Every student enrolled in the UW School of Nursing program (BSN, ABSN, MN, DNP, PhD, GNM, Certificates) must meet School of Nursing compliance requirements prior to the start of the program and throughout enrollment in the following areas:

- Blood Borne Pathogen Training
- Hazards Management Training
- HIPAA Training
- HIV/AIDS Training
- Verified Credentials Background Check (Undergraduate: renew yearly; Graduate: renew every two years)
- CPR Card (renew every two years from expiration date)
- Immunizations (PPD and influenza vaccine requirements must be updated annually)
- UW Deskmail Agreement Form
- Social Networking Policy Agreement Form
- Consent to Release Form
- UW Medicine Privacy Agreement Form
- Health Insurance Form

Compliance documents can be submitted to the Student and Academic Services office in room T-301 of the Health Sciences Building, or scanned and emailed to nscomply@uw.edu.

Students will need to keep copies of these documents for their own records as clinical sites may request this information.

All students, including those who are not on clinical rotations, are expected to maintain compliance.

Students are expected to track their own compliance due dates and update items needing renewal prior to its expiry date. To check compliance status online, students can log onto this website: http://apps.nursing.uw.edu/student-compliance/. To ensure that all students are in compliance and able to participate in clinical educational activities, Student and Academic Services monitors compliance and will send out courtesy reminders when they need to update their status, however, the ultimate responsibility lies with the student. Student and Academic Services will also notify clinical instructors quarterly regarding the compliance status of all students (whether a student is out of compliance or if a compliance item will expire during the upcoming quarter).

Students who do not respond to notification of non-compliance will have an academic hold placed on their account and may be removed from enrolled clinical course work until they have updated their status appropriately. This may impact the release of financial aid and may result in expanding your program if clinical course work needs to be dropped and rescheduled.

More information is available on the School of Nursing website: https://nursing.uw.edu/students/training/
Please read these directions CAREFULLY, sign and return this acknowledgment form by:

- Email to nscomply@uw.edu, or
- Bring to Student and Academic Services located in room T-301 of the Health Sciences Building

Fill out the chart below, submit this document to Student and Academic Services and keep a copy for future reference:

<table>
<thead>
<tr>
<th>COMPLIANCE</th>
<th>Standard Timeframe</th>
<th>Date Completed</th>
<th>Date of Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Check through Verified Credentials</td>
<td>Undergraduate: 1 year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR certification</td>
<td>Graduate: 2 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations (PPD and Influenza Vaccine)</td>
<td>Annual</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. I have read and understand the Compliance information on the website: https://nursing.uw.edu/students/training/

2. I agree to follow the guidelines as stated in the UW School of Nursing Compliance Guidelines.

3. I agree to keep a record of this document and will be responsible for updating my compliance requirements prior to the expiry date.

4. I will be responsible for tracking my own compliance due dates and am aware that I can check my status online with the compliance search: http://apps.nursing.uw.edu/student-compliance/

PRINT NAME: __________________________________________________________________

SIGNATURE: _______________________________ DATE: ___________________________

STUDENT ID NO.: _____________________________________________________________

DEGREE PROGRAM:

- [ ] ABSN                       - [ ] DNP
- [ ] BSN                       - [ ] PhD
- [ ] MN                       - [ ] Certificate Program
- [ ] MS                       - [ ] Other ___________________________