



# Clinical Registration Request

**Return completed Registration Forms along with your payment to:**

**Email:** [register@infusionknowledge.com](mailto:register@infusionknowledge.com) **Fax:** 727-442-6874 **Mail:** P.O. Box 8649, Clearwater, FL 33758

**Please complete all of the following information:**

Full Name (to appear on course certificate): \_\_\_\_\_

Professional Designation (i.e. RN, ARNP, etc.): \_\_\_\_\_ License # \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Department: \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

**Method of Payment**

Check or Money Order  Visa  MasterCard  AmEx

Name (as it appears on credit card): \_\_\_\_\_

Address of Card Holder (if different than above): \_\_\_\_\_

Card # \_\_\_\_\_ Exp.: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature (initial if sending electronically): \_\_\_\_\_

**What class are you registering for?**

Advanced Practice MST-Ultrasound PICC Clinical (2 days) - \$1999

Advanced Practice MST-Ultrasound PICC Clinical (3 days) - \$2999

**Date Scheduled:** \_\_\_\_\_

**Instructor:** William Miller, RN, CRNI, VA-BC

**Location:** Morton Plant Hospital and/or Mease Countryside Hospital

**Prerequisites For PICC Clinicals:**

- Licensed RN or ARNP AND recent venous access experience for a minimum of 1-year
- Documentation of completion of the Infusion Knowledge, Inc. PICC Education Program, including PICC 101: PICC-Midline Education; PICC 102: Save That PICC; and PICC 103: Advanced Placement of PICC's within the past 6 months. **Date the above classes were completed:** \_\_\_\_\_

***I have enclosed copies of the following required documentation:***

- Valid RN Nursing License *(from the United States)*
- Proof of Professional Liability Insurance *(minimum of 1 million / 3 million)*
- Current CPR Card
- BayCare Transcript indicating completion of (6) required BayCare online training components *(see attached for information on how to complete)*
- Certificate of Completion indicating completion of the Bard Sherlock 3CG Tip Confirmation System online course *(see attached for instructions on how to complete)*
- Completed SPC Health Examination Form *(see enclosed form – direct questions related to health examination requirements to Denise Kerwin @ SPC CE Health, 727-341-3374)*

***I have completed the following:***

- I registered for my Background Check with Certified Profile (now CastleBranch) using product code SI37 (for Florida) or SI37os (for out-of-state) on: \_\_\_\_\_ **\*\$142.75 as of 3/15/16.**
- I completed my Drug Test on: \_\_\_\_\_ **\*Included in above cost.**
- I completed my Fingerprinting on: \_\_\_\_\_ **\*Included in above cost.**

**I have read all the information contained above and agree to the following:**

I have met all prerequisite criteria and have included all required documentation as indicated above; including documentation that I have completed the BayCare online orientation/training and Bard Sherlock 3CG Tip Confirmation System online course.

I am submitting my completed St. Petersburg College Health Examination Form, which has been completed by a licensed health practitioner.

I have registered for my background check with Certified Profile/CastleBranch; AND have completed by drug test and fingerprinting. **\*\*MUST BE COMPLETED A MINIMUM OF 4 WEEKS PRIOR TO SCHEDULED CLINICAL DATE.**

I understand that I must wear proper clinical attire and MY cell phone/beeper must be turned off upon entering the facility.

I understand the availability of insertions cannot be guaranteed on any given day, and refunds may only be given if no live sticks are attempted.

I understand this Clinical opportunity is offered in conjunction with *St. Petersburg College* and my payment and registration information will be forwarded to St. Petersburg College for processing.

I understand that cancellation and/or refunds are subject to *St. Petersburg College* policies.

**Amount Enclosed: \$** \_\_\_\_\_ *\*Note: All payments will be sent to SPC for processing.*

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Once your Clinical Registration Request has been processed by Infusion Knowledge, Inc., a Registration Confirmation will be emailed to you with specifics (i.e. date, time, what to wear, etc.) related to your Clinical Day.

Your Registration Request will then be forwarded to St. Petersburg College to be entered into their system and to process your payment. You may receive additional emails (that are automatically generated by the SPC registration system) at that time. Please disregard any information contained within the SPC emails that contradicts the Registration Confirmation sent by Infusion Knowledge, Inc.

**Please call *Infusion Knowledge, Inc.* at 1-800-337-1545 with questions or concerns.**

**Directions for Completing the BayCare Online Orientation / Training**

In accordance with the Policy and Procedures of *Morton Plant Mease Health Care*, the facility where our Clinicals take place; you are required to complete an online orientation / training component.

In order to access the BayCare Online Learning Center (OLC) you must first request a username and password.

- Go to <http://baycare.org/onlinetraining> and select "Non-Team Member Training"
- Then, under the NEW USERS heading click on "Register Here" to create an account
- You will be taken to a page with the heading "Mandatory Training for Non-Team Members"
- Review the information and click on the button titled CLICK HERE TO REGISTER at the bottom of the page
- Next, you will be asked for your personal information:
  - When you get to the field titled USER CODE select "Student"
  - Under the field titled SCHOOL select "St. Petersburg College"
  - Under the field titled LOCATION select "Morton Plant Mease"
  - If you are licensed in the State of Florida, then fill in the fields titled "License Code" and "Florida License #"
  - Finally, choose a security question and fill in your answer
- Once all the fields are complete, click on the SUBMIT button at the bottom of the screen

Once your registration is completed and verified, you will be sent an e-mail from BayCare Information Services that will contain your OLC username and password. It is essential that you have a valid e-mail address before beginning the registration process. *The OLC username and password will be activated the day after you register.*

Once you have received your username and password, login to the OLC at <http://baycare.org/onlinetraining> and register for the required online training as follows:

- Click on CATALOG (at the top of the screen)
- Look under the NON-TEAM MEMBER category (on the left side of the screen) and click on "Student or Instructor"
- On the next page, click on "Student or Instructor – Morton Plant Mease Facilities" (located on the left side of the screen)
- Search for "**A5890 - NON Team Member Essentials Annual Training 2016**" and click on REGISTER and then SUBMIT
- Click on DONE
- Click on CATALOG and repeat the above steps for each of the following:
  - "A5638 – CIA General Initial"**
  - "A4680 - BayCare Online Confidentiality Agreement"**
  - "A5650 – Doing the Right Thing NTM"**

**"A5776 – Cerner Web Based Training / Inpatient Nurse"**

**"A8779 - Medicare Compliance Training NTM"**

**NOTE: If you are unsure of what class to take or cannot find the above classes, please call Andrea Coppage in the Education Department at 727-734-6687. PLEASE DO NOT GUESS AND DO NOT CALL THE IT DEPARTMENT, as they do not always know who needs to take what class.**

Once you have registered for all (6) of the required trainings:

- Return to the home page (by clicking on LEARNER at the top of the page)
- You should see the following in your TO DO BOX (at the bottom of the page):
  1. NON Team Member Essentials Annual Training 2016 (A5890)
  2. CIA General Initial (A5638)
  3. BayCare Online Confidentiality Agreement (A4680)
  4. Doing the Right Thing NTM (A5650)
  5. Cerner Web Based Training/Inpatient Nurse (A5776)
  6. Medicare Compliance Training NTM (A8779)








*Please make sure you complete the training on a computer with access to a working printer.*

***NOTE: It is a very good idea to print a new transcript each time you complete one of the items listed above. Computer "glitches" have been known to drop data off the student transcript.***

When you have completed the (6) required OLC courses, print a final transcript and submit with your Registration Form, and other required documentation.

Your BayCare transcript should look something like this:

.....  
**Activities**

Activity
 Non Team Member Essentials 2015
 Cerner Inpatient Nurse Training
 Cerner View Only Training
 Cerner: PowerForms
 CIA General 2015 NTM
 Doing the Right Thing NTM
 BayCare Online Confidentiality Agreement

**Bard Sherlock 3CG Online Course Access**

In accordance with the Policy and Procedures of *Morton Plant Mease Health Care*, the facility where our Clinicals take place; you are also required to complete an online course specific to the Bard Sherlock 3CG\* Tip Confirmation System.

Please follow the following directions to access and complete the course:

1. Go to the following link:

[https://www.bardaccess.com/clinical\\_training/login.php](https://www.bardaccess.com/clinical_training/login.php)

2. Choose Sherlock 3CG Tip Confirmation System (TCS)
3. Add course
4. Proceed to check-out
5. Sign-in as a new user entering the requested information
6. The ONLINE COURSE CODE: 919988 (effective until 10/1/16)
  - Note: The Course Code changes quarterly.
7. Once you have completed the course, print your Certificate of Completion and submit with your registration form.

Once we have received your Registration Form and required documentation, you will be sent a Registration Confirmation with all the details pertaining to your Clinical Day.

Thank you in advance for your cooperation in completing this necessary training as required by *Morton Plant Mease Healthcare* (our clinical site).

**Health Examination Requirements**

A health examination is required and must be completed by a licensed health practitioner, a minimum of 4 weeks prior to your scheduled clinical date. Please provide any additional documentation as noted.



**HEALTH EDUCATION CENTER**

**HEALTH EXAMINATION FOR HEALTH OCCUPATION PROGRAMS**

NAME: Last First Middle initial Student number

Program for which you are applying

TO THE HEALTHCARE PROVIDER: The patient requesting this health examination is an applicant to one of the health occupation programs at St. Petersburg College. The purpose of the examination is to ascertain whether the applicant's health is adequate to enter occupational programs requiring physical and emotional stamina, and contact with patients in clinical settings. Should you have questions regarding this form, please call or write the director of the health program to which your patient is applying. **Thank you for your assistance.**

**TO BE COMPLETED BY A LICENSED HEALTH PRACTITIONER (M.D., D.O., A.R.N.P., P.A.)**

Height:	Weight:	Pulse:	Blood pressure:
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**Health History:** To be completed by practitioner. Please describe all significant findings under Practitioner's Comments.

**Check each item below:** To be completed by practitioner.

Yes	No		Normal	Abnormal	
<input type="checkbox"/>	<input type="checkbox"/>	1. Eye or vision problems	<input type="checkbox"/>	<input type="checkbox"/>	1. Ears, hearing
<input type="checkbox"/>	<input type="checkbox"/>	2. Ear or hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	2. Oral cavity: hard and soft tissue
<input type="checkbox"/>	<input type="checkbox"/>	3. Mouth or teeth problems	<input type="checkbox"/>	<input type="checkbox"/>	3. Nose, throat and sinuses
<input type="checkbox"/>	<input type="checkbox"/>	4. Ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	4. Lungs
<input type="checkbox"/>	<input type="checkbox"/>	5. Cough, sputum, difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	5. Breasts
<input type="checkbox"/>	<input type="checkbox"/>	6. Breast lumps, enlargements, nipple drainage	<input type="checkbox"/>	<input type="checkbox"/>	6. Heart-size, rhythm and sound
<input type="checkbox"/>	<input type="checkbox"/>	7. Heart disease/hypertension	<input type="checkbox"/>	<input type="checkbox"/>	7. Lymph nodes
<input type="checkbox"/>	<input type="checkbox"/>	8. Swollen lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	8. Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	9. Indigestion, pain or food intolerance	<input type="checkbox"/>	<input type="checkbox"/>	9. Back
<input type="checkbox"/>	<input type="checkbox"/>	10. Bowel-constipation, diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	10. Upper extremities
<input type="checkbox"/>	<input type="checkbox"/>	11. Hepatitis (If yes, type _____)	<input type="checkbox"/>	<input type="checkbox"/>	11. Lower extremities
<input type="checkbox"/>	<input type="checkbox"/>	12. Back pain or surgery	<input type="checkbox"/>	<input type="checkbox"/>	12. Feet and arches
<input type="checkbox"/>	<input type="checkbox"/>	13. Muscle pain, weakness	<input type="checkbox"/>	<input type="checkbox"/>	13. Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	14. Foot problems	<input type="checkbox"/>	<input type="checkbox"/>	14. Skin
<input type="checkbox"/>	<input type="checkbox"/>	15. Headaches or seizure	<input type="checkbox"/>	<input type="checkbox"/>	15. Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	16. Skin rashes, lesions	<input type="checkbox"/>	<input type="checkbox"/>	16. Anus
<input type="checkbox"/>	<input type="checkbox"/>	17. Urinary problems	<input type="checkbox"/>	<input type="checkbox"/>	17. Posture
<input type="checkbox"/>	<input type="checkbox"/>	18. Rectal problems	<input type="checkbox"/>	<input type="checkbox"/>	18. Pelvic exam
<input type="checkbox"/>	<input type="checkbox"/>	19. Female: vaginal discharge, excessive bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	20. Male: prostate problems	<input type="checkbox"/>	<input type="checkbox"/>	<b>Describe any abnormalities. Precede each comment by number referring to appropriate item.</b>
<input type="checkbox"/>	<input type="checkbox"/>	21. Emotional illness	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	22. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	23. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	24. Chemical dependency/substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	25. Other : _____			

**Visual exam:** Distance: OD \_\_\_\_\_ OS \_\_\_\_\_ Near: OD \_\_\_\_\_ OS \_\_\_\_\_ Color perception \_\_\_\_\_



Does applicant have any current or past emotional illness?  Yes  No If yes, give dates(s) and describe treatment.

Has applicant had any medical/surgical problem that has required treatment in the past two years?  Yes  No If yes, give date and describe treatment.

Does applicant have any current or past chemical dependency/substance abuse problem?  Yes  No If yes, list dates and describe treatment.

Please list any medication the patient is taking on a continuing basis:

**REQUIRED IMMUNIZATION SCREENING HISTORY**

MUST HAVE SUPPORTING LAB VALUE AND/OR OFFICIALLY DATED DOCUMENTS

IMMUNIZATION	REQUIREMENT – meet at least one of the stated requirements			
Hepatitis B	a. Positive Titer b. Signed Declination Form	Date of Titer: Results:	Declination Letter Date:	
TB	a. 2 step TST – one to three weeks apart b. 2 consecutive years of TST c. IF ANY TST POSITIVE RESULTS – Baseline CXR with TB report followed by annual TB questionnaire d. Proof of BCG Vaccine and obtain baseline CXR with TB report followed by annual TB questionnaire e. IGRA’s: QuantiFERON or T-Spot and if positive obtain a baseline CXR with TB report followed by annual TB questionnaire  **NOTE: no expiration dates on CXR – do not repeat if have TB report, annual TB questionnaire is required	Date #1: Results:  CXR Date: Results: Questionnaire:  Date of BCG: CXR Date: Results: Questionnaire:  Date of IGRA: Results: CXR Date: Results: Questionnaire:	Date #2: Results:	
MMR	a. Proof of positive MMR Titer – individual reports of all three titers b. Two adult boosters if titer negative, boosters MUST be 4 weeks apart	Measles titer – Date: Results:  Booster #1 Date:	Mumps titer – Date: Results:  Booster #2 Date:	Rubella titer – Date: Results:
Varicella	a. Proof of positive varicella titer b. Two adult boosters if titer negative, boosters MUST be 28 days apart and completed BEFORE start of clinical	Varicella titer – Date: Results:  Booster #1 Date:	Booster #2 Date:	



Influenza	a. Annual vaccine dated as soon as vaccine is available for current season (after 09/01) b. Annual declination letter	Influenza Vaccine Date:	Declination Letter Date:	
Tetanus, Diphtheria and <u>PERTUSSIS</u>	a. <b>Tdap</b> booster within past 10 years	<b>Tdap</b> Booster Date:		

PRACTITIONER’S COMMENTS: Include any additional significant information concerning health findings and/or treatment.

To the best of my knowledge, applicant appears to be free of infectious disease. My signature indicates that I believe this applicant's health history and physical examination findings justify him/her to undertake a health program, which includes class and clinical practice.  Yes  No

\_\_\_\_\_  
Health practitioner’s signature and license Date

\_\_\_\_\_  
Health practitioner’s name (printed)

ADDRESS: Street City Sate ZIP Code

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at [eaao\\_director@spcollege.edu](mailto:eaao_director@spcollege.edu).

**Background Check Requirements**

Drug Test and Fingerprinting must be completed a minimum of 4 weeks prior to your scheduled clinical date.



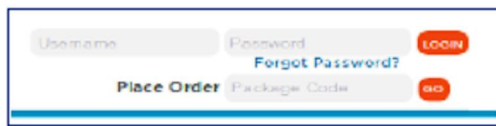
St. Petersburg College – Continuing Education  
Instructions for Order Placement

**Welcome to CertifiedProfile!**

When you place your initial order, you will be prompted to create your secure CertifiedProfile account. From within your CertifiedProfile, you will be able to:

- ✓ View your order results
- ✓ Upload and store important documents and records
- ✓ Manage the requirements specific to your program
- ✓ Place additional orders as needed
- ✓ Complete tasks as directed to meet deadlines

to place your order, go to [www.certifiedprofile.com](http://www.certifiedprofile.com)



In the "Place Order" field, enter the following package code specific to your school and program:

- SI37** – Background Check, Drug Test, and Fingerprinting
- SI37os** – Background Check, Drug Test, and Fingerprinting (OUT OF STATE)

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your CertifiedProfile and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

**TO-DO LISTS** You can respond to any active alerts or To-Do List items now, or return later by logging into your CertifiedProfile. You will receive alerts if information is needed to process your order and as requirements approach their due dates. Access your CertifiedProfile anytime to view order status and completed results. Authorized users at your school will have access to view your compliance status and requirements from a separate CertifiedBackground portal.

Your CertifiedProfile Service Desk is available to assist you via phone, chat and email  
Monday-Friday 8am-8pm & Sunday 10am- 6:30pm EST  
888-914-7279 or [cp servicedesk@certifiedprofile.com](mailto:cp servicedesk@certifiedprofile.com)

## Additional Order Information

- ✓ **Drug test (Labcorp)** - Within 24-48 hours after you place your order, the electronic chain of custody form (echain) will be placed directly into your CertifiedProfile account. This echain will explain where you need to go to complete your drug test.
- ✓ **fingerprints** – The online order process will guide you through the steps to complete statewide fingerprint with FDLE. If you are an out-of-state student, please allow up to 4 weeks to complete Out-of State Fingerprint process.

Your CertifiedProfile Service Desk is available to assist you via phone, chat and email  
Monday-Friday 8am-8pm & Sunday 10am- 6:30pm EST  
888-914-7279 or [cpservicedesk@certifiedprofile.com](mailto:cp servicedesk@certifiedprofile.com)