

Welcome to Year 2 S302 Honours Bachelor of Behaviour Analysis program!

- In preparation of any in-person field placement in Winter Term 2025, there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a field placement. These pre-clinical requirements takes 8 to 10 weeks to complete and it is recommended that you provide enough time for the approval process.
- Even if you have graduated to another Health Sciences program either at George Brown College or from another college/university/institution **and/or** has experience working in any dental or health related profession, you are mandatory required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical/dental/field practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- The Clinical Placement Office recommends that you begin gathering the necessary documentation now, in order to be able to submit them and provide enough time for the approval process.
- Once you have gathered all the necessary documents, you will need to create an account, upload and submit all documents, certificates and evidence to the electronic ParaMed Placement Pass website by the **given deadline on November 4, 2024**. 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 November 4, 2024**, you will be **excluded** from in-person placement which can jeopardize your academic standing & may lead to program **withdrawal**.
- All costs, service fees and fine associated with the overall medical and additional requirements are 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 Health form with you to document receipt of the following- TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test, COVID-19 vaccine and Flu Shot requirements. For more information, visit <https://www.georgebrown.ca/current-students/preplacement/forms/school-of-health-and-wellness-forms>
- **COVID-19 vaccination:** Public Health Ontario recommends that people working with young children and other vulnerable communities be fully vaccinated against COVID-19. As such, students who are not fully vaccinated against COVID-19 may not be able to complete the required field placement component of their program in the regularly scheduled time frame. (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)

Vulnerable Sector Check (renew every 6 months)

- All students must provide proof of a clear vulnerable sector check that is valid every 6 months. If you live in Toronto region with a postal code that start with letter "M", the Clinical Placement Office will send you the Toronto Police application form and instructions sheet to your email account.
- If you live in another region such as Durham, Halton, Hamilton, Peel, York or other province, you will need to apply for your police check at your specific regional police service website. For more information, visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/police-vulnerable-sector-check>.

Contact us

- Suzette Martinuzzi, Clinical Pre-placement Coordinator, contact via email smartinu@georgebrown.ca
- Telephone#: (416) 415-5000 ext. 3415
- Email: smartinu@georgebrown.ca
- **Business Hours:**
Monday to Wednesday (9:00 am to 4:00 pm) at 51 Dockside Drive, Main Advising Desk, Room 702, 7th Floor, Waterfront campus
Thursday to Friday (9:00 am to 4:00 pm) at 200 King Street East, Room 401B, 4th Floor, Main Building A, St. James campus

(S302) Honours Bachelor of Behaviour Analysis
Year 2-Semester 3 & 4 (Winter Term 2025)
Prerequisites Health Form deadline: November 4, 2024

MEDICAL REQUIREMENTS CHECKLIST (mandatory)

Please read all detailed instructions on pages 1-3

- Tetanus, Diphtheria & Pertussis (*Tdap/ADACEL must be valid every 10 years*) & attach yellow card/immunization record
- COVID-19 two doses vaccines (*strongly recommended*)
- Seasonal Flu Shot (*recommended only*)
- 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
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

ADDITIONAL REQUIREMENTS (mandatory)

Please read all detailed instructions on pages 4-5

- Vulnerable Sector Check (*renew every 6 months*)
- ParaMed Service Fees
- 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 completed, your final step is to create an account, submit and upload your Requisite Health Form documents to **the ParaMed Placement Pass** at <https://georgebrowncollege.placementpass.ca/> by the given deadline. All fees are responsibility of the student.

(June 1, 2022 to May 31, 2025)

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

CONTACT US

Suzette Martinuzzi, Clinical Pre-placement Coordinator, contact via email smartinu@georgebrown.ca

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**(S302) HONOURS BACHELOR OF BEHAVIOUR ANALYSIS-YEAR 2 PROGRAM
PREREQUISITE HEALTH FORM (WINTER TERM 2025)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

Deadline: **November 4, 2024**

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

Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed in accordance with the communicable disease surveillance protocols, specified under the Public Hospitals Act, to meet the requirements of our students' placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, visitors, employees and other students. Other than the influenza vaccine, the completion of this information is not optional, and all sections must be completed as outlined. Our placement partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your client is unable to receive a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form.

1. **TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix vaccine must be valid every 10 years) attach a yellow card or any immunization record.**

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster ____/____/____(mm/dd/yyyy)

2. **COVID-19 VACCINE (strongly recommended and attach proof of QR code)**

1st dose Given Date ____/____/____(mm/dd/yyyy)

2nd dose Given Date ____/____/____(mm/dd/yyyy)

Proof of approved [exemption](#) status

3. **SEASONAL FLU SHOT (recommended in November/December and attach proof of record)**

Seasonal Flu Shot Given Date ____/____/____(mm / dd / yyyy)

4. **MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine 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.

5. **VARICELLA (CHICKEN POX) (Two doses vaccine 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)**



S302 HBBA YEAR 2-MEDICAL REQUIREMENTS (submission deadline on November 4, 2024)

NAME x _____ GBC ID# x _____

6. **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.

Initial Immune/Reactive/Positive (> 10 U/L) “Anti-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) “Anti-HBs or HBsAb” lab 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.

7. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (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: STEP 1 TB SKIN TEST

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

PREVIOUS: 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: STEP 1 TB SKIN TEST

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

CURRENT: 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-F) BELOW:

- a) Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 4 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) _____

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

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

S302 HBBA YEAR 2 PROGRAM-ADDITIONAL REQUIREMENTS
(Submission deadline on November 4, 2024)

NAME x _____ GBC ID# x _____

VULNERABLE SECTOR CHECK (renew every 6 months)

- **IMPORTANT NOTE:** Your academic department requires that all students must have a **“clear”** police check valid for the academic year. Please attach the original police vulnerable sector check record and submit to Placement Pass by ParaMed (formerly Requisite) portal. If you are **excluded** from placement due to a **“not clear”** police check, it will jeopardize your academic standing and can lead to withdrawal. Please contact your Chair to discuss this matter before you register and pay for this program. All costs associated with the police 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 instructions below in how to apply for your police vulnerable sector check according to your regional police service.**

For students who reside in the Toronto region:

If you need to apply for your VSC and you currently **reside in the Toronto region (with a postal code that starts with the letter M)**, follow these steps:

- ✓ Contact [Suzette Martinuzzi, Clinical Pre-placement Co-ordinator](#) to request the VSC Organization Code.
- ✓ Once you have the 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 Adult 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 you must complete the six stages (Report, Documentation, Demographics, Payment Status, Authentication Status, and Application Status) of 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 Placement 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 of 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, seniors, 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 only.
- ✓ Once your submission has been finalized, Toronto Police Service will send you an email notification indicating when you will receive your VSC results to your email account. **Processing times typically take 6 to 8 weeks from the date the application is received but may take longer due to volume of requests and/or time of year.**

For student who currently reside in another region such as ([Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York](#)) or Out of Province (with a postal code that starts with the letter “K, L, N and P”)

- If you live in another region such as (Durham, Halton, Hamilton, London, OPP, Peel & York) or Out of Province, please check your specific regional police service website. Processing times typically take **6 to 8 weeks** from the date the application is received but may take longer due to volume of requests and/or time of year.
- 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 business address. For more details, visit [.Vulnerable Sector Check website](#).
- If you do not receive your VSC after 4 weeks, it is your responsibility to contact and follow-up with your specific Regional Police Service

VULNERABLE SECTOR CHECK
(renew every 6 months)

Issued Date ____/____/____ Expiry Date ____/____/____ (6 months after the issued date)
 mm/dd/yyyy mm/dd/yyyy

FINAL STEP:

- Once you have everything completed, your final step is to create an account, submit and upload your Health Form documents to the **ParaMed Placement Pass website at <https://georgebrowncollege.placementpass.ca/>** by the given deadline.
- After 48 hours, you must log-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.

George Brown College & ParaMed Agreement Form

Name x_____

Program: S302 Honours Bachelor of Behaviour Analysis-Year 2 Winter Term 2025

I x_____ (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.

x_____
(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.

x_____
(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 3:30 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.