Pre-Clinical Form

Final Semester, Project-Based Courses: NUR 427 and NUR 408 are project-based and need to be taken in the final semester of the program after all other degree requirements have been met.

The assignments for these courses are project-based and include the following types of experiences:

1. Observing a nurse-leader
2. A quality management project
3. An evidence-based practice project

Types of agencies in which you may complete the projects are:

1. An acute care facility, hospital, or medical center
2. A home health agency or hospice
3. Public health department, or agency
4. Any other healthcare agency

Often, the RN student’s employing agency may be used to complete projects. However, NAU must have a clinical affiliation agreement with the agency, even if you are employed by the agency.

To begin final project-based nursing courses (NUR 427 and NUR 408) in the Spring, deadline to submit is October 1st. To begin final project-based nursing courses (NUR 427, and NUR 408) in the Fall, deadline to submit is March 15th. Submit the following information to:

Chris Jensen
RN to BSN Program Academic Advisor
NAU School of Nursing
PO Box 15035
Flagstaff, AZ 86011
Fax: 928-523-3600

PERSONAL INFORMATION

Name______________________________________________________________
Student ID Number ___________________________________________________
Permanent Address (Street, Apt #) _________________________________________
City, State, Zip Code ____________________________________________________
Permanent Telephone Number: ____________________________
Work Telephone Number: ____________________________________________
NAU E-mail Address: ________________________________________________

Planned Date of Enrollment in the following two courses:

NUR 427
Spring _____ Fall _____ 20____

NUR 408
Spring _____ Fall _____ 20____

*Please do NOT submit with original application!
Final Semester Project Course Information

In the final semester, NUR 408 Field work projects are most often completed in the areas of leadership, quality improvement and case management. These can be found in various types of healthcare settings. RN students complete these assignments in their employing agency, but when you are ‘Off the Clock’, or not under your employment contract. Northern Arizona University requires a contract with any agency in which you do your project-based assignments as part of a NAU course. In order to ensure that we have a contact, please provide us with the healthcare agency/agencies where you will complete the leadership assignment (NUR 408).

Agency: ___________________________ Chief Nursing Officer: ________________
Address: ____________________________________ Phone Number: __________________
City: ____________________________ State: _____________ Zip:_______________________

REQUIRED DOCUMENTATION

The following MUST be submitted before you can enroll in any project-based courses.

1. Certificate of Eligibility completed and signed by Extended Campuses Advisor
2. A copy of your current RN license (in the state where you will do your project)
3. Indicate year that you were first licensed.
4. Record of AZ DPS Fingerprint Clearance (if original AZ RN license obtained before Jan. 1999)
5. Personal health insurance policy or identification
6. Professional liability insurance
7. Record of current CPR certification (Health Care Provider level)
8. Record of a general physical exam (within 6 month)
9. Current TB test results (within the last year)
10. Record of Hepatitis B series (3 inoculations OR titer)
11. Record of MMR immunizations or titer (2 inoculations OR titer)
12. Record of Varicella (chicken pox) immunity (2 inoculations or titer)
13. Record of Tdap (tetanus, diphtheria, pertussis) within 10 years

The Student Services Office will accept only photocopies of all documentation of health related materials.

Students are to retain all originals in a safe and accessible place. Students are required to maintain current records of the above listed documents until graduation. Furthermore, the student is responsible for providing copies to Student Services (Bldg 72, Room 206) as they are renewed. Students will be administratively withdrawn from project-based courses if all required documents are not up to date and on file at the School of Nursing.

REQUIRED NAMETAG ORDER FORM

NAU nursing students are required to wear an NAU nametag when interfacing with healthcare agencies while participating in projects for the nursing program. Students must complete the attached order form before being enrolled in any project based nursing course and submit the form to the bookstore. Send order form to: NAU Bookstore, PO Box 6044, Flagstaff AZ 86011 (928) 523-9121.

To properly complete the form fill-in: Contact Name, Date, Contact Phone, Email, Credit Card #, Exp Date, and Authorized Signature. Place a check next to either Pin or Magnetic Back, which ever you prefer.

Fill-in your First and Last Name followed by “, RN”.

The cost of the pin nametag is $7.49 + tax and the cost of the magnetic back nametag is $9.49 + tax.

**NAMETAG ORDER FORM**

CONTACT NAME ___________________________ DATE __________

CONTACT PHONE ___________________ EMAIL ________________________

**BILLING INFORMATION**

DEPT ___________________________ AREA ___________________ ORG ___________

P-CARD # ___________________________ EXP DATE: __/__/____

CREDIT CARD # ___________________________ EXP DATE: __/__/____

AUTHORIZED SIGNATURE ___________________________

SHIP ____ INTERCAMPUS MAIL (NAU BOX#) _______ PICK UP ____

ADDRESS: ___________________________ CITY: __________ STATE: ______ ZIP: ______

**NAMETAGS (CHECK ALL THAT APPLY)**

NAU ____ NAU NURSING ____ PIN ____ MAGNETIC BACK ____

NAME ___________________________________________

2ND LINE ___________________________________________

3RD LINE ___________________________________________

**NAMEPLATES (CHECK ALL THAT APPLY)**

DOOR ____ DESK ____ WALL ____ W/HOLDER ____ W/O HOLDER ____

10”X2” ____ 8:2” ____ OTHER ___________________________

WOODGRAIN W/WHITE LETTERS ____ GREEN W/WHITE LETTERS ____

BLUE W/WHITE LETTERS ____ OTHER ___________________________

NAME ___________________________________________

2ND LINE ___________________________________________

**STAMPS**

TYPE ___________________________ INK COLOR ___________________________

LINE 1 ___________________________ LINE 2 ___________________________