# School of Nursing
## New Admit Check List

### DOCUMENTATION
- Submit to above address; write student name and Laker ID at top right corner of each page
- Submission deadline is **July 1** for fall admits or **December 1** for spring admits

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Scholarship eligibility form at <a href="https://claytonstate.qualtrics.com/SE/?SID=SV_bJzI5Lxco0q4B81&amp;Q_JFE=0">https://claytonstate.qualtrics.com/SE/?SID=SV_bJzI5Lxco0q4B81&amp;Q_JFE=0</a> Print and submit confirmation</td>
</tr>
<tr>
<td>☐</td>
<td>Social Security card—required at clinical sites and to obtain professional licensure Signed copy of card (front &amp; back)</td>
</tr>
<tr>
<td>☐</td>
<td>CPR certification 1/12/2015 - 12/15/2016—AHA for BLS Healthcare Providers; renewal and updated card submission required throughout program enrollment Signed copy of card (front &amp; back)</td>
</tr>
<tr>
<td>☐</td>
<td>Health Insurance card—adequate coverage required throughout program enrollment; details available at <a href="http://www.clayton.edu/health/insurance">http://www.clayton.edu/health/insurance</a> Copy of card (front &amp; back)</td>
</tr>
<tr>
<td>☐</td>
<td>Health/Immunization requirements—contact University Health Services at 678-466-4940 for appointment</td>
</tr>
<tr>
<td>☐</td>
<td>AdvantageStudents—verification of satisfactory background check and drug screen; screenings may also be requested on demand at clinical sites; felony convictions may bar students from clinical sites and from obtaining professional licensure</td>
</tr>
</tbody>
</table>

### PURCHASES
- All items should be purchased and available for student use prior to the first day of nursing classes

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Meridy’s uniforms—minimum order is one of each item but two of each is strongly recommended; sample uniforms available to try on at orientation</td>
</tr>
<tr>
<td>☐</td>
<td>Student name pin and Nursing Student Handbook—only available through Loch Shop (CSU Bookstore)</td>
</tr>
<tr>
<td>☐</td>
<td>MDF supply kit—see flyer for details</td>
</tr>
</tbody>
</table>

### EXERCISES
- Complete prior to program orientation

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Read Nursing Student Handbook in its entirety for thorough understanding of program policies and procedures</td>
</tr>
<tr>
<td>☐</td>
<td>Read Student Code of Conduct at <a href="http://www.clayton.edu/Portals/47/docs/student-code-of-conduct.pdf">http://www.clayton.edu/Portals/47/docs/student-code-of-conduct.pdf</a></td>
</tr>
<tr>
<td>☐</td>
<td>Complete Medical Terminology Module at <a href="http://www.clayton.edu/Portals/23/docs/MedicalTerminology.pdf">http://www.clayton.edu/Portals/23/docs/MedicalTerminology.pdf</a></td>
</tr>
</tbody>
</table>
School of Nursing
CPR Certification

American Heart Association (AHA)
BLS for Healthcare Providers - Classroom

The Basic Life Support (BLS) for Healthcare Providers Classroom Course is designed to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.

Providers

- American Heart Association
  - 1.877.242.4277
  - www.heart.org

- A+ CPR Consulting & Training
  - Walter Stowers
  - 903.445.3735

- Emergency Response & Training Support Services
  - 1040 Highway 54 East Fayetteville, GA 30214
  - 770.716.1404
  - www.ERTSS.com

- Hands to Heart Training
  - Tamika Baugh-Allen
  - 954.240.3967

- FAKS Allied Health Education Center
  - Lasscelles Rochester
  - 404-763-0055

- CPR Learning Concepts, LLC
  - Marilyn Hack
  - 843-900-4277

- Kathy Mattson
  - Rockdale Medical Center
  - 770-918-3416

- GA 1st Aid CPR Training Center
  - 250 Georgia Ave. SE # 305 Atlanta, GA 30312-3000
  - 404-661-6644
  - www.ga1staid.com

- Local Hospitals & Fire Departments

Note: American Red Cross is NOT acceptable.
School of Nursing
Health/Immunization Requirements

- Health assessment including health history and physical exam (completed on Clayton State form; no exceptions; no faxed copies)
- MMR (Measles, Mumps, Rubella) x2 or titer (to prove immunity)
- Tetanus primary series (and booster within last ten years)
- Hepatitis B series x3 or titer upon series completion (quantitative)
- Varicella titer or vaccine (or history of Chicken Pox)
- PPD—tuberculin skin test (required annually; within 2 months of acceptance; must be read in mm)
- Influenza (required annually; optimally October-November)
- Extended Pertussis vaccine (TDAP)

Health forms and services available on-campus; student discount applicable; call to schedule appointment:

University Health Services
Clayton Station
Building 1000
5809 Northlake Drive
Morrow, GA 30260
678-466-4940

Deadline for supporting documentation

July 1st for fall admits
December 1st for spring admits
Before you begin your clinical rotation experience, you will be required to complete a satisfactory background check and drug test. For a fast and easy background and drug screening solution, turn to InfoMart’s Advantage Students, the preferred screener for students in the healthcare field.

<table>
<thead>
<tr>
<th>Package includes:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student package:</strong> $78.50 for all students</td>
<td></td>
</tr>
<tr>
<td>Criminal History</td>
<td></td>
</tr>
<tr>
<td>Multi-State Sex Offender Search</td>
<td></td>
</tr>
<tr>
<td>National Social Security Search (NSSS)</td>
<td></td>
</tr>
<tr>
<td>Patriot Act Search</td>
<td></td>
</tr>
<tr>
<td>OIG List of Excluded Individuals/Entities</td>
<td></td>
</tr>
<tr>
<td>GSA List of Parties Excluded from Federal Programs</td>
<td></td>
</tr>
<tr>
<td>US Treasury Office of Foreign Asset Control (OFAC) Search</td>
<td></td>
</tr>
<tr>
<td>11 Panel Drug Screening (includes Amphetamines, Cannabinoids, Cocaine Metabolites, Opiates, Phencyclidine, Barbiturates, Benzodiazepines, Methadone, Propoxyphene, Methaqualone and Oxycodone)</td>
<td></td>
</tr>
<tr>
<td>Employment History (only required for students over 21 years of age)</td>
<td></td>
</tr>
</tbody>
</table>

**To Place an Order:**
- Log into [www.advantagestudents.com](http://www.advantagestudents.com)
- Click on Students, and then select the school you’re attending. If your school or hospital is not listed on the initial drop down menu, please select “Other Schools/Hospitals”.
- Select the Student Package (unless instructed otherwise by your school or clinical site).
- Select method of payment (if paying by money order, the request with NOT be processed until the money order is received by InfoMart).
- Enter all required information (watch for error messages in red).
- Make a note of the email and password entered, as this will be your log in to access the website in the future.
- Select the school and hospital that will receive your results. **Note:** Selecting a hospital is optional at the time of the order, but eventually must be selected in order for that hospital to view your results. You may select one hospital during your initial order, and later share with additional hospitals throughout your clinical education experience.

**Drug Screening:** Once the order has been processed and payment has been received an email will be sent to you with a link that will direct you to a site to schedule your drug test. Once you are directed to the site, choose a collection facility (clinic) convenient to you. This will be where you must go for your drug test. If asked for an address, complete the appropriate fields, the search results will identify clinics in close proximity to the address you provide. From the clinics list, select the one you want to use. Then confirm your selection. Finally, print the “ePassport”. Take this with you to the clinic along with a photo ID. It is imperative that you report to the clinic as soon as possible. This link will also be made available on the confirmation page and your Advantage Students account profile.

**Order Status:** After the request is underway, you can log into the site to view your profile progress. Simply click the status link to view the profile. You will be notified by email when your background check is complete.

**Sharing Results:** To select a hospital to share results with, simply click on the hospital, then click Share. You (or your school will follow this process each time you are placed for clinical rotation at a different hospital facility). **If a hospital is not listed as a user on the website, you can print your report from the website by clicking on the “completed” link and provide it to them in person.**

For further assistance, please contact:

Natalie Ellington, National Account Manager
InfoMart / Advantage Students
770.984.2727 ext. 1376
natalie.ellington@infomart-usa.com
[www.infomart-usa.com](http://www.infomart-usa.com)
Dear Student;

We would like to be among the first to welcome you to the BSN Program at Clayton State University. The professionals of your school designed and selected your uniforms and we are very proud to be your uniform supplier. We wish you well and hope your experience is a pleasant one.

Important Dates:

Order Deadline:   December 8, 2014
Approximate Order Ship Date: January 9, 2015
In Uniform Date:             January 23, 2015

NOTE: A 4/5-week production time is required. Orders placed late will ship late. Exchanges Take 2 Weeks.

Become a Fan of meridy's uniforms, inc. on Facebook! to receive notifications of specials
Follow meridysuniforms on twitter to receive specials on our Cherokee website

Please note:

Meridy's cannot process Pell Grant or Financial Aide Programs that only pay students directly.

Place your order by the deadline to insure on-time delivery.
You will receive an email notification upon shipment of your package.

Placing Your Order:
To place your order, please go to the following web address:
www.meridys.com
Students Start Here

Pass code:    CSU1060  (pass code is not case sensitive)

Select

PAYMENT OPTIONS:  Mail in Payment (Money Order), Credit Card, Debit Card or Third Party.
WEB PAYMENTS - Customers do not need a PayPal account in order to pay by AMEX, Visa, MC, or Discover.
Simply select the “Pay as Guest” option in the middle of the PayPal page.

This pass code will log you into the student ordering system. From here, you will be able to select the items you need and complete your purchase transaction on-line. Student Orders will not ship unless paid for in advance. Please review Payment Options on the website during final submission of order.

If you experience any difficulties, need third party payment information (i.e. students who already have scholarships, WIA, JPTA, etc that will pay our company directly), or need assistance with sizing due to maternity issues please call Customer Service at 1-800-237-9164 and one of our representatives will be more than happy to assist you. Also, reference our FAQ section on the web page for additional information.

We look forward to taking care of you,
The Staff of Meridy's Uniforms
<table>
<thead>
<tr>
<th>ITEMS</th>
<th>Required</th>
<th>UNIFORM STYLE #/ SPECIFICATIONS</th>
<th>RETAIL PRICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOPS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>2</td>
<td>Meridy's WHITE NANO-TEX - Royal 1 5/8&quot; and Orange 1&quot; Trim - Patch</td>
<td>$40.00 $42.00</td>
</tr>
<tr>
<td>Males</td>
<td>2</td>
<td>MER-9701PT-1060-NWHT Female Crossover Top w/Collar - Patch</td>
<td>$38.00 $40.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4X-5X Meridy's Tops Add $2 to larger sizing</td>
<td></td>
</tr>
<tr>
<td><strong>PANTS</strong></td>
<td></td>
<td>Meridy's WHITE NANO-TEX - Short/Tall/X-Tall Available</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>2</td>
<td>MER-M9143-NWHT Unisex D-String/Elastic Waist w/Liner</td>
<td>$25.00 $27.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MER-M9000-NWHT Elastic Waist A-Line Skirt</td>
<td>$25.00 $27.00</td>
</tr>
<tr>
<td>Males</td>
<td>2</td>
<td>MER-M9143-NWHT Unisex D-String/Elastic Waist w/Liner</td>
<td>$25.00 $27.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4X-5X Meridy's Pants Add $2 to larger sizing, + $1 Tall) +$2 X-Tall D-string only</td>
<td></td>
</tr>
<tr>
<td><strong>LAB COATS</strong></td>
<td></td>
<td>White - Patch Included</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>2</td>
<td>WHS-15000P-1060-011 Collar 33 inch length - Patch</td>
<td>$25.00 $28.00</td>
</tr>
<tr>
<td>Males</td>
<td>2</td>
<td>WHS-15112P-1060-011 Collar 38 inch length - Patch</td>
<td>$26.00 $29.00</td>
</tr>
<tr>
<td><strong>WHITE SHOES</strong></td>
<td>1</td>
<td>NurseMate/K-Swiss (may purchase separately at local shoe store)</td>
<td>Estimate $60.00</td>
</tr>
<tr>
<td><strong>UPS SHIPPING</strong></td>
<td></td>
<td>Fees Determined by Weight &amp; Zone – Options on Website</td>
<td>Estimate $9.00</td>
</tr>
</tbody>
</table>

*Purchase of two sets of uniforms is required so students do not have to wash clothes between clinical days.*
Receive a FREE LUMiNiX Penlight ($27.04 Value) with the purchase of any stethoscope and sphygmomanometer when you purchase here:

**MDFedu.com/CLU.html**

**Clayton State University**
School of Nursing

**STETHOSCOPES** > Lifetime warranty & Free-Parts-for-Life Program
**SPHYGMOMANOMETERS** > Lifetime calibration warranty
**REFLEX HAMMERS** > Lifetime Warranty

For ordering support please call MDF Instruments at 818-357-5647 ext.0
School of Nursing
Lunch Order Form

For your convenience at orientation, the Student Nurses Association will provide lunch of pizza (two slices), chips and drinks at a cost of $8.00 per person. Indicate preference below:

<table>
<thead>
<tr>
<th>Preference</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>$8.00</td>
</tr>
<tr>
<td></td>
<td>Cheese</td>
</tr>
<tr>
<td></td>
<td>Supreme</td>
</tr>
<tr>
<td>Guest Name</td>
<td>$8.00</td>
</tr>
<tr>
<td></td>
<td>Cheese</td>
</tr>
<tr>
<td></td>
<td>Supreme</td>
</tr>
</tbody>
</table>

$____

Attach money order payable to ‘Clayton State University—SNA’

Checks and cash will not be accepted.
Clayton State University
School of Nursing

Student Nurses Association
Mentor/Mentee Program

Application and Guidelines
What is the purpose of the Mentor/Mentee Program?

The purpose of this program is to get the different cohorts connected to each other! We want students that have "been there, done that" to be able to pass along their tips and tricks to their mentee during their time together. Now, this does not mean pass along your study guides and assignments! We want you to develop lasting friendships with upper/lower classes and develop leadership skills that you can use in your careers. The purpose of this program is NOT to offer free tutors and someone you can call when you don’t know how to do an assignment, however we hope our mentors are always there to help if a mentee is in need. We want you to meet for coffee, go out to dinner, discuss study tips, lend a helping hand, and try not to get bogged down into school work at all times!

Mentor/Mentee Program
Policy and Procedures

• Mentor eligibility is dependent on maintaining a GPA of 2.8 during the semester enrolled in this program. If for any reason mentors receive a “D” or “F” at midterm, they will be asked to relinquish their mentorship responsibilities in order to focus on their academics.

• Mentors/Mentees do NOT have to be a part of SNA to be involved in this program, although it is HIGHLY encouraged.

• All members of the Mentor/Mentee program are expected to abide by the Clayton State School of Nursing Academic Honesty policy. You can locate a copy of this policy at: http://nursing.clayton.edu/nursstud/Student_Forms/honesty-statement.pdf. Any breach of the policy will be taken to the appropriate faculty members and dealt with accordingly.

• Mentors/Mentees are expected to be available for no less than 10 minutes when your peer/mentor contacts you.

• If a mentor/mentee has been unable to contact their mentor/mentee after 2 weeks of initial program start date (to be determined each semester), they should contact the Program Coordinator, Mackenzie St.Clair at jstclair@student.clayton.edu

• If a mentor/mentee is unable to contact one another during the semester after numerous attempts please contact the Program Coordinator, Mackenzie St.Clair at jstclair@student.clayton.edu

• Please remember that your mentor/mentees are also in nursing school and have busy schedules, therefore each peer should be respectful of each others time

• Mentors are encouraged to be proactive in requesting help from their mentors. Don’t wait until it’s too late!

• Mentors are expected to submit a brief form regarding the contact made during the semester. This form will be provided to the mentor.

• Mentees are expected to complete a brief survey at the end of the semester to assess the value of the program and any recommendations for improvement. This form will be provided to the peer.

• A leadership portfolio letter (for the professional development section) will be provided to the mentors at the end of the semester following completion of all forms and surveys. For
Mentor/Mentee Application

Please complete this profile to participate in Mentor/Mentee Program. Any information you provide on this form will not be shared with anyone outside of the program. If you have any questions, please contact Mackenzie St.Clair at jstclair@student.clayton.edu

Name: ____________________________

Email: ____________________________ @student.clayton.edu

Phone Number: _______________________

Semester of Nursing Program: _______________________

What type of Nurse do you want to be? _______________________

Are you applying to be a Mentor or Mentee (circle one)
Note: Only seniors (3rd and 4th semester) can be Mentors and Juniors can be Mentees

Academic strengths and weaknesses:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Additional Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Please tell us a little about yourself! This will help with the pairing of mentor to mentee. Examples of things to include are age, gender, # of children, are you married, where do you live, do you have a job outside of nursing school, and hobbies etc. Any information that tells us about you is great! Please limit your response to about 250 words.

If we have an excess of Mentees, are you willing to mentor 2 peers?
Yes or No (circle one)

I __________________________, agree to the policies and procedures of the Mentor/Mentee program. I understand that rules are subject to change. I understand my role as a mentor/mentee and will abide by the honor code of Clayton State University and the Academic Honesty Policy of the School of Nursing.

Signature: ________________________________

For office use only

Applicant Name: __________________________
Semester: __________________________
Mentor/Mentee assigned: __________________________