

# Student Guide

## LINFIELD UNIVERSITY

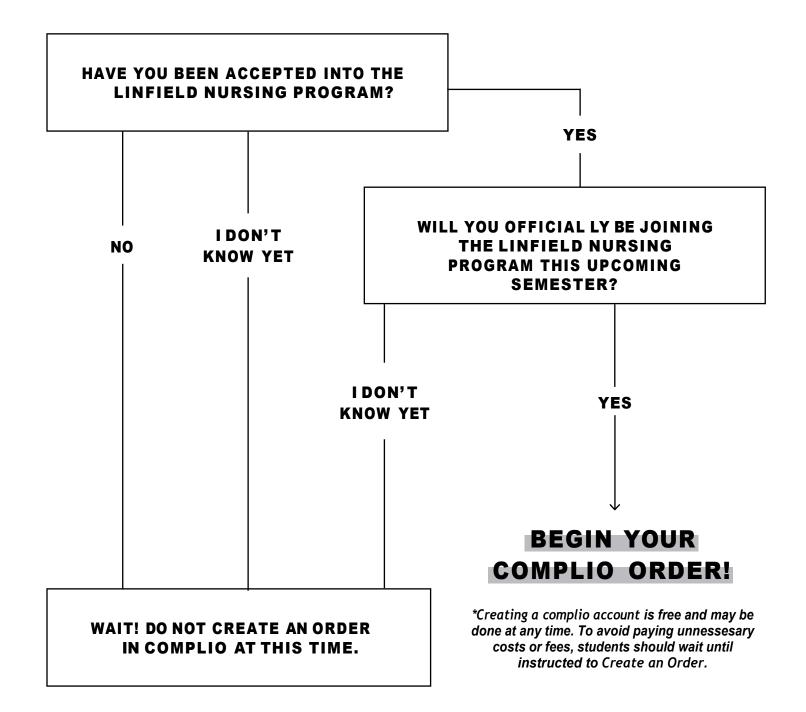
School of Nursing



# **DISCLAIMER!**

Applicants should not begin the compliance process, open a Complio account, or create any orders in Complio until they are officially admitted into the nursing program. Disregarding such instructions may result in unnecessary costs or fees for said applicants.

# SHOULD I BEGIN MY COMPLIO ORDER?



### WHY IS COMPLIANCE IMPORTANT?

Compliance standards are essential for Registered Nurses. As a Linfield nursing student, your journey to compliance begins with admission. You will be required to provide a background check, drug screening, and immunization/certification records.

Failure to become compliant by the date outlined in the admission offer may result in the cancellation of your admission. Failure to maintain compliant status will impact your ability to attend clinicals, which are your hands-on learning experiences conducted in settings such as simulations, community settings, or hospitals.

#### COMPLIO BY AMERICAN DATABANK

Complio is a third-party program which tracks and securely stores student immunization & compliance records. Complio automatically notifies students when immunization or compliance records are expiring so that requirements are renewed as needed. You will utilize Complio to maintain compliance through graduation.

#### PRICING BREAKDOWN

TRACKING SUBSCRIPTION = \$35 BACKGROUND CHECK & DRUG SCREENING = \$85

### OTHER FEES

Falling out of progression or delaying admission after initiating a subscription makes you responsible for extending your subscription.

If initial drug screening results come pack flagged (for any reason, including diluted results), you are responsible for the cost of any required secondary drug screenings.

### **COMPLIO TUTORIALS & RESOURCES**

- <u>Complio Student Guide</u>
- <u>Complio Student Help Videos</u>
- <u>Complio FAQs</u>

# LET'S GET STARTED!

### 1. CREATE ACCOUNT

Go to <u>linfield.complio.com</u> and select the "New Users" button. Enter required info, then select "Create Account & Proceed."

### 2. ACTIVATE ACCOUNT

You will receive an email with username & activation link. Your account will not be activated until you click this link.

This email may take up to one full business day. Double check spam/junk folders if not received.

## 3. CREATE ORDER

Log into active account. Click "Get Started." Select your program from the dropdown menu, then click on "Load Packages." Under "Tracking," check the box beside "Linfield University BSN" for \$35. Click Next.

You will not be able to purchase the Background Check and Drug Screening Package (\$85) until you're within 3 months of your program start date. See Step 8 for more information.

**4. CONFIRM** personal info & order details before proceeding.

### 5. UPLOADING DOCUMENTS

Select "Upload Documents," then drop/ browse files from device. For organizational purposes, add detailed descriptions foreach document.

#### 6. SUBMIT DOCUMENTS TO EACH COMPLIO CATEGORY

Ensure that you submit your documents to the appropriate Complio category. If you simply upload your document(s) but do not assign them to any category, they will not be reviewed by Complio.

### 7. SIGN ELECTRONIC FORMS

Review the document, then check the box confirming you've read & agree to the document terms. Use mouse or track pad to sign name and click "Next." The form will refresh to show your signature in the form. To proceed, click "Next."





File Name	File Type	Siz
Linfield 20190308 EssentialFunctions_SignRR	pdf File	4
HealthAssessmentForm Linfield college 2	pdf File	2.
HealthAssessmentForm Linfield college 3	pdf File	25
HealthAssessmentForm Linfield college 1	pdf File	32
Essential-Functions-Form Linfield college	pdf File	47
Insurance card	pdf File	15
drug test result	pdf File	34
backrgroun check	pdf File	43
CPRcard	pdf File	8
Results_9017111315222200 (8)	pdf File	4
Henatitic B result1	ndf File	13

Іе Туре	Size (KB)	Description	
df File	40.00		
df File	215.00	Health Assessment Form 2	_
df File	253.00	Health Assesment Form3	
df File	325.00	Health Assesment Form1	
df File	471.00	Essesntial - Functions Form	
df File	155.00	INSURANCE CARD	
df File	344.00	DRUG TEST RESULT	
df File	433.00	backgroun check	
df File	89.00	CPR CARD 2019	
df File	47.00	RESULTS HEALTH	
JE FOL	120.00		

# 8. BACKGROUND CHECK & DRUG SCREENING ORDER

Must be completed within 90 days before the program starts, per OHA policy. Once you receive your password, you may order your "Background Check & Drug Screening Bundle" order. Refer back to Steps 3 & 4 for additional information. Your background check is initiated automatically after your purchase of this package has been processed.

#### DRUG SCREEN DETAILS

You will register for a drug screening to be completed at a pre-authorized collection site provided by Complio. *Please note that when you select your preferred site at time of order, but you must call the site directly to schedule your appointment.* 

Each drug screening location operates within a certain lab network (Quest or LabCorp). If you later decide that a different location would be preferable, your registration will be transferable, as long as the alternate location is within the **same lab network** as the location you selected. Please email ds@americandatabank.com prior to your appointment to request a location change.

Drug screening results automatically upload to your Complio account 72 business hours after collection. **Drug screenings must be completed within 30 business days from time of order or will be flagged as incomplete.** 

TIPS: Avoid drinking excessive amounts of liquids (more than 12oz) 3-4 hours before collection.

#### 9. FULL COMPLIANCE in all

14 categories is required in this program from admission deadline through to your graduation date. You must maintain a green check mark next to every applicable category. Failure to be compliant or maintain your status affects your eligibility to participate in Clinicals and Simulation.

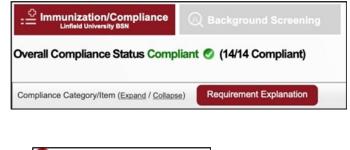
**Red** = Not Compliant **Green** = Compliant **Yellow** = Pending Review

**10. PRINT HEALTH PASSPORT** Log into your account, and click on the "Report" tab on the left side of your profile. Keep this behind your Linfield badge.

 2351 NW WESTOVER RD SUITE R250 PORTLAND, OR 97210 QUEST

2.10 miles

9555 SW BARNES RD SUITE 220
 PORTLAND, OR 97225
 LABCORP
 3.20 miles



Influenza
 CPR Certification
 Health Assessment Form

# IMMUNIZATION & CERTIFICATION REQUIREMENTS

#### Allow Complio 3-5 business days to review submitted items.

Plan accordingly to meet necessary deadlines.

See your doctor to receive appropriate immunization updates and documentation for each category. Provide all supporting documentation to Complio. Documentation must include:

- Full legal name
- Date of birth
- Test name
- Test results
- Test date
- Test facility
- Provider signature/initials/stamp

Lab reports, clinical records, employee records, school records, state alert system reports, immunization cards or provider letters are examples of acceptable documentation.

ITEM GUIDE			
Category 1: MMR (Measles, Mumps, and Rubella)			
Submit proof of A or B:	MMR DOSE 1		
	MMR DOSE 2		
a) (2) Doses of the MMR vaccine	MEASLES TITER		
b) Positive Titers for Measles, Mumps, and Rubella	MUMPS TITER		
NOTE: If you submit a non-immune titer for Measles, Mumps, or Rubella, you	RUBELLA TITER		
c) Post-Titer MMR Boosters dated AFTER non-immune titer	POST-TITER MMR BOOSTER		
Category 2: VARICELLA (Chickenpox)			
Cubmit proof of A or D	VARICELLA DOSE 1		
Submit proof of A or B:	VARICELLA DOSE 2		
a) (2) Doses of the Varicella vaccine b) Positive Titers for Varicella			
NOTE: If you submit a non-immune Varicella titer, you must also submit:	VARICELLA TITER		
c) (2) Doses of the Varicella vaccine dated from anytime			

Category 3: HEPATITIS B (HbsAB)	1	
Submit proof of <b>A or B (one or the other):</b>	HEPATITIS B DOSE 1	
a) Proof of your initial Hepatitis B doses	HEPATITIS B DOSE 2	
OR	HEPATITIS B DOSE 3	
b) Positive Hepatitis B (HbsAB) Titer	HEPATITIS B TITER	
NOTE: If you submit a non-immune or "negative" HbsAB titer result, you	POST-TITER HEP B BOOSTER 1	
must request and receive a series of post-titer Hepatitis B booster shots	POST-TITER HEP B	
AND repeat a Hepatitis B Titer to prove immunity. Please follow your physician's recommendations on how many booster doses you will need.	BOOSTER 2	
_	POST-TITER HEP B	
All boosters must be dated after your initial non-immune titer.	BOOSTER 3	
Your repeat titer must be dated <u>at least 30 days <i>after</i> your final booster</u> shot dosage.	HEPATITIS B REPEAT TITER	
In the case that you will not be considered by compliant your deadline, you will be granted temporary compliance as you complete your necessary		
Hepatitis B requirements. Compliance extension windows noted below:		
Hepatitis B Dose 1 or Booster 1 = 45 days Hepatitis B Dose 2 or Booster 2 = 6 months		
Hepatitis B Dose 3 or Booster 3 = 2 months		
Category 4: TUBERCULOSIS		
Submit proof of <b>A or B</b> :	PPD STEP 1 OF 2	
	PPD STEP 2 OF 2	
a) Negative 2-Step PPD; PPD 2 must have Implant Date within 7-21 days of the PPD 1's Implant Date (Results must be less than 1 year old.) OR	INITIAL QUANTIFERON TB TEST/T-SPOT	
b) Negative Initial QuantiFERON TB Test / T-Spot <mark>(Must be less than 1 year old.)</mark>	CHEST X-RAY	
<b>NOTE</b> : If you test positive for Tuberculin exposure, you must submit:	ANNUAL TB SCREENING REVIEV	
a) Negative Chest X-Ray, which expires every 5 years. AND		

Category 5: TETANUS, DIPHTHERIA, PERTUSSIS (TDAP)		
	INITIAL TDAP	
Submit a TDaP dated on or after your 11th birthday.	TB BOOSTER Required after 10 years.	
After 10 years, you must submit a TD Booster, which will expire after 10 years.		
Category 6: INFLUENZA		
Submit proof of <b>A or B</b> , no earlier than August 1st to apply to the upcoming Flu season:	FLU VACCINATION	
a) Flu Vaccination	FLU DECLINATION	
OR b) Flu Declination Form (must be accompanied by a provider's signature)	Medical exemptions only; must be	
NOTE: This requirement will not impact your compliance status from 4/1 to 10/31 when this requirement is optional.	accompanied by a provider's signature	
Category 7: BLS CERTIFICATION		
Submit American Heart Association (AHA) Basic Life Support Certification.	BLS CERTIFICATION	
Category 8: HEALTH ASSESSMENT FORM	I	
Submit the Health Assessment Form.	HEALTH ASSESSMENT FORM	
Category 9: ESSENTIAL FUNCTIONS FORM		
Electronically sign & submit the Essential Functions Form directly in Complio.	ESSENTIAL FUNCTIONS FORM	
Category 10: HEALTH INSURANCE	I.	
Submit proof of your Health Insurance coverage.	HEALTH INSURANCE	
Category 11: COVID-19	1	
Submit proof of <b>A,B, or C:</b>		
<ul> <li>a) (1) Bivalent Dose of the Pfizer or Moderna Vaccine</li> <li>b) (2) Monovalent Doses of the Pfizer or Moderna vaccine OR</li> <li>c) (1) Monovalent Dose of the Johnson &amp; Johnson vaccine</li> </ul>	COVID VACCINATIONS	

Category 12: CONFIDENTIALITY AND RELEASE FOR SIMULATION			
Electronically sign & submit the Confidentiality and Release for Simulation Form directly in Complio.		CONFIDENTIALITY & RELEASE FOR SIMULATION FORM	
Category 13: BACKGROUND CHECK			
You must order a Background Check through American DataBank. A code will be provided to you (check your emails!). Once your background check has been completed, it will upload to your account automatically.		DUND	
Category 14: DRUG SCREENING			
You must order a Drug Screening through the American DataBank. You will have 30 days to complete your drug screen from the time the order is placed. Results will be uploaded to your account 3-5 business days after you complete the collection.		DRUG SCREENING	
TIPS: Avoid drinking excessive amounts of liquids (more than 12oz) 3-4 hours before specimen collection, as a "Negative Dilute" result is considered a flagged result. Make an appointment to avoid waiting lines.			

## **NEED MORE HELP?**

Review this student guide and the **<u>compliance webpage</u>** thoroughly. If questions still arise, you may contact the following individuals:

#### **Complio Technical Support**

complio@americandatabank.com or 800-200-0853

#### **School of Nursing**

schoolofnursing@linfield.edu