



## Pre-Placement Requirement Clearance Information Nurse Practitioner Students

*In partnership with **Synergy Gateway Inc.***

University of Windsor has partnered with Synergy Gateway Inc. to provide support and clearance for pre-placement requirements. To have your documents validated you will be required to book an Electronic Requirements Verification (ERV) Review through **Verified**, a proprietary platform that is used by students across Ontario for the purpose of digitally collecting placement requirements and documentation for verification. Log in details to [Verified](#) will be sent to your school email account once the system is up and running for our programs.

### DEADLINES

**Pre-Placement Requirements Due: August 19**

### YOUR ERV REVIEW

Be sure to review the list of pre-placement requirements below and have a plan when and how you will be completing them. It is important to remember that some requirements may take an extended time to complete.

Once your access is activated, book an ERV Review through your *Verified* account. For help on how to navigate *Verified*, please log in and go to Important Forms. There you will find user guides to assist you with the process.

You are encouraged to *book* your Review early, even if you do not have all documentation in place. Do not wait until a week or two before the deadline to book your Review; Review times will fill.

Ensure all your pre-placement documents are uploaded to your account by 9:00 AM (EST) on the day of your ERV Review. You do not need to be “present” on the day of your Review – this is the date that Synergy Gateway retrieves your documents for review.

To avoid paying additional Review fees, ensure all your documentation has been uploaded *before* 9am (EST) of your ERV Review date. If documents are outstanding at this time, you will not be cleared for placement. If documentation is missing or a requirement is not complete, you will need to book a follow-up Review for an additional fee.

Once your documents have been reviewed you can download your Compliance Summary Document which will serve as a Completion Certificate. *Keep this for your records.*

Synergy Gateway Inc. is *not* the authority on University of Windsor policies and deadlines. Please check with [Andrea.Reddam@uwindsor.ca](mailto:Andrea.Reddam@uwindsor.ca) if you have questions about anything related to pre-placement requirements.



Please upload for your Review:

- Immunization medical form
- Blood work/lab reports (as required)
- Certification cards (as required)
- Originals of all documents

## STUDENT FEES

Initial Clearance Review	\$ 50.50 +TAX
Missed Review	\$ 50.50 +TAX
Follow-up Review	\$ 10.00 +TAX

**Synergy Gateway is here to help! Contact Synergy Gateway at [www.Synergyhelps.com](http://www.Synergyhelps.com)** - Submit a Help Desk ticket and they will be in touch. Their Help Desk hours are Monday to Friday, 10am – 3pm (EST), excluding holidays.

### **\*\* Important Note\*\***

***Please ensure your documents are valid until the end of your placement period. Students with requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review at FULL service fees. To avoid multiple Review fees, we suggest you update all expiring documents in one Review***



## PRE-PLACEMENT REQUIREMENTS CHECKLIST

MEDICAL REQUIREMENTS	COMPLETED WITH DOCUMENTATION
<p><i>* Students with certifications/requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review and there will be a charge for this Review.</i></p>	
<p><b>Tetanus/Diphtheria</b> Documented proof of vaccination for tetanus/diphtheria in the last 10 years.</p>	
<p><b>Pertussis</b> Proof of complete series of vaccines</p>	
<p><b>Measles, Mumps, Rubella (MMR)</b> Documented proof of two vaccinations OR blood work results (<b>within 5 years</b>) showing immunity.</p>	
<p><b>Varicella</b> Documented proof of two vaccinations OR blood work results (<b>within 5 years</b>) showing immunity.</p>	
<p><b>COVID-19 Vaccination Receipts</b> Documented proof of double vaccination status. Please ensure you submit proof of BOTH doses for you to obtain clearance.</p>	
<p><b>Hepatitis B</b> Blood work results (<b>within 5 years</b>) showing immunity is mandatory. If your serology results show you are not immune, then proof of completed primary series is required. If still not immune, then booster will be required.</p>	
<p><b>Tuberculosis (Mantoux) – 1 Step TB Skin Test</b> Documented proof of a baseline 1-step TB Skin Test (TST). TB test must be issued June 1 of the same year. A medical follow-up with chest x-ray is required if a person has EVER had a documented positive TB Skin Test. Chest Xray valid for 2 years.</p>	
<p><b>NON-MEDICAL REQUIREMENTS</b> <i>* Students with certifications/requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review and there will be a charge for this Review.</i></p>	
<p><b>Vulnerable Sector Search (VSS)</b> Your local police department can provide a VSS. Valid for 1yr</p>	
<p><b>Mask Fit Testing</b> Valid for 2 years. Students must be fit for one of the following N95 models: 1860s, 1860, 1870+, 8210 or L188</p>	
<p><b>CPR Level BLS</b> Valid for 1 years (regardless of expiry date on the card)</p>	
<p><b>Non-Violent Crisis Intervention Training and Physical Techniques Training - Initial course from the Safe Management Group</b> - Documented proof of course completion. Valid for 1 Year (<a href="https://windsoruniversity-safemanagement.talentlms.com/catalog/index">https://windsoruniversity-safemanagement.talentlms.com/catalog/index</a>)</p>	
<p><b>WSIB Student Declaration</b> Ministry of Training, Colleges &amp; Universities Work Safety Insurance Board (WSIB) coverage policy document; student signature required. Available on the Undergraduate Student Information site in OWL. Valid for 1 Year</p>	
<p><b>Attestation of Notification of Change in Criminal Record Status</b> Required – Valid for 1 Year</p>	
<p><b>Student/Instructor Verification of Health Status</b> - Required – Valid for 1 Year</p>	
<p><b>Proof of Annual CNO renewal</b>- must say entitled to practice without restrictions or renewal receipt</p>	

## Student Declaration of Understanding

### Workplace Safety and Insurance Board or Private Insurance Coverage for Students on Unpaid Placements

#### 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 University of Windsor 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 University of Windsor 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 University of Windsor 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.

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.

In the event of an injury, 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 Name:	Student Signature:
Program Name:	Date:
Organization:	
Total Placement Hours	Visa Student? <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print:</i>	
Parent Signature:	Date:

**Collection Notice Regarding Personal Information**

University of Windsor protects your privacy and Personal Information. The Personal Information requested on this form is collected under the authority of The University of Windsor Act, 1962-63, 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 Ms. Andrea Reddam of the Faculty of Nursing at University of Windsor at 519-253-3000.



University of Windsor

Faculty of Nursing

## Attestation of Notification of Change in Criminal Record Status

I acknowledge that it is my duty to inform the Faculty of Nursing Associate Dean at the University of Windsor of any change (i.e. charges or convictions of a criminal offense) that occurs in my police record since my last police clearance was obtained. Failure to do so may result in withdrawal from all clinical courses offered in the Faculty of Nursing.

*Please print clearly:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student number: \_\_\_\_\_

I am an undergraduate student entering year: 1 2 3 4

**or**

I am a graduate/NP/Oncology/Palliative Care student

Date (yy/mm/dd): \_\_\_\_\_ Signature: \_\_\_\_\_

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University of Windsor

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## Student Verification of Health Status

**Please print clearly:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student number: \_\_\_\_\_

I am an undergraduate student entering year: 1 2 3 4

**or**

I am a graduate/NP/Oncology/Palliative care student

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### Declaration & Authorization for Disclosure of Information:

I understand that it is my responsibility to inform the appropriate personnel of any communicable disease, and/or any medical or non-medical condition that may place me at risk or pose a risk to others during clinical placements.

Please indicate if you have a latex allergy/sensitivity: Yes No

**Note:** Risk of exposure to latex products and equipment is possible at clinical placement sites and in the Faculty of Nursing Clinical Learning Centre. Repeated exposure(s) to latex may result in worsening of an existing latex allergy/sensitivity.

I hereby certify that I have no/no other condition(s) that may affect my ability to fulfill clinical placement responsibilities.

I authorize the release of my health information to:

1. The Faculty of Nursing, University of Windsor;
2. The clinical placement agency;
3. The treating medical site/institution (if required)

Date (yy/mm/dd): \_\_\_\_\_ Signature: \_\_\_\_\_

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