

## Bellevue College Registered Nurse Refresher (RNR) Program

The following information must be submitted before the application deadline. It is the student's responsibility to ensure that adequate documentation of the listed requirement is provided.

Documentation is required to ensure the health and safety of students and clients in health care agencies that provide clinical learning experience.

#	Requirement	Acceptable Documentation
1	Tuberculosis (TB) Test	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> <li>➤ <b>Negative Tuberculin Skin Test (two-step PPD Test) Result</b> <ul style="list-style-type: none"> <li>-A copy of two-step PPD test results within the past 12 months (two injections and two readings given three weeks apart).</li> <li>-If you had a <b>positive PPD test</b>, you must provide documentation of treatment/chest x-ray and current clearance from physician. This letter must be dated within six (6) months.</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>➤ <b>Annual PPD Test</b> <ul style="list-style-type: none"> <li>-A copy of your current annual PPD test and a previous year's PPD test.</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>➤ <b>QuantiFERON® TB Blood Test</b> <ul style="list-style-type: none"> <li>-A copy of QuantiFERON® TB blood test within the past 12 months.</li> </ul> </li> </ul>
2	Hepatitis B (HepB)	<p><b>Hepatitis B</b></p> <ul style="list-style-type: none"> <li>➤ Proof of immunity by vaccination <b>AND</b> titer</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>➤ Negative titer → must repeat vaccine series. Student will be allowed in clinical during repeat series and considered a non-responder to vaccination after 2 complete vaccine series and negative titer</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>➤ If positive titer and no vaccine, must receive antiHBc, the marker for past infection. If positive, then you could be a carrier.</li> </ul>
3	Measles, Mumps, Rubella (MMR)	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> <li>➤ <b>Two (2) does of MMR vaccines</b> <ul style="list-style-type: none"> <li>-A copy of two MMR vaccines.</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>➤ <b>Positive Measles, Mumps, and Rubella titer results</b> <ul style="list-style-type: none"> <li>-A copy of Measles, Mumps and Rubella titer results.</li> </ul> </li> </ul>
4	Tetanus/Diphtheria (Td)	<ul style="list-style-type: none"> <li>➤ <b>Tetanus/Diphtheria vaccine</b> <ul style="list-style-type: none"> <li>-Copy of Td vaccine/booster within the past 8 years.</li> </ul> </li> </ul>
5	Varicella (Chicken Pox)	<p>You must submit one of the following documentation:</p> <ul style="list-style-type: none"> <li>➤ <b>Two doses of Varicella vaccines</b> <ul style="list-style-type: none"> <li>-A copy of two Varicella vaccines.</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>➤ <b>Positive Varicella titer result</b> <ul style="list-style-type: none"> <li>-A copy of Varicella titer result.</li> </ul> </li> </ul>
6	CPR Card for Healthcare Providers	<ul style="list-style-type: none"> <li>➤ <b>A copy of current CPR card for Healthcare Providers</b> <ul style="list-style-type: none"> <li>-The CPR card must be issued by a person or facility qualified specifically to instruct CPR for <u>Healthcare Providers</u> (i.e. American Heart Association) that includes infant, child and adult. <b>Other types of CPR certification will NOT be accepted.</b></li> </ul> </li> </ul>

