

Document Checklist for Nursing and Allied Health Studies Students

Once the checklist is completed in its **entirety**, attach all forms/documents **2 weeks prior to program start date** and submit by email to nursing@keyano.ca (#1-#11). #12-13 are to go the Health Services Department. Please note we do not accept documents one by one in exception to the Police Information Check with Vulnerable Sector Clearance as to be handed in to the Nursing & Allied Health office, CC186.

Name: _____

Program: _____ ACP _____ BScN _____ HCA _____ PCP _____ PN

1.	Police Information Check with Vulnerable Sector Clearance (Original copy only)	<input type="checkbox"/> Enclosed
3.	Heart and Stroke Foundation – Basic Life Support (Accept Heart & Stroke only, copy of certificate)	<input type="checkbox"/> Enclosed
4.	Keyano College Code of Conduct Form	<input type="checkbox"/> Enclosed
5.	Keyano College Student Consent Form	<input type="checkbox"/> Enclosed
6.	Personal Declarations for Nursing & Allied Health Studies Students Form	<input type="checkbox"/> Enclosed
7.	HSPnet Consent Form and Disclosure of Student Information	<input type="checkbox"/> Enclosed
8.	Alberta Health Services Confidentiality and User Agreement Form	<input type="checkbox"/> Enclosed
9.	Alberta Health Services Orientation, Confidentiality & User Training certificates: https://www.albertahealthservices.ca/careers/Page12728.aspx <ul style="list-style-type: none"> AHS Orientation certificate – Can be found by clicking the word orientation AHS Secure – Collect It, Protect It Code of Conduct Safe Disclosure/Whistleblower Policy https://www.albertahealthservices.ca/careers/Page12772.aspx <ul style="list-style-type: none"> Musculoskeletal Injury Prevention Move Safe Injury Prevention It's Your Move 	<input type="checkbox"/> Enclosed
10.	AHS Network Access for Keyano Students Form – Meditech (attach 3 certificates). Does not apply to ACP, PCP and HCA students. http://www.albertahealthservices.ca/info/Page10995.aspx	<input type="checkbox"/> Enclosed
11.	WHMIS 2015 for Students – On Moodle (copy of certificate) Log onto the iLearn.keyano.ca site by using your Keyano username and password. <input type="checkbox"/> Scroll down the page until you see “WHMIS for Students on the left side.” Select this. <input type="checkbox"/> Even if you have taken WHMIS training elsewhere, you must complete this course on a yearly basis. <input type="checkbox"/> You must print your certificate upon completion -- if the printing feature fails, then please request a certificate by sending	<input type="checkbox"/> Enclosed
12.	Make an appointment with the College Nurse in Health Services by phone 780-792-5638 or email health.services@keyano.ca	<input type="checkbox"/> Enclosed
13.	Health Assessment, Immunization requirements and Mask Fit Test Card	Submit to health services CC142 or by email to health.services@Keyano.ca

Health Care Aide

On behalf of the Nursing and Allied Health Studies Department at Keyano College, we want to extend our warmest welcome to you. By enrolling in the Health Care Aide Program, you have made a very important commitment to yourself and your future.

All students must comply with the mandatory list of requirements of the Health Care Aide Program below. You should apply for the CPR certification and Police Information Check as soon as possible because of the time-sensitive nature of the requests.

REQUIRED DOCUMENTS TO BE SUBMITTED TO THE NURSING AND ALLIED HEALTH STUDIES OFFICE (CC186) BY January 26th, 2022:

Alberta Health Services Orientation & User Training

- Click the link below that will direct you to the main Alberta Health Services webpage to do your orientation and user trainer (links are also in your documents checklist):

<https://www.albertahealthservices.ca/careers/Page12728.aspx>

[Ergonomics Training | Alberta Health Services](#)

- Please submit a copy of your current Heart & Stroke Provider BLS. This is required to be able to attend clinical placements and dated no earlier than September 3rd, 2021.

Police Information Check with Vulnerable Sector Check:

- All students are required to provide a clear Police Information Check which must include:
- Vulnerable Sector Check and submit the original document directly to the Nursing and Allied Health Studies Department (Room CC 186). The Police Information Check must be dated no earlier than January 4th, 2022 and the associated costs are your responsibility. It is not to be given to the Office of the Registrar.
- During enrollment in the program, you must self-report any change in criminal convictions or criminal charges to the Chairperson of the Nursing & Allied Health Studies Department.
- Where a Police Check shows any one or more boxes checked off indicating that information "may or may not exist" you will be directed to consult with the Chairperson of the Nursing & Allied Health Services Department for further information.

HSPnet Consent Form

- The Health Sciences Placement Network (HSPnet) is a computer system used by the Faculty of Nursing to arrange all clinical placements for our students. Students should read the document [identified purposes summary all.pdf \(hspcanada.net\)](#) and then sign and submit the [HSPnet Privacy Rule Consent Form \(hspcanada.net\)](#)

WHMIS Certification on Moodle

- Each year students are required to complete the WHMIS Certification. This can be done through Moodle and a copy of the certificate must be printed and submitted. You only have 3 attempts to receive your certificate. Access to Moodle will be provided to students.

E-Signature:

- To sign documents throughout the program. This should be sent to nursing@keyano.ca

NOTE:

- Once the checklist is completed in its **entirety**, attach all forms/documents **2 weeks prior to program start date** and submit by email to nursing@keyano.ca. **Immunizations, vaccinations, health assessment from and mask fit** are to go the Health Services Department (health.services@keyano.ca or room CC 142). Please note we do not accept documents one by one in exception to the Police Information Check with Vulnerable Sector Clearance as to be handed in to the Nursing & Allied Health office, CC186.

Sign and Submit the Following Forms:

- Keyano College Student Consent
- Keyano College Code of Conduct
- Personal Declarations for Nursing and Allied Health Studies.
- AHS User Confidentiality Form

REQUIRED DOCUMENTS TO BE SUBMITTED TO THE COLLEGE NURSE IN THE HEALTH SERVICES DEPARTMENT**Immunization History Form:**

- Please refer to the enclosed information from the College Nurse. As a condition of enrollment, students are expected to comply with the immunization requirements. You are required to be vaccinated against Hepatitis B. Full protection requires a three-dose regimen as per the manufacturer's recommendation. The vaccine is available through your local health unit. In Fort McMurray, it is available by contacting 780.791.6247. Please inform the receptionist of what program you are in. You are expected to have at least one Hepatitis B immunization prior to the start of class. You must submit proof to the College Health Nurse.

Health Assessment Form and Mask Fit Test:

- You are also required to complete the enclosed health assessment form and mask fit test. When you arrive on campus, you are to make an appointment with the College Health Nurse at Health Services to discuss your immunizations and medical form (health.services@keyano.ca phone: 780-792-5638).

Do not mail or email any medical requirement-related documentation to Keyano College.

ADDITIONAL INFORMATION FOR STUDENTS**Textbook and Supplies**

- Students will require the following textbook and supplies, which are available for purchase at Keyano College Bookstore:

Required:

- Sorrentino, S.A., Remmert, R., & Wilk, M.J. (2017). Mosby's Canadian textbook for the support worker (5th Ed.). Toronto, ON: Elsevier and workbook
- Lab Supplies Kit
- A minimum of two (2) sets of uniforms is recommended. In order to maintain continuity of color uniforms students must purchase standardized Caribbean blue uniforms from Keyano College Bookstore.
- Name tag: Ordered through the Nursing & Allied Health Studies Office at a cost of \$10. Only cash (exact change) will be accepted.

Recommended Text:

- Palliative Care Text: Murray, L. (2014). *Integrating a Palliative Approach: Essentials for Personal Support Workers*. Saanichton, BC, Canada: Life and Death Matters

❖ Keyano General Orientation — Monday, January 4th, 2022

Important information will be provided at orientation and is **MANDATORY** for all students to attend. Details about orientation will be mailed out closer to the start date of your program.

We trust that you will find your experience at Keyano College both personally and professionally rewarding. We look forward to meeting you on January 4th!

If you have any questions or need any assistance, please do not hesitate to contact call 780.791.4889.



Nursing & Allied Health Studies

Sincerely,

A handwritten signature in blue ink that reads 'A. Starkes'.

Arlene Starkes, Bsc, BNRN, MN
Chairperson
Nursing and Allied Health Studies

A handwritten signature in black ink that reads 'Abby Boychuk'.

Abby Boychuk, LPN
Coordinator, PN and HCA Programs
Nursing and Allied Health Studies

AS: hd

Enclosure



Nursing & Allied Health Studies



Keyano College Immunization Clearance Form: requirements for Entry into a Program

all forms must include immunization records, serology (blood work results) and/or chest x-rays attached

Tetanus, Diphtheria

1. Requirements are met with no further action required if:
 - Primary series is documented as "Yes"
 - The "date of last dose" (booster) is documented and is within last 10 years
 - The type of booster has been selected – either Td or dTapOR
 - The primary series is documented as "No" AND there is documentation of an adult tetanus-diphtheria series (3 doses) including 1 dose of dTap
2. Follow up required if:
 - The primary series "Yes" box is blank or "No" was selected (regardless of whether a booster is documented) and there is no documentation of an adult tetanus-diphtheria series (3 doses including 1 dose of dTap)
 - There is no "date of last dose"
 - The "date of last dose" was over 10 years ago
 - The type of booster was not indicated

*****It is not possible to have a booster without having a primary series.*****

Pertussis

1. Requirements are met with no further action required if:
 - There is documentation of a dTap booster when the student was ≥ 18 years old
2. Follow up is required if:
 - There is no dTap booster at ≥ 18 years old
 - The student was less than 18 years old at the time of the booster
 - The "date of last dose" is blank
 - It is not clear if the "date of last dose" was dTap

*****It is possible for the "date of last booster" in the tetanus/diphtheria sections to be the same date as the "date of last dose" in the pertussis section.*****

Varicella

1. Requirements are met with no further action required if:
 - A definite history of varicella disease over the age of 12 months is documentedOR
 - A positive Varicella IgG result is documented. A copy of the lab result MUST be included with the formOR
 - Age-appropriate varicella vaccination is documented. Only 1 dose is needed if the student was between 12 months up to and including 12 years old at time of vaccination. 2 doses are needed if the student was 13 years or older at the time of vaccination
2. Follow up is required if:



- No age documented as to when the student had varicella disease OR if the student was less than 12 months old when they were sick
- The student is unsure whether or not they had the disease
- Varicella IgG serology result is negative/indeterminate & there are no dates of vaccination
- Only 1 dose of varicella vaccine given when the student was 13 years or older

*****Immunized students do not require blood work as proof of immunity.*****

Tuberculosis Screening Test (TST)

1. Requirements are met with no further action required if:
 - 1-step TST result documented within 12 months of the program start date. The result must be documented in millimeters to be considered valid. For example, “negative” or “positive” is not an acceptable result – it must be an actual measurement i.e: “0 mm”
 - A positive TST is documented in millimeters (≥ 10 mm). This result can be accepted regardless of the date when it was done. The student should not be re-tested after a positive result.
 - If the TST result is positive (≥ 10 mm), a chest x-ray result within 6 months of the program start date must also be documented. A copy of the x-ray report must be included with the form
2. Follow up is required if:
 - Only a chest x-ray has been documented & there are no/incomplete TST results
 - The TST results are documented incorrectly as “positive” or “negative” without a measurement in millimeters
 - The TST was not done within 12 months of the program start date
 - The chest x-ray was not done within 6 months of the program start date
 - The chest x-ray report was abnormal

*****A TST is still done regardless of whether a student has received a BCG vaccine in the past*****

Measles, Mumps, Rubella

A) Measles:

- 1) Requirements are met with no further action required if:
 - Documentation of 2 Measles doses at ≥ 12 months old

B) Mumps:

- 1) Requirements are met with no further action required if:
 - Documentation of 2 Mumps doses at ≥ 12 months old

C) Rubella:

- 1) Requirements are met with no further action required if:
 - Documentation of 1 Rubella dose at ≥ 12 months old

D) Follow up is required if:

- The student does not have the correct amount of doses for each disease
- If the 1st doses of Measles, Mumps, and/or Rubella was given BEFORE the students 1st birthday
- Mumps IgG serology results are reported on the form (see below)

- *If students do not have immunization records – serological testing should not be done. The student must be re-immunized*
- *If the student has had serology done for other purposes in the past & has copies of the lab results – positive Measles IgG & Rubella IgG results can be accepted as proof of immunity. The lab results must be included with the form*
- *Mumps IgG serology results will not be accepted as proof of immunity*
- *Rubella vaccination is legislated under the Alberta Public Health Act, Communicable Disease Regulations – all students who may have face-to face contact with pregnant women must be vaccinated*
- *If a student is medically contraindicated to receive the MMR vaccine – serology and a letter from their physician regarding the medical contraindication is required. This information must be reviewed by the student's faculty re: possible restrictions to be applied when the student is on medical placements.*

Hepatitis B

**According to the 2015 Provincial Standards for Immunization of Post-Secondary Health Care Students; all students will be divided into 2 groups: A) Students of High Risk of Past Infections and B) Students Not At Risk

Students at High-Risk: Students from a Hepatitis B endemic country, those who have received repeated blood transfusions or blood products, those on dialysis & those who indicate lifestyle risks of infection

For step-by-step instructions – please refer to: Appendix A for a list of Hepatitis B endemic countries, Appendix B for Students Not At Risk Algorithm & Appendix C for Students at High Risk Algorithm.

A) Students Not At Risk

1. Requirements are met with no further action required if:
 - A series of Hepatitis B vaccine has been documented AND positive Anti-HBs serology results (≥ 10 IU/L). A copy of the serology results must be attached to the form. Positive Anti-HBs serology results alone may be accepted without documentation of vaccination.
 - Please refer to Appendix B: Hep B Vaccine Recommendations Algorithm for Individuals Not At Risk of Past Infection.
 - If the student is a non-responder AND/OR if HBsAg result is positive – a physician's letter explaining the lab result and any results implications on the students clinical practice must be attached to the form along with the serology results
 2. Follow up is required if:
 - The student has no documentation of Anti-HBs results or the results are negative (≥ 10 IU/L).
 - The algorithm was not followed correctly
 - The student has not fully completed the Hepatitis B requirements
 - The HBsAg results are positive AND/OR if the student is a non-responder and has not followed up with a physician. There must be a physician's letter explaining the lab results attached to the form.
- Students who do not develop positive Anti-HBs results after 6 doses of vaccine results are considered non-responders. No further doses of vaccine are given. They are required to inform their program of this result. There must be a physician's letter explaining the lab results attached to the form.
 - Students who are HBsAg positive are required to inform their program/professional organization of their test result. There must be a physician's letter explaining the lab results attached to the form.



B) Students At High-Risk

1. Requirements are met with no further action required if:
 - A series of Hepatitis B vaccine has been documented AND positive Anti-HBs serology results (≥ 10 IU/L). A copy of the serology results must be attached to the form. Positive Anti-HBs serology results alone may be accepted without documentation of vaccination.
AND
 - Serology results for Anti-HBc and HBsAg are documented & attached to the form
 - Please refer to Appendix C: Hep B Vaccine Recommendations Algorithm for Individuals at High Risk of Past Infection
 2. Follow up is required if:
 - 1 or more of the 3 required Hep B serology test results are not documented/missing. **All 3 test results are required (Anti-HBs, HBsAg, Anti-HBc).**
 - The algorithm was not followed correctly
 - The student has not yet fully completed the the Hep B requirements
 - If the HBsAg and/or Anti-HBc results are positive and/or if the student is a non-responder and the student has not followed-up with a phyhsician. There must be a physician's letter explaining the lab results attached to the form
- Students who do not develop positive Anti-HBs results after 6 doses of vaccine results are considered non-responders. No further doses of vaccine are given. They are required to inform their program of the result.
 - Students who are HBsAg positive are required to inform their program/professional organization of their test results. There must be a physician's letter explaining the lab results attached to the form

Respirator Fit Test (mask fit testing)

Prior to acute care clinical practice courses, all Allied Health Students must be fitted with a 3M- N95 Respiratory Masks in accordance with the contractual agreement with Alberta Health Services.

Mask fit testing is valid for two years but may require re-testing if you have any of the following as it may affect the fit of the mask.

- Dental work
- Face surgery
- Weight loss or gain

You must provide a photocopy of the result to the Health Services Department prior to the start of your program.

You are responsible for scheduling your own mask fit test with a qualified service provider. Ensure they test you with a mask that is supplied at the Northern Lights Regional Health Centre-AHS Fort McMurray, AB (1870+, 8210, 8110s, 9105-vflex, 9105s vflex).

The charge for this test range from \$15.00 to \$30.00 – confirm the cost with individual clinics before booking.

You can walk in or book your appointments with one of the following:

Hines Health Services Inc. Suite 106-9616 Franklin Ave Fort McMurray, AB T9H 2J9 Phone :(780)790-6909	DriverCheck Inc 8217 Franklin Ave Fort McMurray, AB T9H 4P4 Phone: (780) 743-5351
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When booking, identify yourself as an Allied Health Student at Keyano College by using your student ID card or your acceptance letter for the program.

The day of your test please prepare by:

- Arriving on time
- Clean shaven
- No eating or drinking other than water 30 minutes prior to your appointment time.
- Do not wear any scented products such as perfume or cologne.
- Long hair is to be tied back and off of face.

Contact Health Services department with any questions or concerns

Phone: 780-791-4808

Email: health.services@keyano.ca

Thank you,

Pam McPherson, RN
Health Services Keyano College

Nursing and Allied Health Studies Health Assessment

This is a CONFIDENTIAL FORM

Please do not send it in the mail.

All pages of this form, and supporting documents, are to be given in person to the College Nurse.

A. General Patient Information

Full Name: _____

Phone: _____

Address: _____ Postal Code: _____

Local address if different than above: _____

Country of Birth: _____ Date of Birth: _____

B. Personal Medical History

Please indicate whether you have had any of the following conditions. **Please indicate date for mumps, chicken pox and measles. (please circle all that apply)**

- | | |
|---------------------------------|---|
| 1. Asthma | 11. Headaches |
| 2. Skin Disease | 12. Physical Disability or restrictions |
| 3. Heart Disease | 13. Back Problems |
| 4. Diabetes | 14. Lifting restrictions |
| 5. Cancer | 15. Chicken pox _____ |
| 6. Seizure Disorder | 16. Tuberculosis |
| 7. Nervous or Emotional Problem | 17. Allergies: _____ |
| 8. Learning Disability | _____ |
| 9. History of Concussion | Epi Pen: Yes ____ No ____ |
| 10. Hearing Loss | |

Past Medical History – Please List

Other: Any Condition or limitation that may impact ability for fitness to participate.	Date:
Medications:	

Please Complete and Sign the Reverse Page

Hepatitis B Endemic Countries List

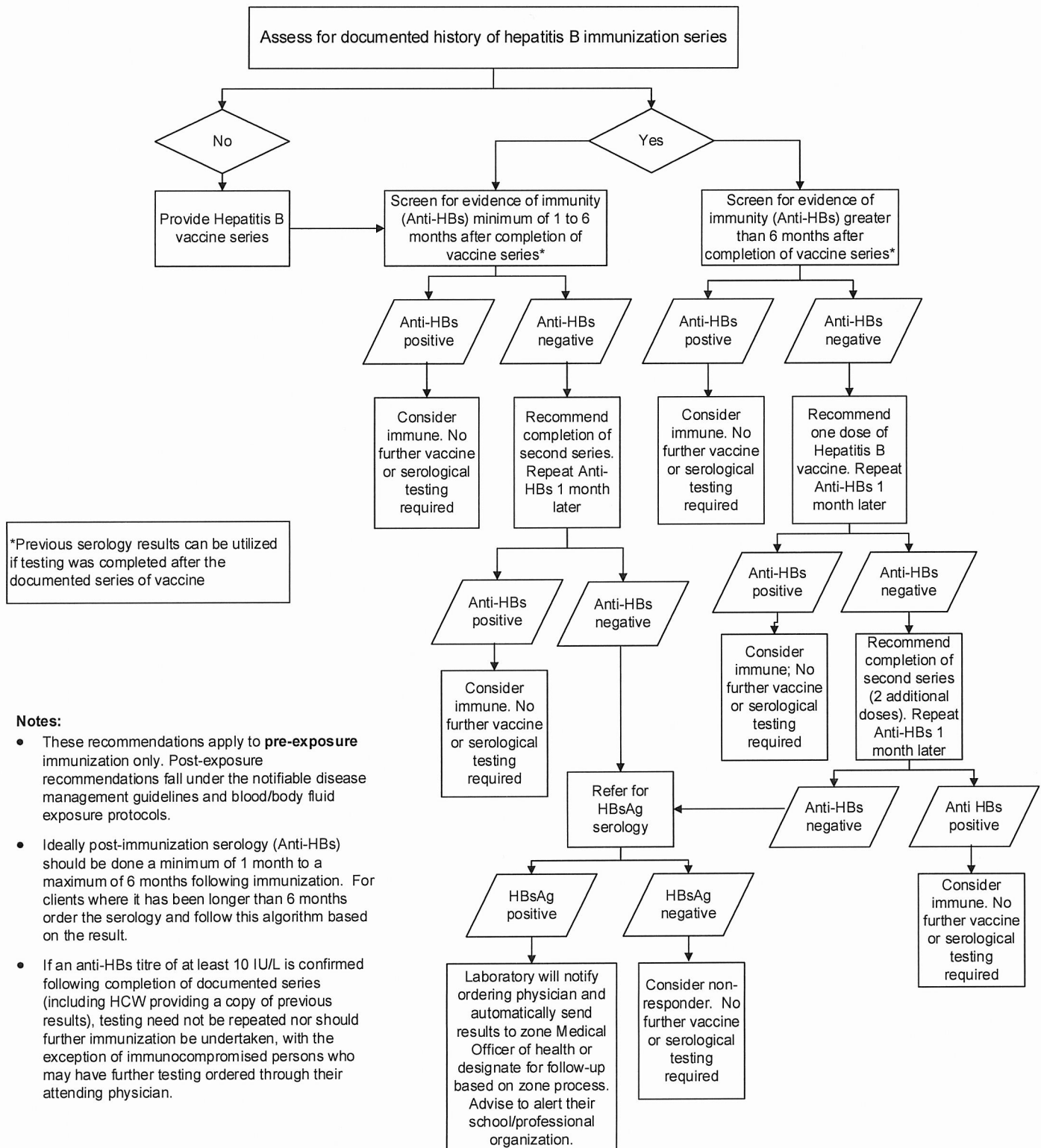
Countries considered highly endemic (8% or higher HBsAg prevalence) for hepatitis B infection are listed by geographical areas.

Africa – excludes Algeria, Egypt, Libya, Morocco and Tunisia		Pacific Islands	Southeast Asia
Angola	Malawi	American Samoa	Burma (Myanmar)
Benin	Mali	Cook Islands	Cambodia
Botswana	Mauritania	Easter Island	China(includes Hong Kong, Macao and Taiwan)
Burkina Faso	Mauritius	Federated States of Micronesia	Indonesia
Burundi	Mozambique	Fiji	North Korea
Cameroon	Namibia	French Polynesia	South Korea
Cape Verde Islands	Niger	Guam	Laos (Lao People's Democratic Republic)
Central African Republic	Nigeria	Kiribati	Mongolia
Chad	Reunion Island	Marshall Islands	Myanmar (Burma)
Comoros	Rwanda	Nauru	Philippines
Congo (Brazzaville)	Saint Helena	New Caledonia and Dependencies	Thailand
Cote d'Ivoire	Sao Tome and Principe	Niue	Timor-Leste
Dem. Republic of the Congo (Kinshasa)	Senegal	Palau	Vietnam
Djibouti	Seychelles	Papua New Guinea	
Equatorial Guinea	Sierra Leone	Samoa	Middle East
Eritrea	Somalia	Solomon Islands	Jordan
Ethiopia	South Africa	Tokelau	Saudi Arabia
Gabon	South Sudan	Tonga	
Gambia	Sudan	Trust Territory of the Pacific Islands	USA (indigenous populations of)
Ghana	Swaziland	Tuvalu	Alaska (native populations)
Guinea	Tanzania (United Republic of)	Vanuatu	
Guinea-Bissau	Togo	Wallis and Futuna Islands	Central and South America
Kenya	Uganda		Bolivia (Amazon Basin)
Lesotho	Western Sahara	Canada (indigenous populations of)	Brazil (Amazon Basin)
Liberia	Zambia	North West Territories	Colombia (Amazon Basin)
Madagascar	Zimbabwe	Nunavut	Dominican Republic
		Yukon	Haiti
			Peru
		Denmark (indigenous populations of)	Venezuela (Amazon Basin)
		Greenland	
Central and Eastern Europe			
Albania	Kyrgyzstan		
Armenia	Malta		
Azerbaijan	Moldova (Republic of)		
Bulgaria	Tajikistan		
Georgia	Turkmenistan		
Kazakhstan	Uzbekistan		

Reference: Government of Alberta, Alberta Immunization Manual – Appendix 3 – November 2007

Hepatitis B Vaccine Recommendations Algorithm for Health Care Workers Not at High-Risk of Past Infection

*This algorithm is intended to be used in conjunction with the Standard for Immunization of Health Care Workers, Standard for Immunization of Post-Secondary Health Care Students and the Hepatitis B Vaccine Biological Page.



STUDENT CONSENT

I, _____ hereby give consent for any assignments to be
Last Name First Name
reviewed for the purpose of the nursing program evaluation. The student name
and identifying student number will be removed from the document(s) submitted
for academic and program evaluation purposes. All assignments will be held in
strict confidence by Keyano College, the University of Alberta Collaborative
Baccalaureate Nursing Program and all related governing bodies that guide
academic, scholarly and operational excellence. The anonymity of the above
named assignment will ensure that the student and assigned grade will not be
discriminated.

Please note that the materials you provide are being collected under the authority
of Nursing & Allied Health Studies at Keyano College. Your document will be
disposed of after five years from date of signature below.

Name: (print) _____

Signature: _____

Keyano College Student ID Number: _____

Date: (year) _____ (month) _____ (day) _____

Witness Signature: _____ Date: _____

Program: _____ Year: _____

Please Note: This information is collected for the purpose of the nursing program evaluation
according to the guidelines established in the Alberta Freedom of Information and Protection of
Privacy Act.



KEYANO COLLEGE STUDENT CODE OF CONDUCT

I _____ acknowledge that I am familiar with/or have read the Keyano College Student Code of Conduct.

Program Name and Year : _____

Signature _____

Date: _____

Witness: _____

PERSONAL DECLARATIONS FOR NURSING & ALLIED HEALTH STUDIES STUDENTS**FITNESS TO PRACTICE**

I, _____, agree to immediately contact the Chairperson of the Nursing and Allied Health Studies Department, should I experience a significant change in my personal physical or mental health which affects my ability to participate in clinical practice.

_____ INITIALS

POLICE INFORMATION CHECK

I, _____, acknowledge that if during my nursing program I am charged or convicted of a criminal offence it is my obligation to inform the Chairperson of the Nursing and Allied Health Studies Department.

_____ INITIALS

Name: (print) _____

Signature: _____

Keyano College Student ID Number: _____

Date: (year) _____ (month) _____ (day) _____

BScN Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐

PN Year 1 ☐ Year 2 ☐

HCA ☐

PCP ☐

ACP ☐

Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: _____

First Name: _____ Middle Initial: _____ Last Name: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program (Practical Nurse Program) to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security policies may be amended from time to time, and you can obtain an updated copy by contacting privacy@hspcanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** - You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit www.hspcanada.net/privacy/index.asp.

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student

Date

It is mandatory that all students complete this form and return to the Nursing Office as it is a clinical information system requirement for AHS Student Computer Access and Student Placement process.

Last Name:	Keyano ID:
First Name:	Keyano email address:
Middle Name:	Month of Birth (i.e. Jan):
Post-Secondary Name used:	Day of Birth:
Alias or Maiden Name (if applicable):	
Do you currently work for AHS in any capacity? If YES , Please indicate the following: Your AHS Employee ID number: Your username when you sign into a computer: Your AHS email address:	
If you do not currently work for AHS, have you ever worked for AHS or a former Health Region of AHS? If YES, Please indicate the following: The region you worked for (AHS, CHR, Capital Health etc.): Your site/area of employment and manager's name: Your position: Dates you were employed during this time: Did you have access to computer or email during this time: If yes, please provide your username name and email access:	

In order to gain access to AHS network, all students must complete the following. Please indicate with "YES" or "NO" in the "completed" column.

	Completed
Watch the Information Privacy & IT Security & Awareness video	
Complete the online learning module	
Submit the signed AHS Confidentiality and User Agreement	
Meditech 5.67 Overview & Navigation – print certificate	
Meditech 5.67 Enterprise Medical Record (EMR) Module – print certificate	
Meditech 5.67 Order Entry (OE) – print certificate	

<http://www.albertahealthservices.ca/info/Page10995.aspx>

Ctrl + Click to follow this AHS link to gain access to Meditech training. Fill out the areas indicated with an asterisk (i.e. your first and last name and facility (use NLHC). **(Note: AHS ID and Meditech ID not required).**

Scroll down to the tab "eLearning courses and Materials" near the bottom of the page and click on it. The e-learning courses are listed. Scroll to the required title and click on it. You are required to do the following courses and **PRINT OFF certificates and ATTACH to this form (there will be 3 certificates):**

[Meditech 5.67 Overview & Navigation](#)

[Meditech 5.67 Enterprise Medical Record \(EMR\) Module](#)

[Meditech 5.67 Order Entry \(OE\)](#)

Student's Signature: _____

Date: _____

Signing this form means you have read the contents and complied to the above requirements as per AHS student placement contract