

Currently Enrolled Student Required Documentation Checklist

Updated 4-20-17

As enrolled students, and throughout all terms of enrollment, it is the student's responsibility to submit updated documents prior to the expiration dates of the previously submitted documents.

Students should submit the updated documents to the Office of Student Affairs. Updated documents can be mailed or hand delivered to the address below, scanned and attached to an e-mail to lisa.lent@stonybrook.edu or faxed to 631-444-6628 Attn: Lisa Lent. Documents must be legible and contain student name and Stony Brook Student ID number. It is recommended that faxing of documents be avoided, if possible, as faxing is generally a less reliable manner of document transfer. Under no circumstances will the School of Nursing make photocopies of updated documents for students.

Stony Brook University
School of Nursing
Office of Student Affairs
HSC-L2
Stony Brook, NY 11794-8240
Attn: Lisa Lent

IMPORTANT

Failure to submit or maintain current documentation will impact your academic progression and as a result you may incur financial consequences.

Required Document Checklist

_____ 1. Annual Health Form. (To obtain form, see School of Nursing's Office of Student Affairs web page). Physical and PPD test are required annually. Positive PPD result requires chest x-ray within 2 years. Adult Tetanus/Diphtheria vaccination must be within 10 years. **Important:** Sign and date "Release of Information Authorization" Statement on page 2 of the Health Form. **Monitor expiration date. Must be updated annually.**

_____ 2. Copy of Declaration page or Certificate of Insurance for Malpractice Insurance indicating a minimum amount of 1 Mil/3 Mil coverage as a student. If a Masters or Post Masters student, insurance must state Student/Nurse Practitioner or Student Nurse Midwife. If a Masters in Leadership or Education student insurance must state RN and RN Student. DNP students must have coverage in the specialty in which they are currently enrolled. Commonly used insurers are Marsh Affinity, Mercer, Lexington, CM & F, and MedPro. Search the web for the insurers' contact information. The School of Nursing does not have any information regarding the details of the plans nor does it endorse any particular insurer. **Students must maintain coverage throughout the entire duration of their program. Monitor expiration date. Must be updated annually.**

_____ 3. Copy of current Basic Life Support for Healthcare Provider Certificate (CPR/AED) with expiration date clearly indicated. Must be acquired through American Heart Association or American Red Cross. An instructor card or military issue is acceptable. Otherwise, no exceptions to this requirement such as ACLS certification or internet obtained certifications are permitted. **Monitor expiration date. Must be updated every two years.**

_____ 4. Registered Nurses are required to submit a copy of their current License/Registration. Nurse Practitioners must submit a copy of their Certification indicating expiration date. **Monitor expiration date. Must be updated every four years.**

_____ 5. Registered Nurses, Masters, and Post Masters students in New York State are required to submit a New York State Infection Control Certificate. Recent graduates have this incorporated in training for New York State Licensure. It is valid for four years and student must then recertify. **Monitor expiration date. Must be updated every four years.**

_____ 6. All Neonatal and Midwifery students must submit proof of NRP certification. **Monitor expiration date. Must be updated every two years.**

_____ 7. Seasonal Influenza Vaccination/Declination Requirement. **Must be completed annually as directed.** All students will be communicated with by email prior to the beginning of the NYS Department of Public Health's Influenza Season, generally in early October, with directions to either obtain the influenza vaccination or complete the Influenza Vaccination Declination form.

I have read the above conditions related to the required documentation as an enrolled student in the Stony Brook University School of Nursing. I agree to fully comply with the requirements and to accept the stated consequences should it be found that I have not complied with the requirements.

Date _____

Student Name _____ Student Signature _____

Student Stony Brook University ID _____

Witness Name _____ Witness Signature _____