APPLICATION PROCEDURE

Please print this guide as it contains documentation that must be mailed to the nursing department. Read the instructions carefully and then complete the nursing application online. Please access the tab located below application guide on PC website. Completed applications, as noted below, received by June 1st will receive priority placement.

1. **Application for Baccalaureate Nursing Program:** Please complete the application located online carefully, filling in all areas. Submit online when completed, please see below for references and follow the guide for the health and background procedure. The application serves as the formal application to the nursing program.

2. **Transcripts from Post-Secondary Education:** Official transcripts from all post-secondary education institutions attended should be sent to the Presentation College Admissions Office. It is the applicant’s responsibility to ensure that all necessary, official transcripts are sent and received at Presentation College.

3. **References:** Two complete Reference Request forms are required to accompany the other application materials. The forms are included in this packet. At least one of the two references must be from an individual who can directly speak to the student’s academic ability. The other may be from an employer or person who can provide data on the student’s personal characteristics. (Family members/friends are not appropriate references.)
   a. Please complete the Waiver of Rights to Review Statement on each reference form.
   b. Send a Reference Request to each individual who shall serve as a reference. Indicate that the form is to be returned to the student in a sealed envelope before a specified date. Please place the appropriate return address in the space at the bottom of the form.

4. **Current Immunizations and Health Form:** Students are required to submit documentation of all immunizations and health to Viewpoint Screening prior to July 1st. Students cannot begin nursing classes unless their immunization history is up-to-date and complete. It is the student’s responsibility to maintain current immunization status. All new Nursing Students are expected to complete an online health documentation tracker and background screen file prior to July 1st through Viewpoint Screening. The website is located here: [https://www.viewpointscreening.com/presentation](https://www.viewpointscreening.com/presentation). You will need to click “start your order” on the left hand side, and then choose “Nursing Program”. Your documents must be valid for the entirety of the next semester. If any item expires later during the next semester, it will be denied. You will need to maintain your own login information and check this Viewpoint website prior to each following semester you are in the nursing program by the July 1st (Fall), December 1st (Spring), and April 1st (Summer) deadlines. These are requirements to begin and proceed in our program, and it is your responsibility to make sure you meet them. Not doing so will result in administrative withdrawal from your Nursing courses on the above stated deadlines and failure to progress in the program.

5. **THE APPLICATION IS CONSIDERED COMPLETE ONLY WHEN THE ENTIRE APPLICATION IS SUBMITTED INCLUDING:**
   - APPLICATION (SECTION I: PERSONAL STUDENT INFORMATION AND ESSAY, SECTION II: BACKGROUND INFORMATION)
   - TRANSCRIPTS
   - TWO REFERENCES
   - VIEWPOINT DOCUMENT TRACKER & BACKGROUND SCREEN(S)

   **NO STUDENT CAN BE CONSIDERED FOR FULL ACCEPTANCE INTO THE Program UNTIL ALL OF THE ABOVE ARE RECEIVED.**
Following Acceptance to the Nursing Program:

6. **Background Check:** All Presentation College nursing students accepted into the nursing program will be required to submit an annual national background screen through Viewpoint Screening. Information on submitting the background screen is indicated below.

   **Fairmont Students Only:** Minnesota state law requires an additional state background check and fingerprinting on any person who directly works with patients or residents in health care facilities in the state of MN. Information on submitting the background screen is below. The Background Study Clearance must indicate that the student can provide direct contact services and must be uploaded to Viewpoint Screening.

   The student cost for the background check(s) varies from $43 to over $100, depending on if they have lived outside of the United States or not.

   **Results of the background study are valid for one year only and must be completed annually.**
Baccalaureate Nursing Program
Student Checklist

Use this checklist to keep track of the various parts of the application process.

Date Submitted: ____/____/____

☐ Application for Baccalaureate Nursing Program

☐ Transcripts—official transcripts from all post-secondary education credits must be provided to the Presentation College Admissions Office prior to submission of the Nursing Program application.

☐ Reference from:
   1. _________________________  →Cover Letter and Form sent: ____
      →Reference Form received: ____
   2. _________________________  →Cover Letter and Form sent: ____
      →Reference Form received: ____

☐ Upload to Viewpoint all Immunizations, Health Forms, and Background Screens upon Acceptance

☐ COPY ALL APPLICATION MATERIALS YOU ARE SUBMITTING.
   You may need to refer to it during the application process.

   IT IS THE STUDENT’S RESPONSIBILITY TO BE CERTAIN ALL MATERIALS ARE SUBMITTED TOGETHER AND RECEIVED BY THE DUE DATE.

   FINAL ACCEPTANCE INTO THE PROGRAM WILL BE CONTINGENT ON COMPLETION OF CRIMINAL BACKGROUND STUDIES. MORE INFORMATION IS ENCLOSED BELOW.
Reference Request  Send this reference request to each individual who will serve as a reference. The form is to be returned to the student in a sealed envelope with signature across the seal then mailed to Nursing Dept. 1500 North Main Street Aberdeen, SD 57401.

WAIVER OF RIGHT TO REVIEW STATEMENT

I, _________________________________, *waive / do not waive (please circle only one) the right to access confidential material submitted by reference.

Signature of applicant: _________________________________

Date: _________________________________

All completed forms will be treated confidentially should the student sign the Waiver of Right to Review Statement above.

*Waive = student may not review reference  *Do not waive = student may review copy of reference after application process is complete

I, _________________________________, am requesting that you serve as a reference for my application to begin the Baccalaureate Nursing Program at Presentation College. To assist in evaluating my application, please complete this form and return it to me in a sealed envelope (with your signature over the seal).

DIRECTIONS: In completing the form, please rate the applicant in comparison to other students and/or employees you have known.

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How long and under what circumstances have you known the applicant?
What limitations do you see that this individual may have in completing the Baccalaureate Nursing Program?

How does this individual handle stressful situations?

Please make any comments you think would assist faculty members in evaluating this candidate.

Thank you.

Signature of reference: _____________________________________________________

Name (please print):     __________________________________________

Title: ____________________________________________

Address: __________________________________________________________

Date: ______________________

Please return form to applicant in a sealed envelope (signature across seal) by:     __________________

(Student – enter date)

Applicant address: ________________________________

________________________________

________________________________
Reference Request  Send this reference request to each individual who will serve as a reference.
The form is to be returned to the student in a sealed envelope with signature across the seal then mailed to Nursing Dept. 1500 North Main Street Aberdeen, SD 57401

WAIVER OF RIGHT TO REVIEW STATEMENT

I, ______________________________, *waive / do not waive (please circle only one) the right to access confidential material submitted by reference.

Signature of applicant: ________________________________

Date: ______________________________

All completed forms will be treated confidentially should the student sign the Waiver of Right to Review Statement above.

*Waive = student may not review reference  *Do not waive = student may review copy of reference after application process is complete

I, ________________________________, am requesting that you serve as a reference for my application to begin the Baccalaureate Nursing Program at Presentation College. To assist in evaluating my application, please complete this form and return it to me in a sealed envelope (with your signature over the seal).

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How long and under what circumstances have you known the applicant?
What limitations do you see that this individual may have in completing the Baccalaureate Nursing Program?

How does this individual handle stressful situations?

Please make any comments you think would assist faculty members in evaluating this candidate.

Thank you.

Signature of reference: _____________________________________________________

Name (please print): ____________________________________________________

Title: ________________________________________________________________

Address: ______________________________________________________________

________________________________________________________

Date: ______________________

Please return form to applicant in a sealed envelope (signature across seal) by:   _________________  
(Student – enter date)

Applicant address: ____________________________________________________

________________________________________________________
POLICY ON STUDENT HEALTH, CERTIFICATION, AND DOCUMENTATION REQUIREMENTS

POLICY

Students admitted to any nursing program at Presentation College and wishing to enroll in any nursing course must comply with certain health, immunization, and certification requirements before enrollment in the course is authorized. These requirements are outlined in detail below and must be valid concurrently with the entire academic semester. Documentation must be submitted by the first of the month prior to each semester. The deadline for the Fall (August - May) semester is July 1st, the deadline for the Spring (January - May) semester is December 1st, and the deadline for the Summer (May - August) sessions is April 1st. Final registration for nursing courses will not be authorized until requirements are met and approval is given by the Department of Nursing. Any non-compliant student will be dropped from their courses and/or clinical on the previously stated deadlines of July 1st for Fall courses, December 1st for Spring courses, and April 1st for Summer courses without further warning and may lose their placement for that semester.

PROCEDURE

The student will pay, at their own expense, the appropriate annual document tracking fee and submit to Viewpoint Screening Documentation Tracking the following prior to the above stated deadlines each semester. Each of these requirements must be valid concurrently with the entire academic semester, from the first to last day of class, and mid-semester renewal is NOT permitted:

1. One physical exam when entering the program which is valid for the duration of time the student is enrolled in the program. Exceptions include: 1) change in health status; and 2) stepping out or withdrawal from the program for greater than one semester. It is recommended that a physical be performed annually. Any change in health status must be reported to the Program Director.
2. Evidence of appropriate current immunization for tetanus. Each student must receive a TDAP immunization one time, and then a TD immunization every 10 years.
3. Evidence of appropriate Polio immunizations. Each student must receive 3 IPV immunizations, 4 OPV immunizations, or supply an immune titer.
4. Evidence of appropriate Measles Mumps and Rubella immunizations. Each student must receive 2 MMR immunizations or supply an immune titer.
5. Evidence of appropriate Hepatitis B immunizations. Each student must receive 3 Hepatitis B immunizations or supply an immune titer.
6. Evidence of appropriate immunizations for Varicella. Each student must receive 2 Varicella immunizations, supply an immune titer, or supply a written and signed account from their medical provider documenting a verified case of chicken pox.
7. Evidence of annual Influenza immunization by October 31st of each academic year. If medically unable to receive this immunization, student must provide a medical waiver signed by their medical provider. We must disclose to our clinical agencies that you have not received the influenza immunization and they reserve the right to require you to wear a face mask for the entirety of your clinical experience.
8. Evidence of an initial two-step Mantoux skin test for tuberculosis, and an annual 1-step Mantoux skin test each year thereafter within 12 months, or prior to the academic semester in which it will expire, whichever comes first. A two-step test consists of an injection with reading done within 48-72 hours, and a second injection with reading done between one to three weeks after the initial injection. An additional annual one-step skin test is required within 12 months of the initial two-step. If the annual 1 step is not received at this time, the two step will need to be repeated. TB blood tests and chest X-rays will be accepted in place of the initial two-step skin test. If there is a history of a positive skin test, documentation of completion of therapy for tuberculosis certified by a health care provider is required.
9. Evidence of valid American Heart Association CPR certification for the Health Care Provider. Certification is valid for 24 months but must be valid concurrently with the entire academic semester, from the first to last day of class, and mid-semester renewal is not permitted.
10. The student is responsible for maintaining a current health insurance policy. Evidence of current health insurance may be required and requested from you directly by clinical agencies.
11. An annual Viewpoint National Background Screen is required for all nursing students, and an annual Minnesota State Department of Human Services Background Screen is required of any student who resides in MN or may do clinical there. These costs are the student's responsibility. The MN student is responsible for uploading their cleared Minnesota State Department of Human Services Background Screen to Viewpoint Screening Document Tracking. Background screen results are valid for 12 months only and must be valid concurrently with the entire academic semester, from the first to last day of class. Mid-semester renewal is not permitted.
12. LPNs and RNs must provide proof of their current licensure and provide a new copy of the online verification with expiration date each time they renew their license, before the expiration date listed by the State Board of Nursing.
13. The signed Agreement to Program Policies and Student Confidentiality Agreements found at the end of this handbook must be submitted annually by July 1st of each academic year.

In addition, the student should allow a period of no less than 10 working days after materials are submitted to Viewpoint Screening Documentation Tracking for the documentation to be reviewed and approved or denied. The student is responsible for checking back in to
the Viewpoint Screening Documentation Tracking website to ensure all documentation is approved before deadline prior to each semester (July 1st, December 1st, and April 1st). Assuring the submission of all required documentation and receipt by Viewpoint Screening Documentation Tracking is entirely the responsibility of the student. The company will send reminder emails to you within 30 days of impending expirations. **Any submitted documentation that expires before the last day of class in the next academic semester will not be accepted.** Presentation College, the Department of Nursing, and Viewpoint Screening Documentation Tracking are not responsible for delayed, incomplete, lost or missing documents. Due to the complexity of orientation to the course the first week of the semester, late submission of documents and/or registration after a nursing class has begun is not permitted. Late document submissions will not be accepted and any non-compliant student will be dropped from their courses and/or clinical on the first day of class without further warning and may lose their placement for that semester.

The student is responsible for notifying faculty and clinical staff of any latex allergy. As many health care products are latex based, the student should be aware of agency policy and procedures.

Any of the above health requirement documentation or certification information shall be provided to clinical agencies by Presentation College or Viewpoint Screening at the clinical agency’s request.
BACKGROUND CHECK INSTRUCTIONS FOR PRESENTATION COLLEGE - NURSING

About Viewpoint Screening

On Jan. 1, 2004, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) instituted new regulations. Organizations, such as hospitals, home health agencies, clinics and other types of health agencies, must abide by these regulations in order to gain or maintain their accreditation.

One of the regulations requires these organizations to conduct a criminal background check on all employees, students and volunteers involved in patient care.

ViewpointScreening.com is a secure platform that allows you to order your background check, drug test & medical document tracker online. Information collected through ViewpointScreening.com is secure, tamper-proof and kept confidential. The background check, drug test and/or medical documents are based on guidelines provided by your school. Your results will be posted on the ViewpointScreening.com website where the student, as well as the school, will be able to view them.

Step 1  Place Your Order

Go to: www.viewpointscreening.com/presentation
Click on “Start Your Order” and follow the online prompts

Required Personal Information
In addition to entering your full name and date of birth, you will be asked for your social security number, current address, phone number and email address.

Payment Information
At the end of the online order process, you will be prompted to enter your Visa, Mastercard, AmEx, or Discover information.

Step 2  View Your Results

Once your order is submitted, you will receive a confirmation email containing a password to log into viewpointscreening.com. When your background check is completed, you can view/print a copy at viewpointscreening.com/viewresults by entering your email address and password. Results should be completed within 3-5 days.

Step 3  Medical Document Storage

When logged in, you will have the capability to upload specific documents required by your school for immunization, medical or certification records. The specific requirements will be listed online, along with the requirement details and deadlines.

If you have any additional questions, please contact Viewpoint Screening at studentsupport@viewpointscreening.com
Document Tracking and Health Requirements Questions and Answers

Q: I am taking nursing courses next semester but they do not include clinical. Do these requirements still apply to me?
A: Yes. These requirements apply to all nursing students who will enroll for nursing classes next semester, whether or not they include clinical.

Q: I am not starting nursing courses and am still taking generals next semester (courses that do not begin with NU/NB/NL). Can I still sign up for this tracking system now and start getting my documents together?
A: Absolutely! It is always a great idea to be prepared early and be aware of any immunizations or certifications you will need before it gets down to the last minute. Even if you do not want to sign up for the document tracking system and pay the fee yet, you can start your own file to collect all documents you know you will need to upload at a later time.

Q: I’m uploading my documents now for the January Spring semester, and my CPR / TB Test / Background Check expires in April. Do I need to renew and submit them early?
A: Yes. Any requirement which expires during the next semester is due by the pre-semester deadline, in this case December 1st. Mid-semester renewals are not permitted and documentation will be denied if it is not valid for the entirety of the next academic semester you wish to register for, in this case January 2017-May 2017. This means you may need to obtain and pay for a certification or immunization on your own before your workplace provides it to you.

Q: What happens if I don’t upload or renew my documents by the deadlines of December 1st for the Spring semester, April 1st for the Summer semester, or July 1st for the Fall semester?
A: Your courses for next semester will be administratively withdrawn if you are already registered on December 1st, April 1st, and July 1st. A hold will be placed on your account which will prevent you from registering if you have not registered yet. This may result in losing your placement in the program for the courses you intended to take next semester and may delay your graduation date.

Q: What happens if I upload everything I have, but one of my documents is not accepted for any reason or expires during the next semester?
A: Our requirements are not negotiable. If your immunizations or documentation does not meet our requirements, it will be denied. This includes incorrect types of immunizations, non-immune titers, illegible documents, non-official documentation, documentation that does not clearly state the clinic and physician or nurse administering it along with your name and the date, requirements that are expired under our guidelines, or requirements that will expire during the next academic semester.

Q: Your requirements are much more strict than my work and you require more immunizations or titers more often. Do I still need to do all of this?
A: Yes. Our clinical agencies who welcome our students into their facilities are extremely strict about your immunizations and certifications. They will likely be stricter than your own workplace. Even if you work at the facility you will be attending as a nursing student, they often
require MORE of students than they do of their own staff, even when you are both! Again, these requirements are not negotiable.

Q: I need to meet the July 1st deadline to enroll in Fall courses. I’ve uploaded everything besides the flu shot, but I can’t get my flu shot until October. Is that okay?
A: Yes. The flu shot is the one and only requirement which does not follow the deadlines because it is a seasonal vaccine offered from September until the spring of each year. According to our nursing student handbook, all influenza immunizations are due by October 31st of each academic year. If your work does not administer them before that date, you will need to receive one on your own to meet this deadline. Directly from the Nursing Student Handbook, it is a requirement of our program to turn in "evidence of annual Influenza immunization by October 31st of each academic year. If medically unable to receive this immunization, student must provide a medical waiver signed by their medical provider. We must disclose to our clinical agencies that you have not received the influenza immunization and they reserve the right to require you to wear a face mask for the entirety of your clinical experience". This means if you have not received a flu shot in the fall and you are completing your health file to start nursing courses in the Spring session, you will need to get one now and it will be due with everything else by the December 1st deadline.

Q: I gave the nursing office all of my documents and didn’t keep copies. Can I get them back in order to upload them in to this online tracking system?
A: Yes. Please contact Sasha.Bunke@presentation.edu to request scanned copies of your documents on file with the nursing office. Please allow 1 week turnaround time for these documents to be provided to you.

Q: Will this website remind me when I have something expiring soon?
A: Yes. When you sign up for an account, you provide them an email address with your information. They will email you reminders when your documents are nearing expiration.

Q: A clinical or preceptor site is requesting my health documents or background screens from me. Can they get them directly from my online health file with Viewpoint instead?
A: Yes. Please contact the nursing office so we can connect your clinical site with your online file through Viewpoint Screening.

Q: I have questions about what I still have left to turn in, have questions about why one of my documents was not accepted, or cannot remember my username and password for the Viewpoint website. Who do I contact?
A: You should log in to your account at https://www.viewpointscreening.com/presentation to view which items you are missing and before next semester’s deadline to find out what may be expiring. If you cannot log in due to username and password issues, you can use the website to retrieve your username and password through the email you provided when you signed up for your account. If you still need help, you can contact Viewpoint Screening directly at studentsupport@viewpointscreening.com or 888-974-8111.

If you still have questions which have not been addressed here, please contact Sasha.Bunke@presentation.edu.
PART I: IMMUNIZATION RECORD

for (name):_________________________________________________ Last         Middle   First

To be completed and verified by a healthcare provider or public health official before completing the required Report of Medical History (Part II) and Report of Health Evaluation (Part III). Documentation for antibody tests/titers must be attached.

1. TETANUS, Diphtheria, Pertussis (Td) (Within 10 years) ______________________ Month/Day/Year

2. POLIO SERIES of 4 OPV doses (1st) ___________________ (2nd) ___________________ (3rd) ___________________ (4th) ___________________ primary series of 3 IPV doses (for individuals over 18 years of age) (1st) ___________________ (2nd) ___________________ (3rd) ___________________ Positive Polio titer attached

3. MEASLES/MUMPS/RUBELLA - 2 doses (1st) ___________________ (2nd) ___________________ Positive Measles, Mumps, and Rubella titers attached

4. Hepatitis B - series of 3 doses (1st) ___________________ (2nd) ___________________ (3rd) ___________________ Positive hepatitis B surface antibody titer attached

5. TB (MANTOUX) test
   STEP 1
   Date administered ____________ Date read ____________ Results (in mm) ____________
   Read by ____________________
   TB (MANTOUX) test
   STEP 2
   Date administered ____________ Date read ____________ Results (in mm) ____________
   Read by ____________________

   NOTE:
   1) All students must begin with a two-step skin test (two separate TB tests placed 1-3 weeks apart), and receive regular 1-step skin tests within every 12 months thereafter.
   2) Mantoux testing is contraindicated for individuals with a prior positive skin test.
   3) Previous vaccination with BCG is not a contraindication to Mantoux testing. Previously vaccinated individuals with significant reactions to a TB skin test should be evaluated for the presence of disease and managed accordingly.

   or

   If history or positive skin test:
   Date of conversion ____________ Date of most recent chest Xray or TB Blood test (documentation must be attached) ____________
   INH or other drug therapy start date ____________ end date ____________
   Where were you treated? ____________________
   Are you experiencing any of the following?
   Recent weight loss yes ____ no ____
   Night sweats yes ____ no ____
   Persistent cough yes ____ no ____

6. Influenza Immunization
   Date ____________

7. Chicken Pox or herpes zoster: History of disease verified by physician, or positive titer attached, or 2 immunizations:
   date of disease ____________ or
   Immunizations: date ____________ date ____________

Health care provider or public health official verifying above immunizations:

PRINTED NAME: ____________________ PROVIDER SIGNATURE: ____________________
DATE: ____________ PROVIDER ADDRESS: ____________________ PROVIDER PHONE: ____________

Completed forms must be submitted to www.viewpointscreening.com/presentation
PRESENTATION COLLEGE
PART II: REPORT OF MEDICAL HISTORY
STUDENT MUST COMPLETE THIS BEFORE GOING TO YOUR HEALTH CARE PROVIDER FOR EXAMINATION

SEX:  □ M  □ F

LAST NAME (Print)   FIRST NAME   MIDDLE

HOME ADDRESS (Number and Street)   CITY OR TOWN   STATE   ZIP CODE

NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

NEXT OF KIN'S BUSINESS ADDRESS

LIST OF COLLEGES YOU HAVE ATTENDED, ADDRESSES, AND DATES

ARE YOU A VETERAN? BRANCH AND LENGTH OF SERVICE

SEXUAL HISTORY

AGE   STATE OF HEALTH   OCCUPATION   AGE OF DEATH   CAUSE OF DEATH

Father
Mother
Brothers
Sisters

FAMILY HISTORY

HAVE ANY OF YOUR RELATIVES EVER HAD ANY OF THE FOLLOWING?

Tuberculosis
Diabetes
Kidney Disease
Heart Disease
Arthritis
Stomach Disease
Asthma, Hay Fever
Epilepsy, Convulsions
High Blood Pressure

PERSONAL HISTORY, PLEASE ANSWER ALL QUESTIONS. Comment on all positive answers in space below or on additional sheet.

HAVE YOU HAD?

Yes  No
Scarlet Fever
Measles
German Measles
Mumps
Chicken Pox
Malaria
Gum or Tooth Trouble
Sinusitis
Eye Trouble
Ear, Nose, Throat Trouble
Surgery
Appendectomy
Tonsillectomy
Hernia Repair
Back
Other (specify)

Pain/Pressure in Chest
Chronic Cough
Coughing Blood
Palpitations (Heart)
High or Low Blood Pressure
Rheumatic Fever or Heart Murmur
Disease or Injury of Joints
Eczema, Eruptions, Itch, etc.
Back Problems
Tumor, Cancer, Cyst
Jaundice
Lump, Mass, etc.
Dizziness, Fainting
Weakness, Paralysis
Venereal Disease
Albumin/Sugar in Urine
Frequent Urticaria
Anemia
Overweight
Anorexia or Bulimia

A. Has your physical activity been restricted during the past five years? (Give reasons and durations)

B. Have you had difficulty with school, studies, or teachers? (Give details)

C. Have you received treatment or counseling for a nervous condition, personality or character disorder, or emotional problem? (Give details)

D. Have you had any illness or injury or been hospitalized other than already noted? (Give details)

E. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years? (Other than routine checkups?)

F. Have you been rejected for or discharged from military service because of physical, emotional, or other reasons? (If so, give reasons)

G. Do you intend to participate in sports while attending Presentation College? If so, provide details.

H. Do you exercise regularly? If yes, provide details.

I. Do you have any questions in regard to your health, family history, or other matters, which you would like to discuss?

REMARKS OR ADDITIONAL INFORMATION (Use additional sheet if necessary)

_________________________________________________________________

Student’s Signature

Health Care Provider Signature (Acknowledging Review)   Date

Completed forms must be submitted to www.viewpointscreening.com/presentation
PART III: REPORT OF HEALTH EVALUATION

TO THE EXAMINING HEALTHCARE PROVIDER: Please review the student’s history and complete the physician’s form. Please comment on all positive answers. THIS STUDENT’S ACCEPTANCE STATUS WILL NOT BE IMPACTED BY THIS REPORT: It will be used only as a background for providing health care, if this is necessary. This information is strictly for the use of Presentation College and will not be released without student consent.

SEX: M ☐ F ☐

LAST NAME: ____________________________ FIRST NAME: ____________________________ MIDDLE: ____________________________

HEARING: Whisper test (softly whispered word @ 30-60 cm) R ________ L ________

BP: R ________ L ________ Height ________ inches Weight ________ lbs.

Corrected Vision: R ________ L ________

BMI: __________

Are immunizations current? Yes ☐ No ☐

URINALYSIS (dipstick):

Sugar: ____________

Albumin: ____________

Micro: ____________

HEMOGLOBIN or HEMATOCRIT (if indicated) gms./%

Are these areas within normal limits? If not, describe fully. Use additional sheet if needed.

Comments:

1. Head, Ears, Nose, or Throat
2. Respiratory
3. Cardiovascular
4. Gastrointestinal
5. Hemia
6. Eyes
7. Genitourinary
8. Musculoskeletal
9. Metabolic/Endocrine
10. Neuropsychiatric
11. Skin

Is the patient now under treatment for any medical or emotional condition? Yes ☐ No ☐

Is there any other body system impairment not previously noted? Yes ☐ No ☐

Comment or summary on overall health status:

RECOMMENDATIONS:

Student is physically able to assume classroom and/or clinical responsibilities. Yes ☐ No ☐ Explain:

Student is physically able to assume classroom and/or clinical responsibilities with the following restrictions:

Student is NOT able to assume classroom and/or clinical responsibilities for the following reason(s):

Recommendations for physical activity (PE, Intramurals, ROTC): Unlimited ☐ Limited ☐ Explain:

Do you have any other recommendations regarding the care of this student? Yes ☐ No ☐ Explain:

PROVIDER NAME: ____________________________ Date: ________________

PROVIDER SIGNATURE: ____________________________

ADDRESS: ____________________________

TELEPHONE: ____________________________

The student, who is responsible for uploading it at www.viewpointscreening.com/presentation

COMPLETED FORMS MUST BE SUBMITTED TO www.viewpointscreening.com/presentation

The recommended form has been approved by the Liaison Committee of the American College Health Association and the American Medical Association and approved by the American College Health Association. (Revised 3/98)
APPLICANT BACKGROUND STUDY

You received this form because you applied for a position that requires a Minnesota Department of Human Services (DHS) background study. Follow the instructions below to submit your background study request to the provider. The provider will review and may submit your background study request to DHS. Provider means a facility, program, or agency initiating background study requests under Minnesota Statutes, chapter 245C.

<table>
<thead>
<tr>
<th>Provider Name and License Number</th>
<th>Provider Number</th>
</tr>
</thead>
</table>
| PRESENTATION COLLEGE FAIRMONT CAMPUS  
(900504) 900504 | 9TT58Q |

Instructions

1. **Go to NETStudy 2.0 Applicant Portal**
   https://netstudy2.dhs.state.mn.us/Applicant

2. **Create an Account** If you have not created an account before:
   a. Click “Register as a new user.”
   b. Enter your account information. Click “Register.”
   c. Check your email for the temporary password.

3. **Login**
   Your username is your email address. A temporary password was sent to the email account you used to register. When you login, you will be prompted to change your password and choose a security question.

4. **Enter Application Information**
   a. Click “Create Application” on the home screen
   b. Enter 9TT58Q in the provider number field. Click Search. If Presentation College is displayed (it may say Fairmont, that is OK no matter which campus you are from) click “Continue Application”.
   c. Enter your demographic information. Click “Next” after you have completed the required fields on each screen.
   d. The Payment Information screen click “Pay Now.” After clicking “Complete Payment” a new tab with the DHS Electronic Payment System will open. Click “Pay without Registering” and complete the payment process. After you have completed payment, return to NETStudy 2.0 and click “Continue.” After reviewing the registry screen, click “Finish.” Clicking “Finish” will submit your application to the provider.
   f. Be careful to enter the information correctly. You will not be able to change it.
   g. Email a picture/copy of your drivers license to Susan.Barnes@presentation.edu. We will not be able to proceed and submit your application without this.

5. **Retrieve the Fingerprint and Photo Authorization Form**
   You are required to be fingerprinted and photographed. You cannot do so until the school submits your background study application to DHS. After you've completed steps 1-4, you will be notified by email once your school has done so. Once you receive this email, log back in to https://netstudy2.dhs.state.mn.us/Applicant. You will only have 14 days from the date of this email to be fingerprinted. On the home screen, locate the Fingerprint and Photo Authorization Form.
   - You must print this form and bring it, along with your ID, to the fingerprinting site.
   - You may only be fingerprinted in approved locations. CLICK HERE for a list.
   - The cost for Fingerprinting and the photo is $9.10.
   - You may pay in advance (debit/credit card only) by phone M-F from 8am-5pm CST by calling 1-844-332-7671, or
   - You may pay (check or money order only) at the fingerprinting location.

Frequently Asked Questions

**How much does the background study cost?**

The background study fee is $20. The background study fee must be paid using the DHS Electronic Payment System. You can use a credit or debit card to make the payment. You may set up an account if you plan to use the DHS Electronic Payment System for other background studies, or you can bypass the account setup by clicking "Pay without Registering". The Fingerprint/Photo fee must be paid separately and is $9.10.

**What happens next?**

The provider will review and verify your background study information. If the provider chooses to submit the background study request, you and the provider will receive a notice of your background study status. The notice will be mailed to you within 30 days of your fingerprints and photo being taken. The provider will receive the notice electronically.

**Where do I find more information?**

You can find information on the Background Study website at www.DHS.state.mn.us, select General Public; Office of Inspector General; Background Studies. If you have questions about your background study status call (651) 431-6620. If you have questions about this notice or technical issues registering an account call (651) 431-6625.
BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

Why is DHS asking me for my private information?
A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

How will I be notified that a background study was submitted on me?
DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

What information must I provide to complete the background study?
You are required to provide enough information to ensure an accurate and complete background study. This includes your:
- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver’s license or other identification number, and;
- fingerprints and a photograph.

How will the information that I give be used?
The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as “private data” and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?
You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

What if I refuse to provide the information?
You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

Who will DHS give my information to?
DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:
- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

What information will DHS share with the entity that requested my background study?
The entity that requested the background study will be notified of your background study determination. If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

What other entities might DHS share information with?
Information about your Background study may be shared with:
- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.
What if my disqualification is set aside?
If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

Will my fingerprints be kept?
DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

What information can the fingerprint and photo site view and keep?
The fingerprint and photo site can view identifying information to verify your identity. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

Who can see my photo?
Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

What are my rights about the information you have about me?
- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:
  (1) not been affiliated with any entity for the previous two years, and;
  (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services
Background Studies Division
NETStudy 2.0 Coordinator
PO Box 64242
St. Paul, MN 55164-0242

How long will DHS keep my background study information?
DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

What is the legal authority for DHS to conduct background studies?
Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118.

What if I think my privacy rights have been violated?
You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services
Privacy Official
PO Box 64998
St. Paul, MN 55164-0998

Updated: 02/12/2015