



Dear Nursing Review Candidate,

If you have lived in PA for two or more years, then you may apply for a criminal background check through the State Police. If you have not lived in PA for two years, then you need to apply for an FBI check. There are two ways to apply for a criminal background check for the State Police.

1. Online <https://epatch.state.pa.us>, which only takes 1-2 days (sometimes you can print your results immediately) to get the results back.

a. Most results can be printed immediately.

b. If your copy only has a control number but not a record determination i.e., "no record exists" or a printout of prior offenses, you need to go back to the Epatch website. Please follow the steps below to gain access to your record:

i. Select *Record Check*.

ii. Select *Check Status*.

iii. Type in your Control Number, Name (case sensitive) and Date of Request.

iv. Click on the *Record Check Details* screen.

v. At the bottom of the page, click on Certificate Form.

vi. Print the certificate (be sure the state watermark seal appears).

2. On line at www.pa.cogentid.com, complete the Criminal Background form and send it directly to State Police, which may take from 4-6 weeks for the results.

a. To begin, click on the Department of Education (PDE) and follow the prompts.

b. Once you complete the online application, the computer program will automatically assign a PAE number to your file. Be sure to print the application confirmation/ receipt and make a note of your PAE number.

c. Bring a copy of your confirmation/receipt when you go to the fingerprint location.

d. The Pennsylvania State Police (CHRI) and FBI reports are valid for one year.

If you have any questions regarding how to apply for the Criminal Background Check, please contact me.

Thank you.

Elena Lydon
Director, Community Education
215-968-8411



Bucks County Community College
Community Education & Professional Certification Department
Nursing Review & Reentry Course

Requirements:

- Current PA Nurses License
- Current CPR Certification for Healthcare Providers
- Professional Liability Insurance
- Healthcare Insurance
- Criminal background check (email <http://epatch.state.pa.us> or mail to State Police)
- Medical Immunization Report Form (includes 2-Step PPD)
- Documentation of a current Flu Shot
- Documentation of a COVID vaccination
- Confidentiality Statement for Holy Redeemer

I have read and understand all the requirements for the Nursing Review & Reentry course.

Signature

Printed Name

Please circle title: RN LPN

Please circle which you will be attending: Classroom/Clinical Classroom Only

Please complete and return to:
Elena Lydon
Director, Community Education
Bucks County Community College
275 Swamp Road, Newtown, PA 18940
215-968-8411
elena.lydon@bucks.edu

**Nursing Review & Reentry Course
Affiliated Student Immunization Report**

MUST BE COMPLETED FOR EACH INDIVIDUAL STUDENT

Student Name: _____ Birth Date: _____

Date of Program _____ Affiliation Program _____

In order to participate in a clinical experience/observation where there is direct patient contact (hands-on care to observing within four feet) it is necessary that the following information be provided and verified by your family physician.

Tuberculosis Status:

Mantoux skin test

Date must be within 1 year of Affiliation

Date: _____ Result: _____ m.m.

IF POSITIVE

Date of chest X-Ray: _____

Result: _____

Isoniazid Prophylaxis Rx

_____ No

_____ Yes/Dates

Immunizations:

Hepatitis B-Date(s): _____

(not required but recommended for students affiliating in areas where there is potential for exposure to blood and/or body fluids)

Waived: _____ Yes

Rubeola (Measles) Status:

Physician Diagnosed: Date: _____ or

Antibody titer by lab screen

Date: _____ Titer: _____

Vaccination- 2 injections live virus vaccine

Date: _____ Type: _____

Signature of Physician: _____

Address of Physician: _____

Rubella (German Measles) Status:

Antibody titer by lab screening

Date: _____ Titer: _____ or

Vaccination- 1 injection live virus vaccine:

Date: _____ Result: _____

Varicella (Chicken Pox) Status:

Physician diagnosed: Date: _____ or

Antibody titer by lab screen:

Date: _____ Titer: _____

Patient verbal history of disease

Yes _____ No _____

Mumps Status:

Physician diagnosed: Date: _____ or

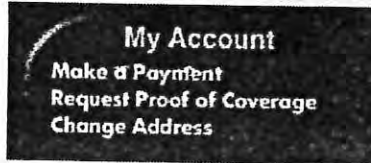
Antibody titer by lab screen:

Date: _____ Titer: _____ or

Vaccination- 1 injection of vaccine:

Date: _____

Covid Status:



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of Nursing Professionals
for over 30 Years**



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Do you teach, train or speak at seminars? **Read more** about how you can protect yourself for these activities for just \$25 a year.

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Nurses Service Organization offers medical malpractice / professional liability insurance and risk management information for RN's, LPN's, nurse practitioners, and Clinical Nurse Specialists as well as many other healthcare professionals. NSO also offers LTD, term life and AD&D insurance. Get a free obligation quote for malpractice insurance. Read about legal and risk management tips in our newsletter, and case of the month sections.

159 E. County Line Road * Hatboro, PA 19040
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