', 'Advanced Practice', and 'Pharmacology'. Below the word cloud is a navigation menu with items: 'Home', 'About Us', 'Programs', 'Partners', 'Contact Us', and 'FAQ'. The main content area has three columns: 'What is the PHCNP Program?' with a video thumbnail, 'What is a Nurse Practitioner?' with a video thumbnail, and 'What is a Nurse Practitioner and What is a Nurse Practitioner?' with a diagram. At the bottom, there are sections for 'PHCNP BLOG' and 'Master of Nursing 2017 (Primary Health Care Nurse Practitioner) Program'.

<http://www.ryerson.ca/graduate/programs/nursing>



May 26, 2019 |

General Information



May 26, 2019 | 8

Courses with Clinical Placement Requirements

AHAD I

- September to December
- 78 clinical hours over 12 weeks

Therapeutics I

- September to December
- 78 clinical hours over 12 weeks

AHAD II

- January to April
- 78 clinical hours over 12 weeks

Therapeutics II

- January to April
- 78 clinical hours over 12 weeks

Integrated Practicum

- May to August
- 416 clinical hours over 12 weeks divided into two 6 week placements



May 26, 2019 | 9

Re: Clinical Placement Assignments

- Placements are arranged with various agencies within the geographical boundaries of the central region allocated to Ryerson University (see map on NP Network).
- A student's residential area is not a considering factor when assigning clinical placements.
- Students are expected to travel to clinical placements; access to a vehicle is advisable.
- Placements assignments are determined by a number of factors and considerations (e.g. student learning goals, primary health care objectives, availability of preceptors, etc.,).
- Students may offer suggestions for potential placements/preceptors, but are not permitted to negotiate their own placement arrangements.
- Student workplaces are not suitable for placements and will not be considered.



May 26, 2019 | 10

Re: Clinical Placement Assignments

- Placements are arranged with various agencies within the geographical boundaries of the central region allocated to Ryerson University (see map on NP Network).
- A student's residential area is not a considering factor when assigning clinical placements.
- Students are expected to travel to clinical placements; access to a vehicle is advisable.
- Placements assignments are determined by a number of factors and considerations (e.g. student learning goals, primary health care objectives, availability of preceptors, etc..).
- Students may offer suggestions for potential placements/preceptors but are not permitted to negotiate their own placement arrangements.
- Student workplaces are not suitable for placements and will not be considered.



May 26, 2019

10

Re: Clinical Placement Assignments (cont'd)

Clinical placement assignments are non-negotiable, meaning that once a student is assigned a clinical placement, there can be no changes made to accommodate student preference of any sort. Exceptions are subject to approval by the Site Coordinator and/or Program Director and can only be made under rare and extenuating circumstances.

Placements are not subject to student approval. Any student choosing to "refuse" or "not accept" their assignment may be choosing to forfeit his/her clinical placement.

Students must attend any and all orientations required by their placement agencies.

Placement hours can only begin on or after the official semester/course start date and must be completed prior to the official semester/course end date.

Students choosing to withdraw from a course with a clinical component or from the program ~~it~~ are responsible for communicating this decision with their preceptor, faculty and PHCNP administration staff.



May 26, 2019 |

18

Clinical Placement Process



May 26, 2019 | 13

Clinical Placement Package Submission Process

To be eligible for a clinical placement assignment, students will participate in the following three-step process:

- **STEP I**

Download and print a copy of the 2019/2020 Clinical Placement Package - Student Handbook from the NP Database online.

Complete the package forms and provide supporting clearance documentation as required.

- **STEP II**

Schedule an in-person appointment with the Clinical Placement Coordinator for review and submission of your Clinical Placement Package. Faxed, scanned or emailed versions will not be accepted.

The deadline for all Clinical Placement Package submissions is Friday August 9, 2019 by 4:00pm.



May 26, 2019 | 18

Clinical Placement Package Submission Process (cont'd)

• STEPIII

- Students will be notified of their clinical placement assignments by the Clinical Placement Coordinator via email at the start of each semester; the exact date is TBD.
- Students may not proceed with clinical placement until they have met all of the pre-requisite practice requirements. Failure to submit the required forms and supporting documentation by the deadline may jeopardize a student's clinical placement and/or result in a delayed start.
- Students are advised to begin the process early to ensure enough time to complete the required processes.



May 26, 2019 | 15

Required Documentation



May 26, 2019 | 18

Clinical Placement Package Requirements

An acceptable Clinical Placement Package submission will include:

Completed, signed and dated forms (found in your Student

Handbook)

- ✓ PHCNP Practice In format on Record Form
- ✓ PHCNP Practice Requirement Record Form
- ✓ WSB Student Declaration of Understanding Form
- ✓ PHCNP Clinical Placement Package Documents Checklist

Original copies of the following supporting documentation:

- ✓ Vulnerable Sector Screening (VSS) Police Reference Check
- ✓ CPR Certification Card
- ✓ Mask Fit Card
- ✓ Vaccination records and recent blood work
- ✓ Up-to-date CV/Resume (preferably saved as a PDF file) emailed to the Clinical Placement Coordinator

All submissions are to be received by email by Friday August 7, 2019 by 4:00pm.



May 26, 2019 | 17

Vulnerable Sector Screening (VSS) Police Reference Check

Students residing in the city of Toronto with a postal code starting with the letter 'M', must come to the PHCNP Administration Office to complete a consent form. Students will require a Ryerson student card, valid government ID and proof of mailing address to obtain this form.

The completed consent form can be mailed to or hand-delivered to the Toronto Police Headquarters.

Please be aware that the Toronto Police Services can take *up to 8 weeks or longer* to process a VSS request, therefore, it is recommended that you apply well in advance.

If you live in other municipalities (e.g. York Region, Peel Region), please go directly to your local police headquarters. If you require a letter of reference to obtain a VSS, please inform the Clinical Placement Coordinator.

Please note that some clinical agencies require students to have a VSS issued within the last six months in order to be eligible for placement at their facility. In these cases, students will be notified by the Clinical Placement Coordinator and will be responsible for obtaining a new VSS should their date



May 26, 2019 | 18

of issue exceed six months.

Clinical Placement Package Documentation

The original copy of the completed Clinical Placement Package will remain with the PCHNP Administration Office. Each student must keep a copy of these records and be prepared to present it along with other supporting documentation at the request of their placement agencies.

Original copies of immunization records, blood work reports, CPR certification, Mask Fit Cards and VSS Police Reference Checks are to be kept by the student as the PHCNP Administration Office will not retain nor store copies of these supporting documents for privacy reasons.

Please be advised that your VSS Police Reference Check, CPR certification, and Mask Fit test all have expiration dates. In addition, TB screening may require annual testing. You may be required to renew these items at some point during your clinical placement (depending on when you got them done). It is each student's responsibility to ensure that they are covered for the duration of their Clinical placement and to provide the PHCNP Administration Office with the documentation for each subsequent renewal.



Closing Remarks

Important Reminders

- Be sure to review the 'Student Handbook' regularly
- Observe for updates/documents on the Ryerson NP website
- Check your np.university Forum on the NP Network every 3-4 days for important updates



May 26, 2019 | 21

Important Reminders(cont'd)

- Remember to use professional language/etiquette when communicating with all faculty and staff as per University policies
- Students must always use their Ryerson email when communicating with staff and faculty; emails received from personal and workplace accounts will not receive a response.
- Given the complexity of the placement process and the limited number of preceptors/placement sites available, we greatly appreciate the patience and understanding of all students!



May 26, 2019 | 22

PHCNP Practice Information Record

Please complete the following questionnaire noting that your responses to questions #2 and #3 will not guarantee placements in those clinical areas of practice or geographical locations.

Last Name:	First Name:
Student Number:	Ryerson email:

1. Please indicate practice areas of previous clinical nursing experience (mark all that apply with an "X").

<input type="checkbox"/>	Geriatrics	<input type="checkbox"/>	Women's Health	<input type="checkbox"/>	Neurology
<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Men's health	<input type="checkbox"/>	Cardiology
<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Oncology
<input type="checkbox"/>	Intensive Care Unit	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Gastroenterology
<input type="checkbox"/>	Cardiac Care Unit	<input type="checkbox"/>	Family Health Team	<input type="checkbox"/>	Nephrology
<input type="checkbox"/>	Trauma	<input type="checkbox"/>	Community Health Center	<input type="checkbox"/>	Respirology
<input type="checkbox"/>	Urology	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Marginalized Population	<input type="checkbox"/>	Long Term Care	<input type="checkbox"/>	Medicine
<input type="checkbox"/>	Other:				

2. Please select preferred practice areas for placement consideration (mark selections with an "X").

<input type="checkbox"/>	Geriatrics	<input type="checkbox"/>	Women's Health	<input type="checkbox"/>	Neurology
<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Men's health	<input type="checkbox"/>	Cardiology
<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Oncology
<input type="checkbox"/>	Intensive Care Unit	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Gastroenterology
<input type="checkbox"/>	Cardiac Care Unit	<input type="checkbox"/>	Family Health Team	<input type="checkbox"/>	Nephrology
<input type="checkbox"/>	Trauma	<input type="checkbox"/>	Community Health Center	<input type="checkbox"/>	Respirology
<input type="checkbox"/>	Urology	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Marginalized Population	<input type="checkbox"/>	Long Term Care	<input type="checkbox"/>	Medicine
<input type="checkbox"/>	Other:				

3. Please identify the geographical area that best describes the city in which you live and the areas in which you would like to be placed (please select all that apply with an "X").

<input type="checkbox"/>	Central Toronto	<input type="checkbox"/>	East Toronto	<input type="checkbox"/>	Peel Region	<input type="checkbox"/>	Durham Region
<input type="checkbox"/>	North Toronto	<input type="checkbox"/>	West Toronto	<input type="checkbox"/>	Halton Region	<input type="checkbox"/>	York Region
<input type="checkbox"/>	Simcoe County	<input type="checkbox"/>	Dufferin County	<input type="checkbox"/>	Hamilton Region	<input type="checkbox"/>	Waterloo Region
<input type="checkbox"/>	Other:						

4. Please indicate any specific learning needs and/or goals to be considered for your clinical placement assignment selection(s):

5. Please specify any clinical placement recommendations and/or requests:

<i>Organization</i>	
<i>Address</i>	
<i>Description of placement</i>	
<i>Preceptor Name</i>	
<i>Contact Information</i>	
<i>Professional Designation</i>	

<i>Organization</i>	
<i>Address</i>	
<i>Description of placement</i>	
<i>Preceptor Name</i>	
<i>Contact Information</i>	
<i>Professional Designation</i>	

6. Please identify any language proficiencies aside from English:

--

PHCNP Practice Requirement Record

Last Name:	First Name:
Student Number:	Ryerson email:
NOTE TO STUDENT AND HEALTH CARE PROVIDER (HCP)	
<p>Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Nursing Program policy was developed in accordance with the communicable disease surveillance protocols, specified under the <i>Public Hospitals Act</i>, to meet the requirements of our students' placement settings. This process is necessary to ensure that our students protect their health and safety as well as the health and safety of patients, visitors, employees and other students at placement site locations. With exception to influenza vaccination, the completion of this information is mandatory, and all sections must be completed as outlined. Placement partners have the right to refuse students who have not met their immunization standards.</p>	
DIPHTHERIA, TETANUS, PERTUSSIS, POLIO	
Date of last Diphtheria* Booster: / / <hr style="width: 30%; margin-left: 0;"/> <div style="text-align: right; margin-left: 100px;">mm - dd - yyyy</div>	HCP Signature:
Date of last Tetanus* Booster: / / <hr style="width: 30%; margin-left: 0;"/> <div style="text-align: right; margin-left: 100px;">mm - dd - yyyy</div>	HCP Signature:
Date of last Pertussis* Booster: / / <hr style="width: 30%; margin-left: 0;"/> <div style="text-align: right; margin-left: 100px;">mm - dd - yyyy</div>	HCP Signature:
Date of last Polio Booster: / / <hr style="width: 30%; margin-left: 0;"/> <div style="text-align: right; margin-left: 100px;">mm - dd - yyyy</div>	HCP Signature:
*Immunization must have been done within the last 10 years AND be valid for the applicable terms.	
COMMUNICABLE DISEASES	
<p><i>Laboratory evidence is required to prove immunity for sections below; a copy of bloodwork records must be attached.</i></p>	
<p><u>Measles, Mumps, Rubella (MMR)</u> Laboratory evidence of immunity or Documentation of 2 doses of MMR vaccine after 1st birthday</p>	
1st Dose Date : / / 2nd Dose Date: / / <hr style="width: 30%; margin-left: 0;"/> <div style="text-align: right; margin-left: 100px;">mm - dd - yyyy</div>	HCP Signature:
<p><u>Varicella (Chicken Pox)</u> Laboratory evidence of immunity or Documentation of 2 doses of Varicella vaccine given at least 4 weeks apart</p>	
1st Dose Date : / / 2nd Dose Date: / / <hr style="width: 30%; margin-left: 0;"/> <div style="text-align: right; margin-left: 100px;">mm - dd - yyyy</div>	HCP Signature:
Blood work immunity must have been done within the last 10 years AND be valid for the applicable terms.	
INFLUENZA VACCINE (Recommended)	
<p>The Influenza virus vaccine is available free of charge from health services in the fall or can be obtained from your healthcare provider. Students are encouraged to submit evidence of the vaccination. Note: if you know or suspect that you have an allergy to eggs or other vaccination preservatives, please discuss your options with your HCP.</p>	

Yes No

mm - dd - yyyy

Assessment Date: / /

HCP Name: _

HCP Signature:

mm - dd - yyyy

Note: Annual chest x-rays are not required unless there is a change in clinical status or it is advised by a HCP. You can therefore attach a report from a previous chest x-ray taken within last 2 years. The HCP must still indicate and sign that there are no signs and symptoms of active TB (above). TB testing should be completed prior to the administration of any live vaccines or 4 weeks post receiving live vaccine.

SIGNATURE OF HEALTHCARE PROVIDER(S)

Instructions:

If you have documented on these forms please complete the section below or stamp and provide your signature. Please print clearly.

<p>_____</p> <p style="text-align: center;">Name of Healthcare Provider (please print)</p> <p>_____</p> <p style="text-align: center;">Address (street)</p> <p>_____</p> <p style="text-align: center;">Address (city & postal code)</p> <p>_____</p> <p style="text-align: center;">Telephone Number</p> <p>_____</p> <p style="text-align: center;">Signature of HCP</p> <p>_____</p> <p>Date Title (i.e. MD, RN)</p>	<p>_____</p> <p style="text-align: center;">Name of Healthcare Provider (please print)</p> <p>_____</p> <p style="text-align: center;">Address (street)</p> <p>_____</p> <p style="text-align: center;">Address (city & postal code)</p> <p>_____</p> <p style="text-align: center;">Telephone Number</p> <p>_____</p> <p style="text-align: center;">Signature of HCP</p> <p>_____</p> <p>Date Title (i.e. MD, RN)</p>	<p>_____</p> <p style="text-align: center;">Name of Healthcare Provider (please print)</p> <p>_____</p> <p style="text-align: center;">Address (street)</p> <p>_____</p> <p style="text-align: center;">Address (city & postal code)</p> <p>_____</p> <p style="text-align: center;">Telephone Number</p> <p>_____</p> <p style="text-align: center;">Signature of HCP</p> <p>_____</p> <p>Date Title (i.e. MD, RN)</p>
--	--	--

MASK FIT

All students must be tested and fitted for an appropriate respirator mask in the event of an outbreak requiring airborne/droplet precautions. Mask Fit Cards must clearly state the mask type (model) and size. Please ensure that you carry your mask fit card at all times during clinical practice. Mask Fit Cards are valid for 2 years after the issue date and must be valid for the entire time that you will in clinical placement.

Please present your original Mask Fit card to the Clinical Placement Coordinator with this form.

VULNERABLE SECTOR SCREENING (VSS) POLICE REFERENCE CHECK

All students are required to obtain an annual VSS Police Reference Check which must be valid for the entire time that you are in clinical practice. **Students cannot attend Clinical Placement without submission of their original VSS Police Reference Check Form.**

If you reside in the city of Toronto, you must come to the PHCNP Administration office to complete a consent form, prior to submitting your request for a VSS to Toronto Police Services. Students must present their Ryerson Student Card and valid government photo ID with proof of mailing address when picking up this form. Please be aware that the Toronto Police Services can take up to 8 weeks or longer to process a request for a VSS Police Reference Check.

If you live in other municipalities (e.g. York Region, Peel Region), please go directly to your local police headquarters. If you require a letter of reference to obtain a VSS, please inform the Clinical Placement Coordinator.

Please note that some clinical agencies require students to have a VSS issued within the last six months in order to be eligible for placement at their facility. In these cases, students will be notified by the Clinical Placement Coordinator and will be responsible for obtaining a new VSS should their date of issue exceed six months.

Please present your original VSS Police Reference Check to the Clinical Placement Coordinator with this package.

If your VSS Police Reference Check is positive, please contact the Graduate Program Director.

CPR CERTIFICATION (HCP Level)

For placement purposes, Cardio Pulmonary Resuscitation (CPR) certification at the Healthcare Professional (HCP) level is required. Certification expires one year after the date of issue and will therefore require yearly renewal/re-certification. Your CPR certification must be valid for the entire duration of your clinical practice.

Please present original proof of CPR certification to the Clinical Placement Coordinator with this package.

CNO ANNUAL REGISTRATION LICENCE

Your CNO license registration will be verified at www.cno.org

License Number:

Name as it appears on your license:

To be completed by the Clinical Placement Coordinator:

RN

Entitled to practice:

without restrictions

with restrictions

not entitled to practice

NOTICE TO STUDENTS

COMPLETION OF THE PRACTICE REQUIREMENTS RECORD IS REQUIRED IN ORDER TO ATTEND PRACTICE.

When you have completed all of the clinical placement practice requirements and are in possession of all supporting documentation, please contact the PHCNP Clinical Placement Coordinator to schedule a 15-minute in-person appointment to review and submit your package for processing. The deadline to submit all Clinical Placement Packages for review and processing is **Friday August 9, 2019 by 4:00pm**. Meetings with the Clinical Placement Coordinator should therefore occur before this date.

The original copy of the completed Clinical Placement Package will remain with the PCHNP Administration Office. Each student must keep a copy of these records and be prepared to present it along with other supporting documentation at the request of their placement agencies. Original copies of immunization records, blood work reports, CPR certification, Mask Fit Cards and VSS Police Reference Checks are to be kept by the student. The PHCNP office will not retain nor store copies of these supporting documents for privacy reasons and therefore will not be able to reproduce any of the documents for you.

Please be advised that your VSS Police Reference Check, CPR certification, and Mask Fit test all have expiration dates. In addition, TB screening may require annual testing. You may be required to renew these items at some point during your clinical placement (depending on when you got them done). It is each student's responsibility to ensure that they are covered for the duration of their clinical placement and to provide the PHCNP Administration Office with the documentation for each subsequent renewal.

Failure to comply with any of the instructions aforementioned will jeopardize your clinical placement.

Name: _

Signature: _

Date: _

The information on this form is collected under the authority of the Ryerson University Act and is required to process your application for your practice placement course. The information will be used in connection with

placement negotiations and communication with placement agencies. If you have any questions about the collection, use, and disclosure of this information by the Daphne Cockwell School of Nursing, please the PHCNP Program Clinical Placement Coordinator.

Student Declaration of Understanding

Workplace Safety and Insurance Board or Private Insurance Coverage For Students on Program Related Placements

Student coverage while on placement:

The government of Ontario, through the Ministry of Advanced Education and Skills Development (MAESD), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are required by their program of study.

MAESD also provides private insurance through ACE-INA to students should their unpaid placement required by their program of study take place with an employer who is not covered under the *Workplace Safety and Insurance Act* and limited coverage where placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please be advised that Ryerson University will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or ACE-INA claim to MAESD.

If coverage is not provided through MAESD, then accident insurance may be provided by Ryerson University.

This Agreement must be completed, and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions and a copy provided to the Ryerson University placement coordinator prior to the commencement of the work placement.

Declaration:

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Advanced Education and Skills Development or Ryerson University while I am on an unpaid placement as arranged by the university as a requirement of my program of study.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the University and the Placement Employer. I will provide the University with written confirmation that I have received safety training.

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator within my faculty and notify them of any unresolved safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Ryerson University placement coordinator. An MAESD Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University placement coordinator.

In the event of an injury, I also agree to maintain regular contact with the University and to provide the University with information relating to any restrictions and my ability to return to the placement.

If this is a paid placement then the placement employer should provide me with WSIB coverage. If the placement employer does not have WSIB coverage, then I understand that I do not have WSIB or private insurance coverage either through MAESD or Ryerson University in the event of a workplace accident.

I understand the implications and have had any questions answered to my satisfaction.

Student Name:	Student Signature:	
Program:	Date:	
Organization:	Total Placement Hours	Visa Student? <input type="checkbox"/> Y <input type="checkbox"/> N
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print</i> :		
Signature:	Date	

PHCNP Clinical Placement Package Documents Checklist

To ensure that you have completed all of the required forms and are in possession of all supporting documentation necessary to process your submission, please carefully review this checklist and bring each of the documents listed to your scheduled appointment with The Clinical Placement Coordinator.

Items contained in this package include:

- PHCNP Practice Information Record Form (pp. 16-17), filled out and signed
- PHCNP Practice Requirement Form (pp. 18-21), filled out and signed
- WSIB Student Declaration of Understanding Form (pp. 22-23), filled out and signed
- PHCNP Clinical Placement Package Documents Checklist (this page, pp. 24), filled out and signed

Supporting Documents include:

- VSS Police Reference Check
- CPR Certification Card
- Mask Fit Card
- Vaccination records and recent bloodwork
- Signed and Dated Documents Checklist and Declaration
- Up-to-date CV/Résumé (preferably saved as a PDF file) emailed to the PHCNP Program Clinical Placement Coordinator prior to scheduled appointment. Please title your file as "First name-Last name-Resume."

Other Considerations:

- Students that submit a completed package by the deadline date will be given full placement consideration. Incomplete packages will not be considered for processing and may jeopardize placement opportunities.
- Students are required to keep a copy of this package as well as original copies of all other supporting documents with them during clinical practice as placement agencies may request to review them.
- Please be advised that your VSS Police Reference Check, CPR certification, and Mask Fit test all have expiration dates. In addition, TB screening may require annual testing. You may be required to renew these items at some point during your clinical placement (depending on when you got them done). It is each student's responsibility to ensure that they are covered for the duration of their clinical placement and to provide the PHCNP Administration Office with the documentation for each subsequent renewal.

By signing this form, I am declaring that I have read and understand this Clinical Placement Package in its entirety, and that I am agreeing to the terms and conditions outlined in the document.

Last Name	First Name
Student Signature	Date
Signature of Clinical Placement Coordinator	Date

--	--