

APPENDICES

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APPENDIX A: DISCLOSURE OF LEGAL CONVICTIONS AND ARRESTS POLICY (page 1)

**Troy University
College of Health and Human Services
School of Nursing**

**Disclosure of Legal Convictions and Arrests
Policy**

Students who are admitted to the Troy University School of Nursing must report any arrests or legal convictions including, but not limited to, misdemeanors, felonies, sexual offender convictions or governmental sanctions. The School of Nursing reserves the right to release relevant information regarding a student's criminal history to appropriate clinical agency representatives. Failure to report arrests or legal convictions will result in dismissal from the School of Nursing.

Students enrolled in the School of Nursing clinical nursing sequence are subject to background checks. Certain arrests or convictions which could jeopardize the health and safety of patients may render students ineligible for placement in a clinical agency. Ineligibility for placement in a clinical agency to perform nursing care for completion of clinical objectives will result in course failure and dismissal from the ASN, BSN, or MSN programs. Students must consent to background checks as required by contractual agreements with clinical agencies. These background checks may include:

- 1) Federal criminal background check
- 2) State criminal background check
- 3) Sexual offender check
- 4) Office of Inspector General check

At such time a nursing student is arrested, the student has 24 hours to report this arrest to the appropriate Program Director. Failure to report the arrest will result in automatic dismissal from the School of Nursing. Students may not report to clinicals until the issue is resolved.

Students in the School of Nursing must comply with the legal, moral and legislative standards in accordance with the Alabama Board of Nursing Administrative Code. A student may be denied permission by the Alabama Board of Nursing to write the licensing examination to become a registered nurse (RN) if he/she has been convicted of a felony.

APPENDIX A: DISCLOSURE OF LEGAL CONVICTIONS AND ARRESTS POLICY (page 2)

**Troy University School of Nursing
Disclosure of Legal Convictions and Arrests Statement for Nursing Students**

As a precursor to participating in clinical learning activities, nursing students in the School of Nursing at Troy University must have completed and signed this “Disclosure of Legal Convictions and Arrests Statement for Nursing Students” which indicates understanding of the following statements and reporting of legal convictions.

I understand that it is a requirement for students enrolled in the School of Nursing to provide a true and accurate, signed statement indicating any legal convictions including but not limited to legal misdemeanor convictions, felony convictions, sexual offender convictions or governmental sanctions.

I understand that history of legal convictions or arrests while enrolled in the School of Nursing may prevent my participation in clinical activities and result in dismissal from the School of Nursing.

I understand that I have 24 hours to report any arrest to the appropriate Program Director and that I will be unable to participate in clinical activities until the issue is resolved.

I further agree to, and hereby authorize, the release of my disclosure of legal convictions and arrests statement to an appropriate representative of the agency for the sole purpose of determining eligibility to participate in clinical activities within the agency.

I hereby consent to submit to a criminal background check as required by contractual agreements with clinical agencies.

For each of the statements below indicate your legal convictions by circling the appropriate response.

I (*have been*) (*have not been*) convicted of a misdemeanor crime within the last 7 years (repeated misdemeanor convictions). If yes please give date(s) and explanation:

I (*have been*) (*have not been*) convicted of a felony. If yes, please give date(s) and explanation:

I (*have been*) (*have not been*) convicted of a sexual offender crime. If yes, please give date(s) and explanation:

I (*have been*) (*have not been*) sanctioned by the Office of the Inspector General (OIG). If yes, please give date(s) and explanation: _____

(Additional explanation information may be provided on the reverse side.)

I do hereby swear or affirm that I have read and understand the requirements of this policy, I have reported true and accurate information regarding legal convictions, and I will comply with the requirements of this policy.

Date: _____

Student Printed Name: _____

Student Signature: _____

(This signed copy is to be given to the Program Director.)

APPENDIX B: CORE PERFORMANCE STANDARDS

CORE PERFORMANCE STANDARDS

(Abilities needed by the nursing student to meet program objectives and requirements)

Issue	Standard
Critical Thinking	Critical thinking ability sufficient for clinical judgment.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
Communication	Communication abilities sufficient for interaction with others in verbal and written form. <i>Proficiency in use of English language is sufficient for written and oral communication. (Consistent with Alabama Board of Nursing procedure for administration of the NCLEX-RN exam, no special accommodations are provided by the School of Nursing.)</i>
Mobility	Physical abilities sufficient to move from room to room and maneuver in small places.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.
Hearing	Auditory ability sufficient to monitor and assess health needs.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.
Tactile	Tactile ability sufficient for physical assessment.

The above statement of criteria is not intended as a complete listing of nursing practice behaviors, but is a sampling of the types of abilities needed by the nursing student to meet program objectives and requirements. The School of Nursing or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The School of Nursing reserves the right to amend this listing based on the identification of additional standards or criteria for nursing students.

Students who are unable to meet core performance standards cannot meet objectives for clinical courses; therefore, cannot meet course requirements. Students must withdraw from the program and may apply for readmission at such time that he/she is able to meet the core performance standards required for the practice of nursing.

If you are unable to fully meet any criterion, you will need to make an appointment with the Director of your program.

I have read and I understand the above Core Performance Standards. To the best of my knowledge, I am able to fully meet all these criteria.

Date

Signature

ID Number

Amended 2/1/06, 8/2/06, 11/20/06

Print Name

APPENDIX C: STANDARDS OF CONDUCT

STANDARDS OF CONDUCT

Cheating, Plagiarism & Falsification of Patient Information Policy

It is a requirement that each student review the “Standards of Conduct” published in the *Oracle* (Troy University Student Handbook). Be aware that students will be held accountable for these provisions.

The “Standards of Conduct” are applicable to behavior of students on and off the university campus if that behavior is deemed to be incompatible with the educational environment and mission of the university. A student may be disciplined, up to and including suspension and expulsion, and is deemed in violation of the “Standards of Conduct”, for the commission of or the attempt to commit various offenses. This includes dishonesty, such as cheating, plagiarism or knowingly furnishing false information to the University or faculty.

There will be no toleration for dishonesty or furnishing false information to the faculty in any course. The student will be suspended from the School of Nursing program track and receive a grade of “F” for such offenses in the specific course involved and a grade of “I” (incomplete) in other courses in which he/she is enrolled at that time. The student will be eligible for consideration for readmission as noted in the Graduate School catalog. If readmitted, the student will be allowed to clear the incomplete grades.

Faculty have full control of their courses and approval of any student activities must be done through the faculty prior to the activity being done by the student.

In addition, there will be no toleration of plagiarism of any person’s work, including that of another student. Work turned in to faculty must be the original work of that particular student. This also includes giving false information to the faculty about a student’s clinical activities, i.e., patient information or clinical hours. If a student knowingly submits false information, he or she, will receive a failure from the course, up to and including suspension or expulsion. In addition, any form of cheating will not be permitted. If a student is found to be cheating during testing or on a required activity, he or she will receive a “zero” for that activity, up to and including suspension or expulsion. These “Standards of Conduct” apply to all students regardless of their mode of learning (inclusive of online students also).

APPENDIX D: VERIFICATION OF ANNUAL PHYSICAL EXAM

NOTE: *The use of white-out or other correction fluid is not acceptable on this form.*

VERIFICATION OF ANNUAL PHYSICAL EXAMINATION

I certify that of this date, _____, I have examined
_____ and found this person to be free of
communicable diseases and physically able to carry out nursing functions in a clinical setting.

*Tuberculin skin test within last 12 months _____
(date)

Results: _____

*If TB skin test results were positive, a chest x-ray will be required at the time of admission to clinical nursing courses, and every two years thereafter. If TB skin test results were positive, another TB skin test is not required.

Chest x-ray date: _____

Current Health Problems: _____

Signature

Name of Physician *or* Qualified RN (i.e.,
Certified Nurse Practitioner or Employee
Health Nurse)

Address:

NOTE:

The School of Nursing requires that the physical include a tuberculin skin test or chest x-ray. The School of Nursing should be notified if findings represent a hazard to clients with whom the student would come in contact. Providing any false information will be grounds for denial of admission to the program or grounds for dismissal.

APPENDIX E: LABCORP “BRING IN” SHEET FOR INFECTIOUS DISEASE PROFILE

Dear Student:

This sheet is to be given to the collector when you appear at a Labcorp location or at the Troy University Student Health Center in Troy.

If you have questions, please call the MSN Office, Troy University School of Nursing (Montgomery, Alabama), at 334-834-2320.

Dear Collector:

Please collect samples needed along with payment for each test requested.

TEST OPTIONS (Please mark all tests needed before arriving at the lab.)

LabCorp Clinical Account # **01210299**

Test Name and Number

Complete Profile:

_____ #243766 Infectious Disease Profile (Meas. Mum. Rub. & Var)

_____ #096395 Hepatitis B Surface Antibody (not included in Inf. Dis.Prof.)

Specific Titers:

_____ #096560 Measles Antibody-IgG (Rubeola)

_____ #096552 Mumps Antibody-IgG

_____ #006197 Rubella IgG Titer

_____ #096206 Varicella Zoster-IgG

_____ #096395 Hepatitis B Surface Antibody

* There will be an additional collection fee added to the total charge of the blood work LC #998807

LabCorp Collection Sites

Please refer to www.LabCorp.com for your closest LabCorp location, hours, and phone number.

APPENDIX F: HEPATITIS B VACCINATION VERIFICATION FORM

HEPATITIS B VACCINATION VERIFICATION

Please read the following carefully and provide all the information requested. When the form is completed, please return to your respective School of Nursing Program Director.

I understand that I must have three doses of the Hepatitis B vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I understand that my signature releases the School of Nursing, its Faculty, Program Directors, Directors, Deans, and Chancellor, Board of Directors, and all employees of Troy University of and from legal and financial responsibilities in the event I contract Hepatitis-B or experience any side effect from having received the vaccine while a student/faculty at Troy University.

		<u>Date Vaccinated</u>		<u>Lot #</u>
_____	(1)	_____	_____	_____
Date/Time				
_____	(2)	_____	_____	_____
Date/Time				
_____	(3)	_____	_____	_____
Date/Time				

I signify by my signature below that the above information is true and accurate.

Signature of Person Receiving Vaccine

Date

Social Security Number

Documentation from you physician will be necessary if you have a medical contraindication for receiving this vaccine. This documentation must be on physician's letterhead.

APPENDIX G: OSHA TRAINING VERIFICATION FORM

**TROY UNIVERSITY SCHOOL OF NURSING
STUDENT TRAINING CONTRACT
OSHA BLOODBORNE PATHOGEN
STANDARD INFECTION CONTROL PROGRAM**

I, _____ verify that I have received training on the OSHA Bloodborne Pathogen Standard on _____ (insert date).

Training Information was provided on the following:

1. Purpose and requirements of the OSHA Bloodborne Pathogens Standard
2. Epidemiology, symptoms, and modes of transmission of HBV and HIV
3. Infection Control
4. Universal Precautions
5. Personal Protective Equipment
6. Engineering and Work Practice Controls
7. Hepatitis B vaccine

I was provided the opportunity to ask questions.

Student Signature

Social Security #

Trainer's Signature: _____

Title

APPENDIX H: HEALTH INSURANCE VERIFICATION

Troy University
School of Nursing

Health Insurance Verification

I hereby declare that I have current health care insurance that is valid in Alabama. The health care insurance company with which I have coverage is

The contract number of my health care insurance is:

Student Name: (Print) _____

Student Signature: _____

Date: _____

This form must be submitted each term you are enrolled in a clinical nursing course.

NOTE: Falsifying information on this form may result in dismissal from the School of Nursing.

APPENDIX I: DRUG SCREEN POLICY AND PROCEDURE (page 1)**Approved by Troy University School of Nursing Administrative Council
Troy University
School of Nursing****Drug Screen Policy and Procedure**

The purposes of the School of Nursing Drug Screen Policy are to comply with regulations of area health care agencies, to provide optimal care to patients, and to support the university zero tolerance policy related to illicit use of substances as stated in the Troy University Oracle Student Handbook and the Troy University Faculty Handbook. Students must abide by the drug screen policies of each health care agency in which a student is assigned for clinical practicums. Area agencies require that students not be involved in the sale, manufacture, distribution, purchase, use, or possession of alcohol or non-prescribed drugs. Also, students may not use prescription drugs illegally.

Students will submit authorization allowing either the medical office of Dr. Peter DiChiara or LabCorp Laboratories to collect and test body fluids for the presence of illicit drugs and verify results through Dr. Peter DiChiara or CertifiedBackground.com, respectively. In addition to initial screening that will occur when the student is admitted to the School of Nursing, students may be subject to testing for cause, such as, slurred speech, impaired physical coordination, inappropriate behavior, or pupillary changes. Test results are confidential with only the School of Nursing director, appropriate program director, and clinical faculty of the student's clinical courses notified.

In the event that a student is suspected of illicit use of substances while participating in clinical practicums, the director of the program must be notified immediately and the behavior indicating that a student may be under the influence of drugs must be validated by two professional persons (faculty, nurses, physicians, etc.). The suspected individual will be asked to have a drug screen done immediately at his/her own expense and to have a report sent to the director of the program as soon as possible (within 24 hours). The person will be dismissed from all School of Nursing activities until the issue is resolved. Permission to make up work, such as clinical experiences, will be granted based on the drug screen report. If the test is positive for the use of medication that has been prescribed for the student, the student may be allowed to make up clinical practicums. If the test is positive for the use of medication that has not been prescribed for the student, the student will not be allowed to make up clinical practicums.

Student failure to submit to a drug screen, attempting to tamper with, contaminate, or switch a sample will result in the student not being allowed to meet course objectives for clinical practicums; therefore, progression in the program will not be permitted.

Students who test positive for one or more illicit drugs may not continue in clinical practicums and therefore cannot meet objectives for clinical courses. Students who test positive for illicit drugs (in their first drug screen required by Troy University School of Nursing) are notified by their program director. If the student denies having used an illicit drug, the student will be given the option of re-testing at his/her expense within the following 24 hours of the notification – the student must provide proof of the date and time of the drug screen re-test to the program director. **HOWEVER, A STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN A CLINICAL EXPERIENCE AT ANY TIME A DRUG SCREEN RESULT IS POSITIVE!** If the second drug screen is also positive, the student must withdraw from the program and may apply for readmission. In order to be considered for readmission, the student must submit a letter from a treatment agency verifying completion of a drug treatment program. Readmission is not guaranteed. If the student is readmitted and tests positive for substance abuse a second time, the student is not eligible for continuation or readmission to the School of Nursing. If the second (re-test) drug screen is negative, the student will be allowed to continue in the nursing program, **BUT THE STUDENT WILL BE REQUIRED TO HAVE AT LEAST ONE RANDOM DRUG SCREEN AT HIS/HER EXPENSE DURING THE TIME HE/SHE CONTINUES IN THE NURSING PROGRAM.** (This random drug screen will be at a time determined by the student's instructor/program director, and proof that the drug screen was conducted within 24 hours of written notification to the student must be submitted to the program director within the 24 hours.) If the random drug screen is positive, the student must withdraw from the nursing program, and he/she is not eligible for continuation or readmission to the School of Nursing.

If a student tests positive for a prescribed drug, the student must contact the (Medical Review Officer) University physician and the physician must give the student approval to practice in the clinical area and the physician will notify the School of Nursing director. All test results will be filed in the School of Nursing and shall remain confidential.

Procedure

1. Students will be notified by the School of Nursing in advance of the date and time for the initial screening.
2. Students will be required to sign a consent form allowing testing of body fluids for illicit drug content. The consent form will be filed in the School of Nursing.
3. LabCorp Laboratories (www.LabCorp.com) and the Troy University Student Health Center on the Troy campus or the office of Dr. Peter DiChiara in Troy are the approved labs for processing School of Nursing drug screens.

Montgomery (ro72) and Phenix City (ry24) and Norfolk, VA (ry59) Campuses

Students on the Montgomery and Phenix City, AL and Norfolk, VA campuses must go to a LabCorp Laboratory(www.labcorp.com lists location of labs) for drug testing before attending their first clinical practicums (a deadline date will be announced by the faculty member.) **Before** going to a LabCorp office, students **must** go online to www.CertifiedBackground.com and click on "Students". In the Package Code Box, students must enter the package code **noted above in parentheses based on campus location** and select a method of payment and pay the fee for drug testing. After paying for the drug test, students should submit the verification of payment to the secretary for the nursing program and obtain a "chain of custody" form. Students must take the chain of custody form to the LabCorp Laboratory and have the drug test. Advance payment is required through CertifiedBackground before completing the drug test at a LabCorp Laboratory

Troy Campus

Students on the Troy campus have the option of going to the office of Dr. Peter DiChiara, 1350 Hwy 231 S., Suite B, Troy, AL or a LabCorp Laboratory for testing before attending their first clinical practicums (a deadline date will be announced by the faculty member). Students going to Dr. Peter DiChiara will pay his office for the drug test at the time of testing and will **NOT** pay online to Certified Background.

4. The student will pay the cost of the initial drug screen and all future drug screens.
5. The student shall provide photo proof of identification upon arriving at the specimen collection site. LabCorp Laboratory will provide instructions for specimen collection.
6. LabCorp Laboratory will report results to CertifiedBackground.com for processing by their Medical Review Officer and reporting to the TROY School of Nursing program. Dr. Peter DiChiara as the Troy University Medical Review Officer will review and report drug tests processed through his office. Results of all drug tests are reported to the Director of the School of Nursing and Program Directors.
7. If the results are positive, the student, the director of the program, and the director of the School of Nursing will be notified and the student will not be allowed to attend clinical practicums. The student will be referred to appropriate resources for assistance in dealing with substance abuse.
8. If the student is not allowed to attend clinical practicums and therefore cannot meet course requirements, he/she must withdraw from the program and may apply for readmission (IF the positive result was with the initial screening).

Revised 12-04-02, 04-16-04, 06-09-04, 07-15-05, 08-02-06

Student Nurse Drug Screening Policy and Procedure Agreement

I have read, understand, and agree to the Troy University School of Nursing Substance Abuse, Drug Screen, Policy and Procedure. I hereby release Troy University, Troy University School of Nursing, CertifiedBackground.com, LabCorp Laboratories, and the office of Dr. Peter DiChiara from any claim in connection with the Drug Screen Policy and Procedure.

I understand that should any legal action be taken as a result of the Drug Screen Policy and Procedure, that confidentiality can no longer be maintained.

I hereby consent to submit to a urinalysis and/or other tests as shall be determined by the Troy University physician in preparation for participation in clinical practicums for the purpose of determining substance use.

I agree that specimens for the tests will be collected by personnel in the office of Dr. Peter DiChiara or by employees of LabCorp Laboratories and that LabCorp Laboratories will analyze the specimens.

I further agree to, and hereby authorize, the release of the results of said tests to the Troy University designated Medical Review Officer (MRO), and from the MRO to the Director of the School of Nursing and to the Program Director (ASN, BSN, or MSN). Positive results will be reported to the School of Nursing Director by the MRO.

I understand that the current use of drugs and/or alcohol shall prohibit me from participating in clinical practicums. I understand that clinical practicum courses are required in order to graduate from the nursing programs at Troy University. I further understand that I will be subject to the same rules as the health care employees in the facilities where I will be participating in clinical practicums. I understand that prior to participation in clinical practicums, I must submit to a drug screen by LabCorp Laboratories or to the office of Dr. Peter DiChiara and provide a certified negative result to the program (ASN, BSN, MSN) in which I am enrolled.

I further understand that if I fail to provide such a certified negative drug result I will be unable to participate in the clinical portion of the School of Nursing program in which I am enrolled.

I further understand that in addition to initial screening that will occur when I am admitted to the School of Nursing, I am subject to testing for cause should I exhibit signs/symptoms of substance abuse (such as slurred speech, impaired physical coordination, inappropriate behavior, pupillary changes, or other signs/symptoms).

I further agree to hold harmless Troy University, Troy University School of Nursing, CertifiedBackground.com, LabCorp Laboratories, the office of Dr. Peter DiChiara and the MRO from any liability arising in whole or in part from the collection of specimens, testing, and use of the results from said tests in connection with excluding me from participation in clinical practicums.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced by anyone to sign this document.

A copy of this signed and dated document will constitute my consent for Certified Background.com and LabCorp Laboratories or the office of Dr. Peter DiChiara to perform the drug screen and to release the results of any drug screen to Troy University. I direct that LabCorp hereby release the results to Troy University.

Signature	Printed Name	Date
-----------	--------------	------

Witness' Signature	Printed Name	Date
--------------------	--------------	------

(This signed copy is to be given to the Program Director.)

APPENDIX J: HIPAA INFORMATION

HIPAA (Health Insurance Portability and Accountability Act)

This legislation was designed to protect the rights of individuals related to continuity of healthcare coverage. Congress wanted to protect healthcare coverage for employees who change jobs and allow them to carry their existing plans with them to new jobs.

There are three major components of the HIPAA legislation. One of the components that is applicable to students during clinical experiences is related to protection of patient privacy. HIPAA regulations require providers to protect patient confidentiality in all forms – oral, written, and electronic.

Under HIPAA regulations you can only discuss patient information if it is directly related to treatment and even then you must limit the disclosure of any patient information to the minimum necessary for the immediate purpose. Many healthcare workers have been far too willing to talk casually about their patients without thinking how this violates their confidentiality.

There are now stricter rules covering conversation and whom you can talk to about patient information. This may involve lowering your voice levels so you are not overheard discussing patient information.

HIPAA regulations provide serious civil and criminal penalties for violation. Civil penalties can run as high as \$25,000 per violation. Even unintentional disclosure can involve serious penalties, so it is crucial that all healthcare workers learn their HIPAA responsibilities and make them a part of their daily practice.

Remember that the rules came about in the first place because of casual breaches of confidentiality, many of which have occurred in public or semi-public areas, such as lunchrooms, restaurants, elevators, and parking lots. These HIPAA privacy requirements apply just as much outside your institution, as they do within the institution.

Remember, follow the HIPAA policy of the institution in which you are performing your clinical experience!!

Adopted from: Mecom Trainex HIPAA – A Guide for Healthcare Workers, 2003.

APPENDIX K: FEDERAL NURSE TRAINEESHIP

MEMORANDUM

TO: MSN Applicants

FROM: Federal Nurse Traineeship

Since the beginning of the graduate program, Troy University School of Nursing has received funds from the Division of Nursing of the United States Public Health Services for Federal Nurse Traineeships. The purpose of the Federal Nurse Traineeships is to provide financial assistance to students pursuing the MSN degree. Federal guidelines stipulate the traineeship recipient must be a citizen of the United State or have been lawfully admitted to the United States for permanent residence and maintain full-time enrollment in an MSN Program (defined as 9 semester hours) for a minimum of two consecutive semesters. An appointment under a PHS Training Grant may not be held concurrently with any other federal educational award which provides a stipend or otherwise duplicates provisions, except Veteran's Administration Benefits (GI Bill); loans from the federal funds are not considered federal awards.

There is no obligation to pay back these funds or to perform any services for Troy University. However, the School of Nursing must maintain records on recipients for three years after graduation. These records are necessary to comply with federal requirements for post-award management and evaluation. Therefore, recipients are required to supply the school with a permanent mailing address and notify the MSN office of any address changes.

The Federal Nurse Traineeship awards are reviewed and funded annually. Therefore, the availability of Federal Nurse Traineeships is not assured until the School of Nursing receives notification of the award from the Division of Nursing.

If you wish to apply for these funds, please complete the attached application form and return it to the MSN Office.

Sincerely,

Geraldine Allen, DSN, FNP, RN
MSN Program Director

GAdw

APPENDIX L: TROY EMAIL POLICY

TROY E-mail Policy

Below is the Troy University policy regarding e-mail delivery of official student University communications:

All official University communications with TROY students will be sent through the Trojan (TROY) e-mail address assigned to them. All official information, including but not limited to student billing, faculty-student communications, registration changes, and financial aid information, sent to students' assigned Trojan e-mail addresses will constitute official notice. The University students may choose to undertake from their official Trojan e-mail accounts. The University is only responsible for ensuring that official e-mail is sent out to those student e-mail accounts that are maintained by the University. All students are responsible for monitoring their Trojan e-mail accounts frequently. Students can access their e-mail by visiting www.troy.edu and selecting the Trojan E-Mail link.

The policy went into effect 1 July 2005. A copy of the policy is available at https://it.troy.edu/Policies/email_policy.htm

APPENDIX L: INSTRUCTIONS FOR TROY EMAIL ACCOUNTS



Troy University School of Nursing

Master of Science in Nursing Program 340 Montgomery Street, Montgomery, AL 36104

Instructions for TROY Email Accounts

Communication is a key to success in all of your courses. Troy University provides each student with an email address so that every student receives timely information regarding administrative processes. All TROY nursing students must use their TROY email addresses to receive email in each course – there are no exceptions to this requirement. This does not mean that you cannot use your personal account (i.e., hotmail, yahoo, msn, etc.) since you can forward all TROY email to that account. This does mean, however, that you must update your personal information in Blackboard and Trojan Web Express to reflect your TROY email account, and that you must check your TROY email regularly. Below are instructions for updating your personal information and using TROY email. The update process takes less than 5 minutes. Please do not delay in making the updates.

1. Your email address is your username@troy.edu
 - a. Your username for email the same as your Trojan Web Express username.

To find this username, go to the TROY web site (www.troy.edu), click on Trojan Web Express. Click on "What's my User ID?" You will enter some information and then be shown your User ID or username. Your username must be unique to you (e.g., priley); because there is usually more than one person in the Troy system with your first initial and last name your username may include several numbers to make it unique to you. Be sure to always include these numbers if this applies to you.

The next step is to update your email address in Blackboard.

2. Update your email address in Blackboard:
 - a. Enter any course in which you are enrolled; updates made in one course will automatically appear in all courses.
 - b. Select the User Tools link on the left side of the screen.
 - c. Select Personal Information.
 - d. Select Edit Personal Information.
 - e. Enter your Troy email address in the "E-mail" textbox. If another email address shows in this box, delete it and enter your Troy email address here.
3. Update your information in Trojan Web Express.
 - a. Login to TWE; the TWE link is from the TROY home page, www.troy.edu
Your TWE username is the same as your Blackboard username and your TROY email username. If you have not logged in to TWE before, read the instructions given and you should have no problems.
 - b. Select WebAdvisor for Students.
 - c. Select User Account.
 - d. Select Address Change.
 - e. Update your email address with your complete TROYemail address – don't forget to enter the ___@troy.edu part of the address.
 - f. Update your phone number/s and current mailing address.

- g. Click submit.
4. Check your TROY email through TROY WebMail:
- a. Go to <http://mail.troy.edu>. This link is near the top of the TROY home page, www.troy.edu.
 - b. Login – your user name is the same as your TWE username and your Blackboard username. Your password is your birthday as 8 digits. For example, if you were born August 25, 1972, your password is 08251972.
 - c. Set your preferences by choosing the Preferences link.
 - ◆ Enter your full name by Full Name.
 - ◆ Enter your TROY email address in the “Reply To” box. Be sure to enter your complete TROY email address (username@troy.edu) -- don’t forget the ___@troy.edu part of the address.
 - ◆ Scroll down to Reply: and chose the center button, Include Original Inline.
 - ◆ Scroll down to near the bottom and set the Time Zone as GMT-05:00 America/Chicago if you are in the Central time zone, or GMT-04:00 America/Detroit if you are in the Eastern time zone.
 - ◆ Click OK.
5. To forward your TROY email to a different account (e.g., AOL, yahoo, etc) remain in TROY WebMail.
- a. Choose the Options link.
 - b. Select Forwarding.
 - c. Enter your other email account information in the Forward to: area.
 - d. Usually “No” is the answer to “keep a copy” – keeping copies on the TROY email server will result in your mailbox getting full and rejecting future emails.
 - e. Click Start.
6. WebMail help is available through the link on the login screen.

Students who experience problems with the TWE login may contact Dr. Stokes. However, if the problem is with passwords, call the toll-free number on the login screen instead of contacting Dr. Stokes. She cannot reset a TWE password. If you are logging in for the first time, you will be prompted to change your password. Again, read the instructions – most mistakes result from failure to read instructions. Be sure to give a password hint – this is your reminder of your TWE password in the event you forget it.

Questions regarding these updates should be directed to Dr. Susie Stokes, ssokes@troy.edu. When communicating with Dr. Stokes, provide your full name, your social security number, and at least one class in which you are enrolled.

More helpful information...

Troy University Email (Official Communication effective August 2005)

Troy University students are required to use their Troy University email account for all official correspondence, such as related to courses, faculty-student communication, etc. There is no additional charge for this email account. All official University communications with TROY students will be sent through the TROY email accounts.

NOTE SENT TO ALL TROY STUDENTS ABOUT THEIR TROY EMAIL ACCOUNTS:

Only your TROY email address will work in Blackboard. If you try to change this email account it will automatically revert back to your troy.edu account when the daily Bb updates are performed. It is important that you begin using your troy.edu email account NOW.

HOW TO USE YOUR TROY EMAIL ACCOUNT:

- Email accounts use the same UserID currently used by the students on Trojan Web Express and Blackboard.
- If a student needs to request their UserID for Trojan Web Express, they can do so by going to the following link, <http://www.troy.edu>.
 - Click on Trojan Web Express on the left hand side of the page
 - Click on Continue to Trojan Web Express → then click on Students → and then on what's my User ID?
 - Once the student has their UserID, they can return to <http://www.troy.edu> and click on Trojan E-mail on the bottom left of the screen.
 - The UserID will be entered along with the student's 8-digit birth date (01/01/1927) for Jan. 1st, 1927.
 - At that point the student will be successfully logged into their new Trojan email account. In order to ensure the integrity and security of your Trojan email account the university strongly recommends that you change your password after having first logged on. The change password option is listed on the left side of your screen. Also, you may want to reference the IT student email support page at the following link: <https://it.troy.edu/students/email.html>. Troy University does not record email passwords and cannot help you if your password is forgotten.
- **Routinely check your troy.edu email account for official communications** from the university, your instructor, or other university constituents.
- **Check your email quota (green bar along the top of the email page) to ensure you have not reached the quota.** You may reduce the quota by deleting emails from your inbox and then "Emptying Trash" often. If the quota says 90 % you will need to reduce the quota immediately.
- Create your Profile. After you log in to your Troy email click the Preference link.

- Enter your name in the first text box. This is the name that will show up on all your emails to faculty, friends, and all other correspondence.
 - Enter your Troy University email address in the 'reply to' box. When you send emails to people and they reply, this is the address that their reply will come to. Your email address is your [username@troy.edu](#) (example [priley@troy.edu](#) or [cdgodwin@troy.edu](#) or [jsmith34512@troy.edu](#)).
 - Skip down a few lines to the area concerning Reply: choose the middle option, 'include original inline'. When you reply to another persons email, what they just wrote to you will be in your email message. This is really helpful, especially when someone is replying to a question – it helps them remember what the question was!
 - Optional: Signature – This is an automated signature that you can add to messages if you would like. This can be your name, contact information – anything. Create a signature, and choose the 'yes' option to include your signature in your email messages. You can always come back and change your signature options.
 - Optional: Mode – you can change the look of your email window by selecting one of the options; the default is frames – the one in the middle. The left one is plainer (and faster to open) and puts all links at the top of the screen. The one on the right is fancier...try different ones until you find one you like best.
 - Time Zone: We are in the GMT 05:00 American/Chicago time zone. Be sure you select the correct time zone.
- REMEMBER: Your email address is [username@troy.edu](#).

Revised: July 2008

APPENDIX M: GRIEVANCE PROCESS FOR MSN PROGRAM

GRIEVANCE PROCESS FOR MSN PROGRAM

The MSN Program adheres to the Student Grievance procedures published in the *Oracle*. As described in the *Oracle* (2003-2004), “student grievances are handled through one of two procedures depending on the nature of the grievance” (p. 64). The procedures for student grievance of an academic or non-academic nature are described in the *Oracle* (2003-2004, p. 64).

The channels of communication for filing a proposal, petition, or grievance for exception or change of a published policy or procedure for the MSN Program are as follows:

Proposals, Petitions, or Grievances of an Academic Nature

1. Submit said proposal, petition or grievance in writing and signed by the concerned parties to the appropriate faculty. (Grievances should be accompanied by suggestions for solutions).
2. If no satisfactory resolution, student(s) may submit the written proposal, petition, or grievance to the MSN Program Director. A response shall be given to concerned parties within 14 days.
3. If no satisfactory resolution, student(s) may submit the written proposal, petition, or grievance to the Dean of the College of Health and Human Services. A response shall be given to concerned parties within 30 days.
4. If the matter is not resolved, the proposal, grievance, or petition may be submitted to the Provost’s Office.

Proposals, Petitions, or Grievances of a Non-Academic Nature

1. Submit said proposal, petition, or grievance in writing and signed by the concerned parties to the MSN Program Director. A response shall be given to concerned parties within 14 days.
2. If the matter is not resolved, the non-academic grievance may be submitted to the Vice President for Student Affairs Office.

APPENDIX N: MSN Guide to Scholarly Writing (page 1)

Troy University School of Nursing
MSN Guide for Scholarly Writing

This guide is to assist the MSN student in utilizing the American Psychological Association (APA) format and writing in a professional style. It is not meant to replace the APA publication manual. The focus of this guide is to help the MSN student in areas students have historically had difficulty. For additional assistance in writing the student is directed to the Writing Center at <http://troy.troy.edu/writingcenter/index.html> and for the Troy University APA documentation guide the student is directed to the Writing Center handouts section at <http://troy.troy.edu/writingcenter/research.html>. **Students are expected to use the fifth edition APA publication manual.**

Solutions for problem areas:

1. **Paraphrase** information , and **avoid long quotes**. This will require time and effort. [see pp. 117-122, 292-293.]
2. **Paragraphs that are paraphrased from one reference** require only one citation at the end of the paragraph.
3. As a general rule, **direct quotes comprise 10% or less** of a professional paper.
4. For an example of a title page, see pp. 296-298 and 306.
5. Students are responsible for **proofreading the final draft** of the paper. Students must use the software required by the Troy University School of Nursing. Other software frequently changes the format resulting in incorrect formatting.

Software: Word processing software compatible with Microsoft Office 97 or Office 2000 and Acrobat Reader (downloadable free from internet)

6. The **formal papers, required in graduate courses, must be written using professional resources for references**, such as professional journals, professional books and professional or government web sites such as American Nurses Association, National Institute of Health, and Healthy People 2010. Usually personal or public web sites, special interest websites, newspapers, or magazines are not considered professional publications and may not be used without special permission from the instructor.
7. **Every citation in the body of the paper must have a corresponding reference listed on the reference list**, except personal communication from an expert.
8. **Every reference in the reference list must be cited in the body of the paper.**
9. For correct use of **et al.** see pages 208 and 307.

APPENDIX N: MSN Guide to Scholarly Writing (page 2)

10. For correct use of **abbreviations**, see pages 103-111.
11. APA recommends **not using third person**, see page 37.
12. Examples of **electronic references**. Students are reminded to refer to the APA textbook for other types of electronic references.
13. For correct use of **headings** see pages 113-114, and 289-290.
14. For correct use of **numbers** see pages 122-130.
15. Examples of Electronic Resources

American Heart Association. (2002). *ATP III Final Report: Rationale for intervention*.

Retrieved November 15, 2004, from

<http://circ.ahajournals.org/cgi/content/full/106/25/3163?maxtoshow=&HITS=10&>.

Baldwin, D. (2003). Disparities in health and health care: Focusing efforts to eliminate unequal burdens. *Online Journal of Issues in Nursing*, 8(1). Retrieved March 4, 2003, from

http://www.nursingworld.org/ojin/topic20/tpc20_1.htm.

*Bedinghaus, J., Leshan, L., & Diehr, S. (2001). Coronary artery disease prevention: What's different for women? *American Family Physician*, 63(7), 1393-1400.

Blanchard, J. & Lurie, N. (2004). R-E-S-P-E-C-T: Patient reports of disrespect in the health care setting and its impact on care. *Journal of Family Practice*, 53(9). Retrieved October 9, 2004, from http://www.ifponline.com/content/2004/09/jfp_0904-00721.asp.

U.S. Department of Health and Human Services. (2000). *Healthy People 2010: Understanding and Improving Health* (2nd ed.). Washington, DC: U.S. Government Printing Office.

* = reference from a journal article that was obtained via electronic database with exact information as found in paper journal.

A 9-page APA Documentation Guide is available through the TROY Writing Center at:

<http://troy.troy.edu/writingcenter/pdfhandouts/APA.pdf>

APPENDIX O: PRECEPTOR INFORMATION FORM (CNS)

Troy University

Preceptor Information Form (CNS)

Students: Please complete **entirely** and return to your instructor. This form will **not** be processed if not complete. Please be sure to **print** all information.

Course Number: _____ NSG 6621 Advanced Acute Care Preceptorship
 (Check one) _____ NSG 6623 Advanced Long-Term Nursing Care of Adults Preceptorship
 _____ NSG 6641 Advanced Maternal/Infant Health Nursing Preceptorship
 _____ NSG 6643 High-Risk Maternal/Infant Health Nursing Preceptorship
 _____ NSG 6615 Nursing Education Preceptorship
 _____ NSG 6617 Nursing Administration Preceptorship

Semester/Year: Fall _____ Spring _____ Summer _____

Student Name: _____ @ _____
 email address

Phone: Work () _____ Home () _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ @ _____
 email address

Title: _____ Phone: _____

Preceptor: _____ @ _____
 email address

Title: _____ Phone: _____

Preceptor Unit: _____

Instructor: _____ Approval: _____

Office Use Only

Received:

Letter Sent:

Agency Agreement Received:

APPENDIX Q: PRECEPTOR INFORMATION FORM (NIS)

Troy University

Preceptor Information Form (NIS)

Students: Please complete **entirely** and return to your instructor. This form will **not** be processed if not complete. Please be sure to **print** all information.

Course Number: _____ NSG 6636 Nursing Informatics Internship

Semester/Year: Fall _____ Spring _____ Summer _____

Student Name: _____ @ _____
email address

Phone: Work () _____ Home () _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ @ _____
email address

Title: _____ Phone: _____

Preceptor: _____ @ _____
email address

Title: _____ Phone: _____

Preceptor Unit: _____

Instructor: _____ Approval: _____

Office Use Only

Received:

Letter Sent:

Agency Agreement Received: