

Welcome New S118 Year 1 Bachelor of Science Collaborative Nursing students!

- In preparation for the Fall Term 2024 academic year, there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a clinical placement. These Practical Record Requirements (PRR) will take about 8 to 10 weeks to complete, and it is recommended that you provide enough time for the approval process.
- Once you have gathered all the necessary medical and non-medical documents, you will need to create an account, upload and submit all documents, certificates and evidences to the ParaMed Placement Pass website at https://georgebrowncollege.placementpass.ca/ by the given deadline on November 7, 2024.
- If you fail to complete, submit, and upload these requirements to ParaMed Placement Pass by the given deadline on November 7, 2024 you will be excluded from clinical practice in Winter Term 2025 which can jeopardize your academic standing & may lead to program withdrawal.
- Please note that 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-related profession, you are still required to complete all the non-medical certificates below. If you fail to do so, you will be excluded from clinical field 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 PRR 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
- SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS: You may start all medical requirements from your home country to help you save time and money before you arrive in Canada (except the Flu shot which you can get it done here in Nov/Dec). Please book an appointment with your family doctor/physician from your home country and bring this health form with you and start working on all the medical requirements over there. Please make sure that your doctor complete, sign and stamp this form and all the supporting medical documents are translated in English Language. If you fail to do so, you will pay all the extra medical costs and doctor's appointment here in Canada.
- 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. If you are unvaccinated to COVID-19, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
- 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 six months) (see page 5)

- For students who currently reside in Toronto region with a postal code that starts with the letter "M": Please see the Toronto Police instruction sheet and apply online and it could take 8 to 10 weeks to process and receive your VSC record to your email account.
- For student who currently reside in another region such as (<u>Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York)</u> or Out of Province. Please apply at your specific regional police service website after August 1st, 2024 to September 15, 2024 only.
- If you have any history of criminal record or 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.
- SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY: The Vulnerable sector check cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process for the Vulnerable sector check as soon as you arrive and have an official address in Ontario, Canada, because the process can take at least 8 to 10 weeks to receive the necessary vulnerable sector check clearance particularly if you live in Toronto region with a postal code that start with letter "M". For more information visit this link https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates

Standard First Aid (renew every 3 years) & Basic Life Support Certificate (renew every year) (see page 6)

- All students must have a current SFA & 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
- SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY: The Vulnerable Sector Check cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process for the vulnerable sector check as soon as you arrive and have an official address in Ontario, Canada, because the process can take at least 2 to 3 months to receive the necessary vulnerable check. No temporary certificate will be accepted.
- Please do not register for an Emergency First Aid course or to any company that offers these courses 100% fully online, we will not accept these types of certificates. We would advise you to retake this course with another company that offers it either hybrid or in person and you will have to pay again. All costs and service fees are the responsibility of the student.

Mask Fit Test Certificate (renew every two years) (see page 6)

- 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.
- SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY: The Vulnerable Sector Check cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process for the vulnerable sector check as soon as you arrive and have an official address in Ontario, Canada, because the process can take at least 2 to 3 months to receive the necessary vulnerable check.

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 from June 1, 2022 to May 31, 2025)

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee and medical records access online)
- Resubmission Fee (due to a Deficiency List Form) \$26.10 dollars

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

• Suzette Martinuzzi Clinical Pre-placement Coordinator

Telephone: (416) 415-5000 ext. 3415 Email: smartinu@georgebrown.ca

Business Hours and Locations

Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6 Thursday to Friday (9:00 am-4:00 pm) at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James Campus, Toronto, ON M5A 3W8, by appointment only



(S118) Bachelor of Science in Nursing (Fall Term 2024)

New Year 1 students: Semester 1 & 2

Practice Requirement Record (PRR) deadline: November 7, 2024

MEDICAL REQUIREMENTS CHECKLIST (see pages 3-4)

	appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to sign and stamp of the form documents upon completion of all medical requirements. Please read and follow all the instructions on this form.
	Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix vaccine valid every 10 years & attach yellow card record) Polio shot
	COVID-19 three doses vaccination (mandatory and attach proof of QR code record)
	Seasonal Flu Shot (strongly recommended 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
<u> </u>	Yellow immunization card or any type of immunization records
	Final signature of your doctor/physician and medical office stamp
	ADDITIONAL NON-MEDICAL REQUIREMENTS CHECKLIST (see pages 5-10)
Diagon r	ead and follow all detailed instructions on this form.
Please n	
	<u>Vulnerable Sector Check-(renew every six months and must be valid for the entire duration of clinical practice per semester)</u> <u>Standard First Aid Certificate</u> (renew every three years and must be valid for the entire duration of clinical practice per semester)
_	Basic Life Support Certificate (renew every year and must be valid for the entire duration of clinical practice per semester)
	Mask Fit Test Certificate (renew every two years and must be valid for the entire duration of clinical practice per semester)
	ParMed Placement Pass Service Fees
	Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates
	GBC and ParaMed Agreement Form
	TMU HSPNet, Student Declaration of Understanding and WSIB for Unpaid Placement Agreement Forms
	PARAMED PLACEMENT PASS SERVICE FEES
	(rates are subject to change without further notice)

FINAL STEP: Once you have everything done and completed, you will 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**.

(ParaMed Service fees from June 1, 2022 to May 31, 2025)

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee, archives & medical records access online)
- Resubmission Fee (due to a Deficiency List Form) \$26.10 dollars

CONTACT US:

Suzette Martinuzzi, Clinical Pre-placement Coordinator

Telephone: (416) 415-5000 ext. 3415 Email: smartinu@georgebrown.ca Business Hours and Locations

Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6, by appointment only

Thursday to Friday (9:00 am-4:00 pm) at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James Campus, Toronto, ON M5A 3W8, by appointment only



NEW YEAR 1-S118 BACHELOR OF SCIENCE COLLABORATIVE NURSING PROGRAM

		PRACTICE REQUIREMENT RECORD (PRR) FORM (FALL TERM 2024)	
Name	X		
Tal	D# X		
Email	X		
Subm	ission de	eadline: November 7, 2024	
		MEDICAL REQUIREMENTS (Mandatory)	
		(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMF	
Commun settings. vulnerabl students this exclu	icable Disea This proces. le people. Th who have no usion must be	ecifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed in se Surveillance protocols, specified under the Ontario Public Health, OHA, OMA and LTCAO to meet the requirements of our studies is necessary to ensure that our students protect their health and safety, and the health and safety of patients, children, seniors, ender completion of this information is not optional, and all sections must be completed as outlined. Our placement agency partners have their immunization standards. If, for medical reasons, your patient is unable to receive a required immunization or Chest X-reprovided on the form. Check out the YouTube tutorial videos for all the Medical and Non-Medical requirements at the Libe.com/channel/UClQndxFUqeBVhjB3QKPQ91w	ents' placement mployees and other ve the right to refuse
1.		S, DIPHTHERIA & PERTUSSIS (Tdap/Adacel valid every 10 years) (please make sure that your doctor writes do hay yellow card/proof of immunization record)	own all the dates
		Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel) booster/(mm/dd/yyyy)	
2.		not (please make sure that your doctor writes down the date and attach a yellow card/proof of immunization record)
	Ц	Date of last Polio booster/(mm/dd/yyyy)	
3.	vulnerable order to be vaccinated to COVID	19 VACCINATION (mandatory and attached proof of record) Public Health Ontario continues to recommend that people communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated as e approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who d, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. If yo 19, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program	gainst COVID-19 in are not fully u are unvaccinated
		1st Dose date/(mm/dd/yyyy) (attach proof of records)	
		2 nd Dose date/(mm/dd/yyyy) 3 rd Dose date/(mm/dd/yyyy)	
		Proof of approved exemption status	
		Proof of approved <u>exemption</u> status	
4.	completed	AL FLU SHOT (mandatory in November or December) (Note: Please do not worry about the flu shot at this time. If you except the flu shot, you may submit this health form to the ParaMed portal by the given deadline) Given Date/(mm /dd/yyyy)	have everything
5.	MEASLES	S, MUMPS, RUBELLA (MMR) (Two doses vaccine OR Laboratory evidence of immunity)	
		Documentation of receipt of two doses of MMR vaccine on or after the 1 st birthday four weeks apart and attaction any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should months post immunization. 1 st Dose date//	ch a yellow card or be avoided for 3
		2 nd Dose date/ mm/ dd / yyyy	
	OR	22. 7777	
		Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immun booster shot required. But, if the result is Non-immunity or Non-Reactive , you must provide two doses as per Serologic testing for immunity is not recommended after vaccination.	
6.	VARICEL	.LA (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 are or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should months post immunization. 1st Dose date//	
		2 nd Dose date/ mm/ dd / yyyy	
	OR		
		Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immun booster shot required. But, if the result is Non-immunity or Non-Reactive , you must provide two doses as per Serologic testing for immunity is not recommended after vaccination.	
Final S	Signatuı	re of doctor/physician/health care professional	(pg. 3)
Date (mm/dd/v	vvvv): Medical Office Stamp:	(pa. 3



NEW YEAR 1-S118 BScN PRR MEDICAL REQUIREMENTS (submission deadline on November 7, 2024) GBC ID# x NAME 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 the laboratory blood test report and attach it on the form as outlined below. Check out the YouTube tutorial videos for all the Medical and Non-Medical requirements at https://www.youtube.com/channel/UCIQndxFUgeBVhjB3QKPQ91w Initial Immune/Reactive/Positive (> 10 U/L) "Antibody-HBs or HBsAb" lab 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) "Antibody-HBs or HBsAb" lab test result: Student must proceed to Section A & B as outlined below. After the student has completed a 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 / yyy) 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. Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record) _____ (mm/ dd / yyyy) 5th dose ___ (mm/ dd / yyy) (five months after 4th dose, repeat HBsAb lab test after four weeks) 6th dose If the lab results are 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. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (please 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! Check out the YouTube tutorial videos for all the Medical and Non-Medical requirements at https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w PREVIOUS YEAR: STEP 1 TB SKIN TEST DATE GIVEN (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm) PREVIOUS YEAR: STEP 2 TB SKIN TEST DATE GIVEN (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** (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm) CURRENT YEAR: STEP 2 TB SKIN TEST DATE GIVEN (7-21 days after Step 1) (Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) TB SKIN TEST POSITIVE (+) WITH MORE THAN (>10 MM) INDURATION SIZE DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW: 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) Prior history of BCG vaccination (need documentation? Yes or No Date (mm/dd/yyyy) Does this student have signs/symptoms of active TB on physical examination? Yes or No INH Prophylaxis (Treatment)? Date (mm/dd/yyyy) Dosage Yes or No Specialist (Public Health) Referred? Yes or No Date (mm/dd/yyyy) ____ Final Signature of doctor/physician/health care professional: _____ (pg. 4)**Medical Office Stamp:** Date (mm/dd/yyyy): _



NEW YEAR 1-S118 BScN PRACTICE REQUIREMENT RECORD ADDITIONAL NON-MEDICAL REQUIREMENTS (submission deadline on November 7, 2024)

<u> </u>	GBC ID# x
VUL	IERABLE SECTOR CHECK (renew every six months)
•	Your academic department requires that all students must have a "clear" vulnerable sector check valid for the academic year. Pleas attach the original vulnerable sector check record, submit and upload it to ParaMed Placement Pass portal. If you are excluded fror placement due to a "not clear" vulnerable sector check, it will jeopardize your academic standing and can lead to withdrawal. Pleas contact your Chair 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. If you have any history of criminal record or 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. Check out the YouTube tutorial videos for all the Medical and Non-Medical requirements at https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w
•	Are you under 18 years of age? YES or NO (check mark) ✓ If your answer is YES, your regional police service will NOT accept and deny your vulnerable sector application at this time. I will allow you to apply only after your 18 th birthday, please contact us for more information, as this may cause a delay in meet the submission deadline.
	✓ If your answer is NO , please proceed and follow the instructions according to your Regional Police service below.
	students who reside in the Toronto region: If you need to apply for your VSC and you currently reside in the Toro on with a postal code that starts with the letter M, follow these steps:
\checkmark	Please contact Suzette Martinuzzi, Clinical Pre-placement Co-ordinator to request the VSC Organization Code.
✓	Once you have the VSC CODE, go to the Toronto Police Service website.
✓	Scroll down to Vulnerable Sector Check, and read the information provided. Then scroll down to the Register for an Are Police Record Check Account box and select the Fill Out Form button.
✓	Complete the "Registration Account Information" and select the "Process My Registration" button. This creates your account. Now must complete the six stages (Report, Documentation, Demographics, Payment Status, Authentication Status, and Application Status the VSC application. All six stages are mandatory.
✓	On the Report Selection page, scroll down to the Vulnerable Sector Check table and choose the Unpaid Student Placer option. Then go to the Reason for the Police Record Check table and complete as follows:
	 under Course Name, type your course (or program) name
	 under VSC Organization Code, type in the code provided to you by the Clinical Pre-placement Co-ordinator under Vulnerable Clientele Duties, type "To provide care, support, and guidance for the health and well-being
	vulnerable persons from 1 to 99 years old"
	 where you have to list which vulnerable sectors you will be working with, type "Children, teenagers, elderly, seni and persons with physical and mental disability"
✓	Finish answering the remaining stages. Note that payment for your online application must be provided by credit card of
✓	Once your submission has been finalized, Toronto Police Service will send you an email notification indicating when will receive your VSC results to your email account. Processing times typically take 4 weeks from the date application is received but may take longer due to volume of requests and/or time of year.
	students who currently reside in another region such as (<u>Durham, Halton, Hamilton, London, Niagara, Ontario Provincial Pol</u> & York) or other province. (If your Postal Code starts with the letter "K, L, N, P", or Out of Province) Please check your specific Regional Police Service website and read their instructions carefully to learn about requirements and the process for obtaining their VSC application form. It could take up to 8 to 10 weeks to process receive your VSC record.
•	If your Regional Police Service requires a letter from the college (except Peel Regional Police Service), please sus an email with your full name, GBC ID#, program name, regional police service name and their complete busin address.
•	If you are applying in Halton Regional Police or Ontario Provincial Police online , please make sure that you see and apply under Employment category and attached the letter.
•	If you do not receive your VSC record after 4 weeks , it is your responsibility to contact and follow-up with your Regin Police Service. For more information visit our Clinical Preplacement website, https://www.georgebrown.ca/currstudents/preplacement/additional-requirements/police-vulnerable-sector-check . Fees will apply.
	VULNERABLE SECTOR CHECK (renew every six months)
	☐ Issued Date// Expiry Date/(six months after the issued date)



NEW YEAR 1-S118 BScN PRACTICE REQUIREMENT RECORD ADDITIONAL REQUIREMENTS (submission deadline on November 7, 2024)

NAME	X GBC ID# X
10.	 STANDARD FIRST AID (renew every 3 years) & BASIC LIFE SUPPORT CERTIFICATE (renew every year) To book for your Standard First Aid and BLS course, please check the Peak Excellence Shop online a https://www.peakexcellenceshop.com/, and click on Certificate Packages for the student discount rates. Or you may register for this course at any Ontario WSIB First Aid Training company available in your area or listed in our Clinical Preplacement website at https://www.georgebrown.ca/current-students/preplacement/additional requirements/certificates. Check your health form for more details. Fees will apply. Special Note for International student currently resides overseas: The SFA and BLS courses cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process as soon as you arrive and have an official address in Ontario, Canada. Please do not register for an Emergency First Aid course or to any company that offers these courses 100% fully online, we will not accept these types of certificates. We would advise you to retake this course with another company that offers it either hybrid or in person and you will have to pay again. All costs and service fees are the responsibility of the student. Check out the YouTube tutorial videos for all the Medical and Non-Medical requirements a https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w
	Standard First Aid Certificate Card
	☐ Issued Date// Expiry Date// (three years after the issued date) (mm / dd / yyyy) (mm / dd / yyyy)
	Basic Life Support (BLS) Certificate Card
	Issued Date / / / Expiry Date / (one year after the issued date) (mm / dd / yyyy) (mm / dd / yyyy)
11.	 MASK FIT TEST CERTIFICATE (renew every two years) You can get the 3M N95 qualitative mask fit test either from your workplace or at Peak Excellence Shop company and book ar appointment on their website at https://www.peakexcellenceshop.com/ and check their Certificate Packages for their studen discounted rates or at ParaMed Home Health Care Services specific locations at https://www.georgebrown.ca/currentstudents/preplacement/additional-requirements/mask-fit-test Special Note for International student currently resides overseas: The Mask Fit cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process as soon as you arrive and have an official address in Ontario Canada. If you live Outside Toronto region or Out of Province, you can get your Mask Fit test at any third-party company closer to you area, as long as you have proof of valid certificate or visit our Preplacement website at https://www.georgebrown.ca/currentstudents/preplacement/additional-requirements. All male students must be clean-shaven the same day at your scheduled appointment. No facial hair or jewelry that may interfered
	 with the seal of the mask. Please do not eat, drink, smoke and chew gum one hour prior to your appointment. All nursing students must be tested and fitted for an appropriate qualitative mask (respirator) during this pandemic and in the event of flu (or other airborne/droplet) outbreak. Certificate/card must clearly state the mask model, type, and size and always carry it during placement. Check out the YouTube tutorial videos for all the Medical and Non-Medical requirements a https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w
	Mask Fit Test-3M N95 Certificate
	☐ Issued Date / / Expiry Date / (two years after the issued date) (mm / dd / yyyy) (mm / dd / yyyy)
FII	NAL STEP:
•	Once you have everything completed, your final step is to create an account, submit and upload your PRR Health Form

- Once you have everything completed, your final step is to create an account, submit and upload your PRR Health Form documents to the **ParaMed Placement Pass by 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**.
- After 48 hours, you must sign-in to your portal account to check the ParaMed RN evaluation result of your forms, download the Student Status Summary Report Certificate and attached it to your original health form documents, as you need to show this proof to your upcoming placement agency and for future reference.

What's coming up next in Year 2 in Fall Term 2025?

• You will need to renew your Step 1 TB Skin Test, BLS and VSC record and submit it to the Paramed portal.



George Brown College & ParaMed Agreement Form

l x	(Print Name) understand that any false statement i
grounds for cancellation of admissi	(Print Name) understand that any false statement i on.
submitted or withheld. I understand personnel of any communicable dis	ne right to cancel my admission privilege on the basis of medical information of that it is my responsibility to inform the appropriate George Brown Colleguesease, special need, exception or medical condition which may place mearge Brown College or on placement.
I will pay all the services fees and a	authorize ParaMed to review the above information.
x(Signature)	(Date)
(Signature)	(Date)
Element of Risk	
involve certain elements of risk. the student, the placement or the may be injured. Following the He	ns, such as field trips, clinical and field placements or job shadowing Injuries may occur while participating in this activity without any fault of college. By taking part in this activity, you are accepting the risk that you alth and Safety rules of your placement is required. By signing below you see element of risk and are willing to comply with the Health and Safety
	e reported immediately to your supervisor and to your faculty. Completing forms and reporting any injury while participating in placement must take nce.

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca Clinical Pre-placement Office campus locations: (Mon-Wed) 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus (Thursday-Friday) 200 King Street East, Room 401B, 4th Floor, Building "A", St. James Campus Business Hours: 8:00 am to 3:30 pm, by appointment only or visit FT Program Pre-placement

FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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.







Consent Form for Use and Disclosure of Student Information

GBC Student ID Number:	Educational Program: Year 1 S118 BScN (Fall 2024)		
First Name:	Middle Initial:	Last Name:	
1. Permission to Use and E Health Information	Disclose Your Student	Related Personal Information and Personal	
By signing this consent, you auth	norize your educational Pro	ogramto:	
Program) to authorized staff of Re		dent profile information that is under the custody and control of your of locating and coordinating an appropriate placement experience (e.g. educational program;	
tracking your compliance against prerequisites that may be tracked health information such as immun	Receiving Agency safety and infe- include personal information such ity/immunization status of vaccine	aformation relating to placement prerequisites, for the purpose of ction control prerequisites for accepting students. Placement as CPR certification or criminal records check status, and personal e-preventable diseases. Placement prerequisite information is used disclosed to users external to your educational program.	
		ator of the HSPnet system, namely Provincial Health Services y collect your personal information to provide HSPnet student	
	•	d for up to six years, or shall be voided upon your the Program, or upon written request as described	
3. Your Rights With Respe	ct to This Consent		
	have the right to refuse to sign thince of the Program and Receiving	is consent, and if you refuse your placement will be processed Agency.	
<i>Information in HSPnet</i> , which su information via HSPnet, is distrib	immarizes Privacy and Security pouted with this Consent Form. You nt. The Privacy and Security Polici	cument entitled <i>Identified Purposes and Handling of Personal</i> licies relating to how we may use and disclose your personal a may wish to review the complete Privacy and Security Policies for es may be amended from time to time, and you may obtain an updated	
personal information or personal experience. Such requests must be requested, we must restrict our u	health information via HSPnet for be made in writing to the placement se and/or disclosure of your perso to coordinate your placement via H	e right to request that we restrict how we use and/or disclose your the purpose of locating and coordinating a suitable placement t coordinator for your Program. If we agree to a restriction you have nal information in the manner described in your request. If this ISPnet, then your placement will be processed manually at the earliest	
the placement coordinator for yo	ur Program. Note that your revocat	sent at any time. Your revocation of this consent must be in writing to ion of this consent, or the voiding of this consent upon your ive and would not affect uses or disclosures we have already made	
3.5 Right to Receive a Copy of Th	is Consent Form - You may requ	est a copy of your signed consent form.	
• •		athority of the privacy legislation that applies to tion visit https://hspcanada.net/privacy-and-security/	
I hereby authorize my educational Progra coordinating appropriate student placeme	um to use and/or disclose my pers	onal information via HSPnet for the purpose of locating and	
Student signature		Date (MM/DD/YYYY)	





Student coverage while on unpaid placement:

The government of Ontario, through the Ministry of Colleges and Universities (MCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Students enrolled at an Ontario postsecondary institution are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements, either required or optional, that are part of an Approved Program. (See the Guidelines for details regarding eligibility for Ministry coverage.)

MCU also provides private insurance through Chubb Insurance (formerly ACE-INA) to students should their unpaid placement take place with an employer who is not covered under the Workplace Safety and Insurance Act and limited coverage where eligible placements take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please be advised that Toronto Metropolitan University (formerly Ryerson University) will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb claim to MCU.

This Agreement must be completed and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions, and a copy provided to the Toronto Metropolitan University placement coordinator prior to the commencement of the work placement.

Declaration:

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities while I am on an unpaid placement as part of an Approved Program.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the University and the Placement Employer. I will provide the University with written confirmation that I have received safety training.

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator within my faculty and notify them of any unresolved safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Toronto Metropolitan University placement coordinator. A MCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University placement coordinator.

In the event of an injury, I consent to the release of my personal information relating to the placement to my Placement Employer and MCU, including address, telephone number, date of birth and social insurance number.

I also agree to maintain regular contact with the University and to provide the University with information relating to any restrictions and my ability to return to the placement.

I understand the implications and have had any questions answered to my satisfaction.





Student Full Name:	Student Signature:
Program Name: Year 1 S118 BSCN Colla	borative
Date:	
	GE and TORONTO METROPOLITAN UNIVERSITY
Total Placement Hours:	(please leave this section blank until you se et profile)
Visa Student? □YES □NO	
Parent/Legal Guardian's Name (for stude	t less than 18 years of age) <i>please print</i> :
Parent Signature:	Date:

Collection Notice Regarding Personal Information

Toronto Metropolitan University protects your privacy and Personal Information. The Personal Information requested on this form is collected under the authority of the *Ryerson University Act, 1977*, in accordance with the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). The information will be used to communicate with the Placement Employer – for example, to confirm eligibility for the Placement or in the event of a workplace accident. Direct any questions about this collection to the Risk & Insurance Officer of the Financial Services Department at Toronto Metropolitan University at insurance@ryerson.ca or visit the website at: https://www.torontomu.ca/policies/policy-list/information-protection-access-policy/