

CHECKLIST FOR ENTERING NURSING STUDENTS

- _____ Check school's website, www.jfkmuhlenbergschools.org, for orientation date, and plan to attend. Students **MUST** attend orientation.
- _____ Register for classes using [UCC's Web service](#).
- _____ Payment must be made directly to JFK Muhlenberg Snyder Schools and is due in full two weeks before the first day of class. Invoices are available on the Campus Portal <http://www.webcollege.net/MuhlenbergCPortal>. Payment at the school can be made by certified check or money order. Credit Card payments should be made online at www.jfkmuhlenbergschools.org and click on the On-line Payment button in right hand margin. We accept VISA, Mastercard & Discover. American Express is **NOT** accepted.
- _____ ID Badges – Student identification badges must be obtained. These photo ID badges are made at JFK Medical Center in Human Resources at 80 James Street, Edison, NJ 08818 (732) 321-7000- X68501. Badges will be made on Tuesdays from 1PM - 3:35PM and Thursdays from 9AM - 11:45AM; no appointment is necessary. If you already have an ID badge, you do not need a new one.
- _____ Financial Aid — Complete the FAFSA online at <https://fafsa.ed.gov/> entering the schools' **Financial Aid code - 006421**. The student's Student Aid Report (SAR) will be automatically sent to the school and the student will be notified by e-mail with instructions on downloading a copy for themselves. Student Financial Aid Award letters will be mailed to all eligible students when all requested documents are completed by the student, and as government funding permits. Financial aid/loans are deducted at time of billing and students are required to pay balance at time of billing. Students are informed by the Financial Aid Office of their total aid/loans, and are also informed by the Student Accounts Office that they must compare Award Letters to bills and pay any remaining balances by billing due dates.
- _____ Complete the [Criminal Background Check form](#) below, and return it to **Director of Student Services (mail to JFK Muhlenberg Schools, P.O. Box 4649, Metuchen, NJ 08840)**.
- _____ Annual physical required. Make an appointment with your personal physician or with JFK Occupational Health (\$50 fee). The physical can be done with your personal physician; however, the drug screening and Respiratory Fit testing **MUST** be done at JFK Occupational Health. The charge for the drug screening was paid with your tuition invoice. Health forms will be emailed to entering students. Please contact Kate Fredericks, RN at kfredericks@jfkhealth.org if you have any questions regarding these requirements, or need any guidance, before scheduling your appointment at JFK Occupational Health. To schedule an appointment with JFK Occupational Health call **732 321-7610, Option 1 -**

Industrial Health. Health clearance forms may be hand-delivered to the JFK Muhlenberg Snyder Schools or mailed to: **Kate Fredericks, RN, JFK Muhlenberg Snyder Schools, P.O. Box 4649, Metuchen, NJ 08849.**

_____ CPR (Cardio-Pulmonary Resuscitation) - All students enrolled in clinical courses must have current Basic Life Support (BLS) certification prior to their first clinical day. Contact the JFK Education Department at **(732) 321-7000 Ext. 62091** or email dsgoebel@jfkhealth.org and in the subject line, you must put "**CPR.**" The course title is "Health Care Provider." It is a 4 1/2 hour course and the cost is \$65.00. You may take the course at another facility, but it must be a "Health Care Provider course sponsored by the American Heart Association (AHA). A copy of th card should be submitted to Kate Fredericks on the first day of class.

_____ Obtain Malpractice (Liability) Insurance in the amounts \$2 million per claim and \$ 4 million aggregate: All clinical students are required to submit a copy of their malpractice statement to Kate Fredericks on the first day of class. Please use the attached letter as proof of the limits required by the School. Although the school does not endorse any one particular company, many students obtain this insurance through NSO (www.nso.com) or www.cmfgroup.com or you may "Google" *student liability insurance* for insurance providers.

_____ Uniforms – Uniform guidelines and purchase information is available on the school's website, <http://jfkmuhenbergschools.org/school-uniforms>

_____ Students are required to purchase the following supplies:

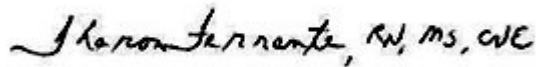
- Littman Stethoscope or Comparable (no more that \$50). Do not purchase a“cheap” stethoscope, as this will be the diagnostic quality it provides.
- Watch with a second hand, Timex or comparable.

_____ **Textbooks:** Booklists are available on the school website, www.jfkmuhenbergschools.org. Book Codes are listed by course. To view the required textbooks for each class go to: www.rittenhousebookstore.com and use the Book Codes from the school website, or call **(800) 345-6425**. You maypurchase the books directly from the designated book stores or print the list and purchase elsewhere.

To Whom It May Concern:

Based on contractual agreements with our affiliates, the nursing student attending JFK Muhlenberg Harold B. and Dorothy A. Snyder School of Nursing is required to have a minimum of Two Million Dollars per claim and Four Million Dollars in the aggregate of Professional Liability and Malpractice insurance.

Sincerely,



Sharon Ferrante, RN, MS, CNE
Associate Dean

I understand that this is a requirement for JFK Muhlenberg Harold B. and Dorothy A. Snyder School of Nursing.

_____ Student's Signature

_____ Date

Dear Student,

Please be advised that health insurance is mandatory for all clinical and dormitory students at JFK Muhlenberg Snyder Schools. Proof of health insurance must be submitted prior to beginning clinical or moving into the dormitory.

If you are not currently insured below are several websites to assist you in obtaining health insurance. Also listed are websites with information regarding eligibility for Medicaid and/or charity care.

http://www.state.nj.us/dobi/division_insurance/ihcseh/index.html

<https://www.healthcare.gov/>

<http://www.njfamilycare.org/default.aspx>

<http://www.njfamilycare.org/income.aspx>

<http://www.lsnjlaw.org/Publications/Pages/Manuals/CharityCare.pdf>

<http://www.lsnjlaw.org/Health-Care/Affordable-Care-Act/Pages/ACA-Impact-You.aspx>

<http://www.lsnjlaw.org/Health-Care/Affordable-Care-Act/Pages/Health-Insurance-Sign-Up.aspx>

Student Authorization for Criminal Background Check

Account # 15
Investigationsbytabb.net

In order to complete your educational program at JFK Muhlenberg Snyder Schools, the performance of a completed criminal background check is required prior to a student's first clinical course, and annually thereafter, and/or before moving into the School Residence. The School engages the services of a consumer-reporting agency to conduct this background check. Authorization to conduct this background check and results deemed favorable by JFK Muhlenberg Snyder Schools and/or clinical facilities are conditions for admission and continued enrollment. Please complete the following authorization:

I hereby authorize JFK Muhlenberg Snyder Schools to obtain consumer reports (criminal background check) in order to satisfy the requirements of my educational program. I will be informed if my offer of admission is denied or rescinded or if my enrollment is terminated because of information obtained from the consumer report agency; in that event, upon my written request, the consumer reporting agency will provide me with a copy of the report and a "Summary of Your Rights Under the Fair Credit Reporting Act. (FCRA 15 U.S.C. 1681 et seq.)" By providing this authorization, I hereby release JFK Muhlenberg Snyder Schools, its affiliated entities, employees and agents from all liability for requesting and/or acting based on such reports.

I hereby hold JFK Muhlenberg Snyder Schools and TABB INC. harmless and agree to indemnify them from and against all third party claims, losses, lawsuits, settlements, demands, causes, judgments, expenses and costs including reasonable attorney fees arising under or in connection with this agreement to the extent that such costs and liabilities are proximately caused by the negligence, gross negligence or willful misconduct of the school or TABB Inc.

Name: _____
(First Name) (Middle Name) (Last Name) (Other name(s) used)

Social Security Number: _____ Date of Birth: _____

Current addresses and last two addresses (include address, town, state and zip code)

Current: _____
(Street, city, state, zip)

Previous: _____
(Street, city, state, zip)

Signature: _____ Date: _____

**REPORT REQUESTED: Criminal Record Search at all addresses
provided, database search and federal search**

RESULTS: On-line **REPORT REQUESTED BY:** Director of Student Services
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