

Alvernia University Academic Compliance Regulations

Academic Year 2023-2024

ALL clearances must be submitted to Academic Compliance for approval prior to placement
Academic.compliance@alvernia.edu

ALL Students: ADDITIONAL Field of Study requirements may be needed according to placement site in either clearances, trainings or health depending on affiliation agreement.

ALL Alvernia University requirements **MUST** be met in addition to the placement requirements.

| APPLIES TO | REQUIREMENT | FREQUENCY | HOW TO PROCEED |
|--------------|-------------------------------------|---|---|
| ALL STUDENTS | PA CRIMINAL RECORD CHECK \$22.00 | Completed within calendar year and valid for 2 years from application date. | <ol style="list-style-type: none"> 1. All clearances must have copy of seal (no receipts are accepted) 2. Certificates marked as "Volunteer" will NOT be accepted 3. Student's responsibility to save/print certificate, Academic Compliance will not accept receipts |
| | | <p>EXCEPTIONS: College of Health Science programs are completed yearly</p> | <p>Students attending St. Luke's', Wellspan and Pediatric Therapy Services (PTS) for internship – DO NOT DO Volunteer – verified w/agencies will accept our regulations for both PA State and PA Child Abuse clearances</p> <p>STEPS:</p> <ol style="list-style-type: none"> 1. Access the PA Criminal Background Check (PATCH) Pennsylvania Access To Criminal History - Home (pa.gov) 2. Click Record Check, then new record check 3. Accept to terms & conditions 4. Select "Individual Request" option 5. Reason for the check – "Employment" 6. Fill in required information, use your Alvernia email for notifications from PA State Police 7. Verify your information is correct, then proceed 8. Fill in required information, leave blank – ID Theft #, MUST use calendar for DOB. 9. Submit request, you can verify info by clicking your name, save 10. Submit, check out, Credit card info, \$22.00 fee paid online 11. 1st email from PA State Police confirming the request, 2nd email of completion. 12. Save 2nd email – it has the R Control# on it which can be used to search for certificate 13. Click on the control # hyperlink to retrieve clearance, click on CERTIFICATION FORM. 14. Save clearance to a folder on desktop/print/send clearance to Academic.compliance@alvernia.edu |

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| APPLIES TO | REQUIREMENT | FREQUENCY | HOW TO PROCEED |
|--------------|---------------------------|--|---|
| ALL STUDENTS | PA CHILD ABUSE \$13.00 | Completed within calendar year and valid for 2 years from application date. | <ol style="list-style-type: none"> 1. All clearances must have copy of seal (no receipts are accepted) 2. Certificates marked as “Volunteer” will NOT be accepted 3. Student’s responsibility to save/print certificate, Academic Compliance will not accept receipts |
| | | <p>EXCEPTIONS: College of Health Science programs are completed yearly</p> | <p>Students attending St. Luke’s, Wellspan and Pediatric Therapy Services (PTS) for internship – DO NOT DO Volunteer – verified w/agencies will accept our regulations for both PA State and PA Child Abuse clearances</p> <p>STEPS:</p> |
| | | <p>EXCEPTION: NURSING every 5 years</p> | <ol style="list-style-type: none"> 1. Access the PA Child Abuse Clearance through the Child Welfare Information Solution site: <u>Pennsylvania Child Welfare Information Solution (state.pa.us)</u> |
| | | | <ol style="list-style-type: none"> 2. Select Create Individual Account (if this is the 1st time) or select “Individual Login” (if you have an account) |
| | | | <ol style="list-style-type: none"> 3. For “Create Individual Account users, provide information to set up your account. <ul style="list-style-type: none"> • When creating an account, note that the “Keystone ID” is a username you create • An email will be sent with a temporary password. Copy the password and click on the “Child Welfare Portal” link in the email to access your account. Use your Keystone ID (username) and password to log in |
| | | | <ol style="list-style-type: none"> 4. For “Individual Login” users, use your Keystone ID (username) and password to log in. |
| | | | <ol style="list-style-type: none"> 5. If prompted, verify your account, and select the type of device you are using. Select a new password. |
| | | <p>NOTE: for education program students only, I will accept “School Employee Governed by Public School Code”</p> | <ol style="list-style-type: none"> 6. For application purpose, student should select “Individual 14 years of age or older who is applying for or holding a paid position” (which will give an “Employment” reason for the request on the clearance. |

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| | | | 7. Agree to terms & conditions and submit personal information |
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| | | | 8. Payment of \$13.00 paid online by credit card |
| | | IMPORTANT – keep your keystone ID and password so you can return to the account to retrieve your result. | 9. Once application is processed a link to results will be emailed with 14 days. Follow the link and log into your account to retrieve your results. 10. Save/print the certificate. Send to Academic.compliance@alvernia.edu |
| APPLIES TO | REQUIREMENT | FREQUENCY | HOW TO PROCEED |
| ALL STUDENTS | FBI BACKGROUND CHECK \$25.25 | Completed within calendar year and valid for 2 years from application date. | Pre-registration appointment are best. Walk-ins are not guaranteed. STEPS: |
| | | EXCEPTIONS: College of Health Science programs are completed yearly | 1. Access Uenroll.IdentiGo site: IdentoGO 2. Enter Service Code. Depending on your major the codes will differ. Student should enter codes as listed below in the following categories that match Alvernia’s academic programming. * Students need to be aware that depending on the facility, they may request additional documentation OR a different FBI. |
| | | AT MAJOR: follow individual guideline if assigned to a School District | 3. Schedule or Manage appointment 4. Personal information needed to fill out 5. It is suggested that you enter your Alvernia email 6. Employer information is: Alvernia University, 400 Saint Bernardine Street, Reading, PA. 19607 |
| | | OT MAJOR: follow individual guidelines if assigned to School District w/PTS, Inc. | 7. Result certificates are now available via email. Which can only be opened once!! This is a great option for a student on a timeline for internship and the original will be mailed to your home address. <ul style="list-style-type: none">• You must be prepared to download/save/print the result letter when accessing it the first time. This link will ONLY open once.• Email will come from: PASafeCheck• After clicking the link, you will have three attempts to correctly answer your Security Question to retrieve cert. |

NEXT PAGE ARE CODES TO BE USED BY DESIGNATED MAJOR

If you have questions, ASK!! Rather than to do the wrong code for clearance

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| DEPT OF HUMAN SERVICES: Code: 1KG756 | MAJORS INCLUDED: |
| Employer: Alvernia University 400 Saint Bernardine Street, Reading, PA 19607 | AMH, AT, BSW, BUS, CJ, COM, DNP, DPT, HCS, MSW, OT, NUR, POS, PSY, SCI |
| EXCEPTIONS: | AT, DPT, OT – (St. Luke’s) 1KG756 (verified) AT, DPT, OT – (Wellspan) 1KG756 (verified) OT – IM ABLE - 1KG756 (verified), PTS School District – 1KG6XN (verified) |
| DEPT OF AGING: Code: 1KG8RJ Facility I/D: 14537 (Alvernia University) Position type: Students/Trainees Position applied for: Students/Trainees | **Lehigh Valley Hospital/satellite locations: ANY major and a non-resident of PA |
| Dept of Education – Code 1KG6RT | EDU, PhD students |
| Code 1KG6XN | AT students going to school district |
| Code 1KG6XN | OT students going to school district w/PTS |
| International Students | Use passport for I/D |
| | Citizenship Page – Use F1 for Non-Immigrant VISA/Status |

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| | 8.Select a location which you will need to go to have your fingerprints taken. Fingerprint locations near you can be located at the end of the application by zip code |
| Alvernia Hill and College town | Alvernia Philadelphia |
| <ul style="list-style-type: none"> • Mail-N-Ship 96 Commerce Drive Wyomissing, PA. 19610 • Yurconic Agency 3657 Penn Avenue Sinking Spring, PA. 19608 | <ul style="list-style-type: none"> • 8302 Old York Road Elkins Park, PA. 19027 • 450 S Easton Road Glenside, PA 19038 |

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| <p>Alvernia Schuylkill</p> <ul style="list-style-type: none"> 2221 W. Market Street Pottsville, PA. 17901 | |
| | 9. Payment is accepted at fingerprint site, \$25.25, no cash, credit card only. |
| | 10. Confirmation of appoint will be sent to your email within 24 hours. |
| | 11. Government photo I/D is required. Alvernia I/D is NOT accepted. |
| | 12. Fingerprinting takes approx. 10 min. Keep receipt. |
| | 13. Unofficial results will be received via email within a few hours. Important to remember this email can ONLY be opened once and can not be accessed again. Official copy will be received within 2-4 weeks. |

CERTIFICATION REQUIREMENTS

| APPLIED TO | REQUIREMENT | FREQUENCY | HOW TO PROCEED |
|----------------------|--|--|--|
| NURSING | RQI SYSTEM-classroom | Certification lasts two years Maintained during time in program | <p style="text-align: center;">Certifications MUST demonstrate skills; therefore, online only courses are NOT accepted</p> Accepted courses: blended course-online training/classroom testing, choose appropriate class below according to major. |
| ATHLETIC TRAINING | CPR w/curriculum | | |
| PHYSICAL THERAPY | Basic Life support for the Healthcare Professional | | |
| OCCUPATIONAL THERAPY | COURSE MUST INCLUDE FIRST AID | | |

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| | <ul style="list-style-type: none"> • Basic Life Support for the Healthcare Professional by the American Heart Association- DPT |
| | <ul style="list-style-type: none"> • Adult & Pediatric First Aide/CPR/AED-BL by American Red Cross- OT • Adult & Pediatric CPR/AED & First Aid for Healthcare Providers by American Red Cross - OT |
| | <p>Steps:</p> |
| | <p>1.To find a local American Red Cross course. https://www.redcross.org/take-a-class</p> |
| | <p>2. To find local American Heart Association course. https://cpr.heart.org/en/courses/basic-life-support-course-options</p> |
| | <p>3. RACC and emergency responder organizations (fire department/ambulance/police) often have a CPR course open to the public</p> |
| | <p>4. Alvernia course PED133 CPR/AED for the Professional. Does not include first aid</p> |
| | <p>5. Once the course is complete, save or print the certificate. Email to academic.compliance@alvernia.edu</p> |

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TRAINING REQUIREMENTS

| APPLIES TO | REQUIREMENT | FREQUENCY | HOW TO PROCEED |
|------------------|--|--|--|
| AT, DPT, EDU, OT | ACT 126 – Mandated Recognizing and Reporting Child Abuse | Completed one time before start of 1 st clinical/fieldwork. | <p>Notes: For licensed professionals, this course is approved for 3 continuing education credits for compliance with the PA Department of Human Services and Department of State to meet mandatory reporting.</p> <p>Steps:</p> <ol style="list-style-type: none">1. Access online at: https://www.reportabusepa.pitt.edu2. If you have not previously registered click on the “Registration” link at the top of the page3. Make sure to complete all fields4. Refer to the frequently asked questions (FAQ) section after login5. Expect to spend approximately 3 hours to complete the entire program and quizzes. The program allows for you to take a break and come back to complete the course at another time.6. Once the course is complete, save/print the certificate. Send the certificate to: academic.compliance@alvernia.edu <p>DPT follows class assignment</p> |

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EDUCATION INTERFACE TRAININGS

| APPLIES TO | REQUIREMENT | FREQUENCY | HOW TO PROCEED |
|--|--|------------------|---|
| AT, DPT, NUR, OT All trainings | Education Interface | Once only | Training modules must be completed by all required majors. You will be sent an email from Academic Compliance with a username, password, and instructions. Training will vary according to major. DO NOT SEND A SCREENSHOT, CUTS OFF NAME, Follow the directions |
| AMH, HCS, PSY, BSW, MSW complete HIPAA training | Courses included: Fire Safety Infection Control/Standard Precautions Bloodborne Infections Electrical Safety Lifting to Prevent Injury HIPAA Compliance Covid 19 Precautions | | <p>STEPS:</p> <ol style="list-style-type: none"> 1. Once you receive the email containing username, password, and instructions you can access the training modules 2. Access the online Education Interface Log in: Education Interface Log In Online Courses 3. Complete all training modules that are assigned to you that are required of your major, which is designated in your classroom online 4. Once you complete all training modules assigned you will send the final progress or summary report to Academic.Compliance@alvernia.edu <p>DPT follow class assignment</p> |

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Alvernia University

400 St. Bernardine St., Reading, PA 19607

WAIVER AND RELEASE FROM LIABILITY

On behalf of myself, or in my capacity as the parent/guardian of the participating minor, and INTENDING TO BE LEGALLY BOUND, the undersigned hereby releases Alvernia University, its agents, officers and employees from all responsibility and any liability for any injuries, illness and/or loss which may result from or arise out of, or be connected with any participation in the University's program known as: _____(course or program) for the academic year(s) of _____.

This Release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof. The provisions of any State, Federal, Local or Territorial law or statute providing in substance that releases shall not extend to claims, demands which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

In signing this release, I acknowledge that any travel may be dangerous and may result in harm to me and my property. I voluntarily accept and assume these risks and dangers and release Alvernia University from all responsibility and any liability for any injuries and/or damages which may result from my decision to participate in this program.

I further promise, covenant and agree not to bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States, or in any State thereof, or elsewhere, against Alvernia University, Its agents, officers and/or employees for personal injury, property damage or any other type of loss, arising out of, or In any way connected with my participation in said program.

I also agree to indemnify and hold harmless Alvernia University, its agents, officers and employees from all liability, claims, demands and damage or cost, arising out of my participation in said program.

I authorize university personnel or representatives to approve emergency medical treatment for myself in the event of injury or illness during my participation in the program. I represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience while in the program and, more specifically, in the countries in which I will be living and/or traveling while on the program.

I understand and agree that this release is binding on me and my heirs, executors, administrators, personal representatives and next-of-kin. My signature denotes my understanding of and agreement with this statement and its implications.

I agree that this document shall be interpreted and governed by the laws of the Commonwealth of Pennsylvania.

I agree that if any provision of this document shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of this document.

IN WITNESS WHEREOF, intending to be legally bound, I have hereunto set my hand this _____ day of _____, 20__.

Witnessed By: _____

Signature of Program Participant or Parent/Guardian of minor

Print Name of Minor Participant

Printed Name of Participant

Emergency Information

(Who to Contact in Case of Emergency)

(Relationship)

(City and State)

(Phone Number)

Updated 9/09; 9/04/07

Linda Maslar, Academic Compliance
Academic.compliance@alvernia.edu

Updated: 8.24, 10.9

ALVERNIA UNIVERSITY

UNDERGRADUATE IMMUNIZATION REQUIREMENTS

POLICY

It is the policy of Alvernia University to require all full-time undergraduate degree seeking students to provide record of childhood immunizations. In addition, graduate students residing in campus housing must also comply with the following health requirements.

Vaccination requirements may vary for both undergraduate and graduate students who participate in off-campus educational experiences. These additional requirements are detailed in the program of study's student handbook or defined by the experiential learning site. It is the student's responsibility to confirm compliance with those requirements before the start of the off-campus educational experience.

PURPOSE

Alvernia University's Undergraduate Immunization Policy has been established to protect the health and well-being of the entire campus community.

PROCEDURE

Alvernia University students will access the immunization requirements by completing the Alvernia Immunization History form on the Student Health Portal and attaching an image or copy of their immunization record from their medical provider, high school nurse, or previous higher education institution.

Compliance with the University's immunization requirements will be determined by Alvernia University student health center administration. Any student not compliant with the requirements may have a health stop placed on their student record until they have completed the required immunizations. In addition, residential students may have their keys withheld and/or access to their residential hall removed.

REQUIREMENTS

1. Measles, Mumps, Rubella (MMR)
 - a. Documentation of two (2) doses administered after 12 months of age and dated at least 28 days apart, OR
 - b. Results from a blood test confirming immunity to measles, mumps and rubella
2. Varicella
 - a. Documentation of two (2) doses administered after 12 months of age and dated at least 28 days apart OR
 - b. Documentation of a history of the disease (chicken pox) OR
 - c. Results from a blood test confirming immunity to varicella (completed vaccination series or blood test are required for health care programs)

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UNDERGRADUATE IMMUNIZATION REQUIREMENTS

3. Tetanus, Diphtheria, Pertussis (Tdap)
 - a. Documentation of one (1) dose of Tdap administered after age 10.
4. Hepatitis B
 - a. Documentation of a series of three (3) age-appropriate doses of the hepatitis B vaccine. Minimum interval between doses is 4 weeks between the first and second dose, 8 weeks between the second and third dose, and at least 16 weeks between the first and third dose OR
 - b. Documentation of two (2) adult doses may be provided if the student was vaccinated between 11-15 years of age, with the second dose given 4-6 months after the first OR
 - c. Request consideration of alternative catch up schedule approved by the Centers for Disease Control and Prevention (CDC) OR
 - d. Results from a blood test confirming immunity to Hepatitis B (Hep B surface antibody test)
5. Meningococcal Quadrivalent ACWY
 - a. Documentation of the meningococcal quadrivalent conjugate vaccine administered after 16 years of age. If the initial dose was given prior to age 16, a booster dose must be documented OR
 - b. The student may sign a waiver declining the meningitis vaccine in accordance with Pennsylvania state law.
 - i. Pennsylvania State Law requires all college students must provide documentation of a valid meningitis vaccine as above or a signed waiver declining the vaccine to reside on campus.
6. The following vaccinations are strongly recommended:
 - a. COVID-19
 - i. Primary series (if prior to 4/19/23) and/or Bivalent COVID Vaccine
 - b. Hepatitis A
 - i. Documentation of a series of three (2) age-appropriate doses of the hepatitis A vaccine.
 - c. Meningitis B
 - i. Documentation of a series of three (2 or 3) age-appropriate doses of the meningitis B vaccine.
 - d. Influenza
 - i. Documentation of one seasonal influenza vaccine, annually.
7. Alvernia University students may request an exemption from the University's immunization requirements for the following reasons:
 - a. Medical Exemption
 - i. Students may request a medical exemption from a specific vaccination if a licensed physician, physician's associate/assistant, or nurse practitioner provides a signed written statement that vaccination may be detrimental to the health of the student, with the reason for this determination.
 - ii. When the healthcare provider determines that vaccination is no longer detrimental to the student's health, the student is required to complete

ALVERNIA UNIVERSITY

UNDERGRADUATE IMMUNIZATION REQUIREMENTS

the vaccination.

- b. Religious Exemption
 - i. Students may request religious exemption from a specific vaccine if the student objects in writing to the vaccination on religious grounds or on the basis of a strong moral or ethical conviction similar to religious belief.
- c. Process
 - i. Student requests a Vaccine Exemption form by sending a message to Penn Medicine - Alvernia Medical and Counseling Center through the Student Health Portal requesting the form to be added to their record.
 - ii. Administration at the Penn Medicine - Alvernia Medical and Counseling Center will add the form to the student's electronic health record.
 - iii. Student must complete the vaccination exemption form, attach an image of the appropriate supporting documentation to the form, sign, and submit the form through the Student Health Portal.
 - iv. A medical provider of the Penn Medicine - Alvernia Medical and Counseling Center will review the request and determine if the student is eligible for the exemption.

ADDITIONAL FIELD OF STUDY REQUIREMENTS (includes those students participating in internships as sites categorized as "Education" or "Healthcare" OR site affiliation agreement dictates need for additional requirements)

**** ALL UNDERGRADUATE AND GRADUATE STUDENTS IN THE PROGRAMS LISTED BELOW MUST ALSO MEET THE UNDERGRADUATE REQUIREMENTS LISTED ABOVE TO FULFILL HEALTH REQUIREMENT COMPLIANCE****

- 1) Education
 - a) Tuberculosis testing prior to the start of the student teaching/observation experience with PPD skin test or blood test (QuantiFERON TB gold or TSpot). Testing must occur no earlier than 3 months prior to matriculation.
- 2) School of Health Sciences
 - a) The following vaccines are required. Exemptions may be requested per the policy above (#7 under "Requirements") and may impact the educational experience.
 - i) COVID-19 vaccine - Primary series (if prior to 4/19/23) and/or Bivalent COVID Vaccine
 - ii) Influenza - one seasonal influenza vaccine, annually.
 - b) The following blood tests or forms are required
 - i) Hepatitis B - Results from a blood test confirming immunity to Hepatitis B (Hep B surface antibody test) OR completed declination form
 - ii) Varicella – Results from a blood test confirming immunity to Varicella IF 2 Varicella vaccines are not documented

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UNDERGRADUATE IMMUNIZATION REQUIREMENTS

- iii) Pneumovax vaccine OR completed declination form
 - c) Annual physical exam
 - d) Urine drug screen at the start of each semester (fall and spring) - see separate drug screen policy
 - e) Tuberculosis testing annually – testing may be skin testing (PPD) or blood test (QuantiFERON TB Gold or Tspot)
 - i) QuantiFERON / Tspot – one test required annually
 - ii) Skin Test / PPD – to be compliant for tuberculosis record must include
 - (1) One test within the past year (365 days) **and**
 - (2) One test within the past 2 years (730 days) (PPD or QuantiFERON/Tspot)
- OR**
- (3) Initial requirement may be met with a 2-step TB test within the past years (two tests placed 7-21 days apart) followed by an annual single step test.