

Welcome New NURS 9214-Clinical Practice Experience-NTI students starting in Spring Term 2025!

- In preparation of any in-person clinical placement, there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a clinical placement. These preclinical requirements could take up to **8 to 12 weeks** to complete, and it is recommended that you provide enough time for the approval process.
- Even if you have graduated from another Health Sciences program either in George Brown College or from another college, university or institution **and/or** have experience working in any health care profession, you are still required to complete all the medical and non-medical requirements outlined below. If you **fail** to do so, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- Once you have gathered all the necessary documents and officially registered and paid for this course, you will need to create an account, upload and submit all documents, certificates and evidence to the ParaMed Placement Pass by the **given deadline on April 17, 2025**. A link to the portal can be found at <https://georgebrowncollege.placementpass.ca/>
- If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass portal by the **given deadline on April 17, 2025** you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- All costs, service fees and fines associated with the overall medical and additional requirements are the responsibility of the student.

Below is a summary of all requirements that must be provided in your submission. Please read and follow all the instructions carefully:

Medical Requirements

- All students must provide proof of current immunization records, blood test reports and health status. Book an appointment with your doctor/walk-in clinic and bring the Requisite Health form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test and Flu Shot requirements. For more information, visit <https://www.georgebrown.ca/current-students/preplacement/forms/sally-horsfall-eaton-school-of-nursing-forms>
- **COVID-19 vaccination:** Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements.
- **Seasonal Flu Shot**-please do not worry about the flu shot at this time, if you have everything completed except your new flu shot record, you may submit your health form documents to the Paramed portal by the given deadline.

Vulnerable Sector Check (renew every year and valid for the entire duration of your clinical practice from May-Aug 2025)

- **For students who currently reside in Toronto region with a postal code that starts with the letter "M":** Please see the New Toronto Police Online Application Process and instructions sheet that we sent to your email account or check on page 5.
- **For student who currently reside in another region such as (Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York) or Out of Province.** Please apply to your specific Regional Police Service on their website only. (See page 6)
- If you have **any history of criminal record or have a not clear VSC record**, please contact us to further discuss how this will have a **negative impact** on your academic and clinical standing in the program.

Basic Life Support Certificate (renew every year and valid for the entire duration of your clinical practice from May-Aug 2025)

- All students must have a current BLS certificate in order to participate in practicum. If you live in Toronto region, you may register for this course at Peak Excellence Shop at <https://www.peakexcellenceshop.com/> or at any WSIB Approved First Aid Trainers, for more information visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates>
- **No temporary certificate will be accepted.**

Mask Fit Test Certificate (renew every two years and valid for the entire duration of your clinical practice from May-Aug 2025)

- All students must have a valid mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency as long as it is valid within 2 years. If you need to complete this step, please book your mask fit testing at Peak Excellence Shop company online at <https://www.peakexcellenceshop.com/> or go to other third-party agency.

Final Step: Once you have everything completed and done and officially registered to your Stu-View account, your final step is to create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline.

(Paramed Service fees effective on September 1, 2024 to May 31, 2025)

- Initial Clearance Fee-\$73.45 dollars (tax included, unlimited submission until first clearance)
- Subsequent Clearance Fee-\$36.75 dollars (tax included, unlimited submission)

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

- **Suzette Martinuzzi**, Pre-placement Coordinator
Center for Health Sciences-Clinical Placement Office
George Brown College, 51 Dockside Drive, Room 702, 7th Floor,
Main Reception Desk, Waterfront campus, Toronto, ON, M5A 0B6
Telephone: (416) 415-5000 ext. 3415
Email: smartinu@georgebrown.ca
Business Hours: Monday-Wednesday at 51 Dockside Drive, Room 702, 7th Floor, WF campus (9:00 am to 4:00 pm)
Thursday-Friday at 200 King Street East, Room 401B, 4th Floor, Main Building A, St. James campus (9:00 am to 4:00 pm)

(NURS 9214) Clinical Practice Experience-NTI Course (Spring Term 2025)

ParaMed Due Date: April 17, 2025

MEDICAL REQUIREMENTS CHECKLIST

Important instructions: Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to sign and stamp your health form documents upon completion of all medical requirements. Please read and follow all the instructions on this form. Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. Please watch our **YouTube Tutorial Videos** in How-To process and complete all the requirements outlined below at <https://www.youtube.com/channel/UCIQndxFUqeBVhJB3QKPQ91w>

- Tetanus & Diphtheria vaccine (Td vaccine must be valid every 10 years)
- Pertussis vaccine (must provide proof of adult dose received after 18 years of age)
- COVID-19 two doses vaccination (mandatory and attach proof of record)
- Seasonal Flu Shot (mandatory every year in November or December)
- Measles, Mumps & Rubella (documentation of two doses of MMR vaccine **OR** laboratory evidence of immunity)
- Varicella (documentation of two doses of Varivax vaccine **OR** laboratory evidence of immunity)
- Hepatitis B (ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records)
- Two Consecutive Step Tuberculosis Skin Test (renew every year and valid from May-Aug 2025)
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

NON-MEDICAL REQUIREMENTS CHECKLIST

Please read carefully all the instructions watch our YouTube Tutorial Videos in How-To process and complete all the requirements outlined below at <https://www.youtube.com/channel/UCIQndxFUqeBVhJB3QKPQ91w>

- [Vulnerable Sector Check-](#)(renew every year and valid for the entire duration of clinical practice from May-Aug 2025)
- [Basic Life Support Certificate](#) (renew every year and valid for the entire duration of clinical practice from May-Aug 2025)
- [Mask Fit Test 3M N95 Certificate](#) (renew every two years and valid the entire duration of clinical practice from May-Aug 2025)
- ParaMed Placement Pass Service Fees, **see below**
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

PARAMED PLACEMENT PASS SERVICE FEES
(rates are subject to change without further notice)

Once you have everything done and completed, your final step is to create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline. If you **fail** to do so, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.

(Service fees effective on September 1, 2024 to May 31, 2025)

- Initial Clearance Fee-\$73.45 dollars (tax included, student will pay and it is non-refundable)
- Subsequent Clearance Fee-\$36.73 dollars (tax included, student will pay and it is non-refundable)

SHOULD YOU HAVE ANY QUESTIONS-PLEASE CONTACT:

Suzette Martinuzzi, Pre-placement Coordinator
 Center for Health Sciences-Clinical Placement Office
 George Brown College
 51 Dockside Drive, Room 702, 7th Floor, Main Reception Desk
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Business Hours: Monday-Wednesday at 51 Dockside Drive, Room 702, 7th Floor, WF campus (9:00 am to 3:00 pm)
 Thursday-Friday at 200 King Street East, Room 401B, 4th Floor, Main Building A, St. James campus (9:00 am to 3:00 pm)

**(NURS 9214) CLINICAL PRACTICE EXPERIENCE-NTI COURSE
PREREQUISITE HEALTH FORM (SPRING TERM 2025)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

ParaMed Due Date: **April 17, 2025**

**MEDICAL REQUIREMENTS
(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)**

Ontario legislation specifies certain surveillance requirements for those individuals entering into healthcare practice settings. The Program policy was developed in accordance with the Communicable Disease Surveillance protocols, as specified under the Ontario Public Health, OHA, OMA, LTCAO and Ontario School Boards to demonstrate students' meet these requirements prior to entering placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, children, seniors, employees and other vulnerable people. The completion of this information is not optional, and all sections must be completed as outlined. Our placement agency partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your patient is unable to receive a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form. Please watch our YouTube Tutorial Videos in How-To process and complete all the requirements outlined below at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w>

1. **TETANUS & DIPHTHERIA (Td/Adacel vaccine must be valid every 10 years) attach a yellow card or any immunization record.**
 Date of last Tetanus & Diphtheria (Td/Adacel) booster ____/____/_____(mm/dd/yyyy)

2. **PERTUSSIS (must provide proof of adult dose after 18 years of age) (If not, then you must get a new ADACEL booster)**
 Date of last Pertussis shot ____/____/_____(mm/dd/yyyy)

3. **COVID-19 VACCINATION (mandatory and attach proof of record)** Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements.
 1st dose Given Date ____/____/_____(mm/dd/yyyy)
 2nd dose Given Date ____/____/_____(mm/dd/yyyy)
 Proof of approved exemption status

4. **SEASONAL FLU SHOT (mandatory every Nov or /Dec and attach proof of record) (Note: Please do not worry about the flu shot at this time. If you have everything completed except the flu shot, you may submit this health form to the ParaMed portal by the given deadline)**
 Seasonal Flu Shot Given Date ____/____/_____(mm / dd / yyyy) Health care professional signature _____

5. **MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR Laboratory evidence of immunity)**
 Documentation of receipt of two doses of MMR vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
 1st Dose date ____/____/_____
 (mm/ dd / yyyy)

 2nd Dose date ____/____/_____
 (mm/ dd / yyyy)
 OR
 Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

6. **VARICELLA (CHICKEN POX) (Two doses vaccine OR Laboratory evidence of immunity)**
 Documentation of receipt of two doses of Varivax vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.
 1st Dose date ____/____/_____
 (mm/ dd / yyyy)

 2nd Dose date ____/____/_____
 (mm/ dd / yyyy)
 OR
 Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

Final Signature of doctor/physician/health care professional _____ **(pg. 3)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pg. 3)**

NURS 9214 CLINICAL PRACTICE EXPERIENCE-MEDICAL REQUIREMENTS (due date is April 17, 2025)

NAME x _____ GBC ID# x _____

7. HEPATITIS B INSTRUCTIONS: All students must complete an initial “antibody immunity” laboratory blood test if previous Hep B vaccine was received. Ask your doctor to check the appropriate box, document the dates of any junior or adulthood vaccination record. Ask your doctor for a copy of laboratory blood test report and attach it on the form as outlined below.

Initial Immune/Reactive/Positive (> 10 U/L) “Anti-HBs or HBsAb” blood test result: NO injections or doses required, attach a copy of lab blood test report and this is done.

Initial Non-Immune/Non-Reactive/Negative/Low (>0 or <10 U/L) “Anti-HBs or HBsAb” blood test result: Student must proceed to Section A & B as outlined below: After the student has completed a new 2nd dose, they will be given a temporary clearance to proceed to dental/field/clinical practice. Student is expected to complete the series and provide update on vaccination record per academic year.

Section A-Primary Series (doctor must document any proof of junior or adulthood vaccination record)

- 1st dose _____ / _____ / _____ (mm/ dd / yyyy)
- 2nd dose _____ / _____ / _____ (mm/ dd / yyyy)
- 3rd dose _____ / _____ / _____ (five months after 1st dose, repeat HBsAb lab test after four weeks)
- If the repeat HBsAb lab test result was “immune/reactive”, it is done and attach a copy of lab test report.

→ If the repeat lab test result was “non-immune”, proceed to Section B series below.

Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record)

- 4th dose _____ / _____ / _____ (mm/ dd / yyyy)
- 5th dose _____ / _____ / _____ (mm/ dd / yyyy)
- 6th dose _____ / _____ / _____ (five months after 4th dose, repeat HBsAb lab test after four weeks)
- If the lab test result is still “non-immune/non-reactive”, student status will be considered a “non-responder/exemption”.

Carrier lab test result: NO injections or doses required and attach copy of most recent “HBsAg-Antigen Positive” blood test report and answer this question.

Is this student safe to attend their placement? Yes or No

8. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (must be valid every year, read and follow instructions below)

- All students must complete and provide proof of Two Consecutive Step-TB Skin Test and we will NOT accept a Chest X-ray report only.
- Failure to do Step 2 TB within 7-21 days after Step 1, you will need to redo both TB Skin Test again and extra fees will apply.
- If you have proof of previous Two Consecutive Step-TB Skin Test done in the past and the result was both “Negative”, do annual Step 1-TB Skin Test.
- If you have proof of previous Two Consecutive Step-TB Skin Test and the result was “Positive”, NO more annual TB Skin Test and your doctor needs to do annual physical exam and answer letters (A-F) below.
- If you had BCG vaccination it is NOT a contraindication for skin test, you are still required to provide proof and complete a Two Step-TB skin test.
- It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below. NO exceptions!

PREVIOUS YEAR: STEP 1 TB SKIN TEST

_____/_____/_____
 (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1)

_____/_____/_____
 (Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT YEAR: STEP 1 TB SKIN TEST

_____/_____/_____
 (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1)

_____/_____/_____
 (Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

**TB SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM INDURATION SIZE
 DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-G) BELOW:**

- a) **Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within two years)** Result _____
 Date _____(mm/dd/yyyy)
- b) History of disease? Yes or No Date (mm/dd/yyyy) _____
- c) Prior history of BCG vaccination (need documentation? Yes or No Date
 (mm/dd/yyyy) _____
- d) Does this student have signs/symptoms of active TB on physical examination? Yes or No
- e) INH Prophylaxis (Treatment)? Yes or No Date (mm/dd/yyyy) _____ Dosage _____
- f) Specialist (Public Health) Referred? Yes or No Date (mm/dd/yyyy) _____
- g) Is this student safe to attend their placement? Yes or No

Final Signature of doctor/physician/health care professional: _____ (pg. 4)

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ (pg. 4)

**NURS 9214 CLINICAL PRACTICE EXPERIENCE NTI
NON-MEDICAL REQUIREMENTS (Due date is April 17, 2025)**

NAME x _____ GBCID# x _____

9. VULNERABLE SECTOR CHECK (renew every year and must be valid from May-August 2025)

- ✓ Please make sure that your documents are valid and will **not** expire for the entire duration of your clinical practice before you submit and upload it to ParaMed. Otherwise, you will not be cleared, and you will pay a Resubmission fee to ParaMed.
- ✓ If you have **any history of criminal record or has a not clear VSC record**, please contact us to further discuss how this will have a **negative impact** to your academic and clinical standing in the program.
- ✓ Your academic department requires that all students must have a **"clear"** vulnerable sector check valid for the academic year. Please attach the original police vulnerable sector check record and submit to ParaMed. If you are **excluded** from placement due to a **"not clear"** vulnerable sector check, it will jeopardize your academic standing and can lead to withdrawal. Please contact us to discuss this matter before you register and pay for this program. All costs associated with the vulnerable sector check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student.

Please read and follow instructions carefully in How-To apply according to your Regional Police Service below:

For students who currently reside in Toronto region with a postal code that start with letter "M". please read and follow carefully the new Step-by-Step Instructions in How-To apply for [Toronto Police Service Vulnerable Sector Check](#) online below:

- a) Go to Toronto Police Service website at www.tps.ca/services/police-record-checks/
- b) Scroll down to **Police Record Checks** and **Register for an Adult Police Record Check Account** and then **Click on Fill-Out Form**.
- c) It is mandatory that you answer and complete from **1 to 6 stages** of your application form such as the **Report, Documentation, Demographics, Payment Status, Authentication Status and Application Status** stages.
- d) Please make sure that you apply for **Vulnerable Sector Check** and click on **\$26.72 dollars Unpaid Student Placement**.
- e) Enter the **VSC Organization Code#202309TPSON66200**
- f) Enter your registered **Course or Program Name**
- g) Enter under **Vulnerable Clientele Duties**: to provide care, support and guidance for the health and well-being of vulnerable persons from 1-99 years old.
- h) Enter under **List which vulnerable sectors you will be working with**: children, teenagers, elderly, seniors and person with physical and mental disability.
- i) Once you finish answering all **6 stages**, you must finalize your submission and pay for your online application by credit card only.
- j) Toronto Police Service will send you an **email notification** as to when you will receive your Vulnerable Sector Check record to your email account.
- k) Processing times typically take **8-10 weeks** from the date the application is received but may **fluctuate beyond** this due to volume and time of year.

For students who currently reside in another region such as [\(Durham, Halton, Hamilton, London, Niagara, Peel & York\)](#) or Out of Province:

- If you currently in another region such as (Durham, Halton, Hamilton, London, Peel & York) [or Out of Province](#), please check your specific regional police service website and they can take **8-10 weeks** to process your application form, with exception to Niagara region which takes **8 to 10 weeks** to process and received.
- Please apply for Vulnerable Sector Check as it needs to be valid in the academic year, for more details click the [Vulnerable Sector Check website](#)
- If you require a **volunteer letter** to pay for the student rate (**except Peel region**), please email us your full name, GBC ID#, program name and your regional police service complete address. For more details, visit [Vulnerable Sector Check website](#).
- If you currently reside in **Quebec region**, please make sure that your VSC record is translated in **English Language**.

Vulnerable Sector Check

Issued Date ____/____/____ **Expiry Date** ____/____/____ (one year after the issued date)
mm/dd/yyyy mm/dd/yyyy

George Brown College & ParaMed Agreement Form

Name _____

Program (NURS 9214) Clinical Practice Experience-NTI Spring Term 2025

I _____ (Print Name) understand that any false statement is grounds for cancellation of admission.

I understand that the college has the right to cancel my admission privilege on the basis of medical information submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown College personnel of any communicable disease, special need, exception or medical condition which may place me at risk or pose a risk to others at George Brown College or on placement.

I will pay all the services fees and authorize ParaMed to review the above information.

(Signature) (Date)

Element of Risk

All experiential learning programs, such as field trips, clinical and field placements or job shadowing involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the placement or the college. By taking part in this activity, you are accepting the risk that you may be injured. Following the Health and Safety rules of your placement is required. By signing below you agree that you have reviewed the element of risk and are willing to comply with the Health and Safety Rules of your placement.

If an injury should occur, it must be reported immediately to your supervisor and to your faculty. Completing Workers Safety Insurance Board forms and reporting any injury while participating in placement must take place within **72 hours** of occurrence.

(Signature) (Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
Virtual Business Hours: 9:00 am to 4:00 pm, by appointment only

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and wellbeing of students and clients in their care.