

## Appendix VII Student Verification of Policies

### School of Clinical Sciences Master of Science in Speech-Language Pathology

#### VERIFICATION OF POLICIES

I have read the Academic and Clinical **Graduate Program Handbook**, and **fully understand**:

1. The function/job description/duties of my clinical profession. I can meet these standards based on my existing skills and abilities or by using typical corrective devices or with reasonable accommodations (See core functions of the program in the Graduate Program Manual). If I require reasonable accommodations, I have contacted the ADA Office.
2. The safety precautions.
3. That I am **required** to have health insurance coverage
4. **That I am required to obtain all vaccinations including\***  
**TB Screening**
  - A baseline TB screening, **using two-step**, TST process OR QuantiFERON-Gold blood test to test for infection with M. tuberculosis.
  - Anyone with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for Latent TB Infection (LTBI) or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician.**Immunizations - Immunization status will be verified for the following diseases as determined by the most current recommendations from the CDC: Rubeola, Mumps, Rubella, Diphtheria, and Varicella. Immunity status may be determined by following acceptable methods established by the CDC.**

Acceptable methods for determining immunity are:

  - **Rubeola (Measles)**: Two doses of a measles containing vaccine such as a MMR vaccine OR laboratory confirmation of disease.
  - **Mumps**: Two doses of a mumps containing vaccination such as a MMR vaccine OR laboratory confirmation of disease.
  - **Rubella**: One dose of a rubella containing vaccinations such as a MMR vaccine OR laboratory confirmation of disease.
  - **Pertussis**: A single adult dose of a Tdap vaccine. Td vaccination does not fulfill this requirement.
  - **Varicella**: Two doses of the Varicella vaccine OR laboratory confirmation of disease OR diagnosis of history of Varicella or Herpes zoster by a healthcare provider.
  - **Hepatitis B**: Recombivax HB Hepatitis B three-dose series vaccine, Heplisav two-dose series vaccine, laboratory confirmation of immunity, OR a signed declination.\*
  - **Influenza**: Proof of vaccination for the current year by October 31 or first day of flu season.
5. The criteria for clinical site placement and application procedures.
6. That I must submit a Drug Screening.
7. That I must submit to a Criminal Background Check.
8. That I am required to authorize release of all records and information pertaining to any convictions for criminal and other offenses/violations.

I hereby authorize the release of all records and information pertaining to any and all convictions for criminal offenses, ordinance violations or penalties for violation of University Regulations on file in the Dean of Students office of the University at the Michigan State Police Central Records Division, the Public Safety Department of the University, or any other criminal justice agency concerning myself, and I hereby consent to the use of communication among the faculty and administration of the School of Clinical Sciences of records, information and evaluation materials pertaining to continuing in the School of Clinical Sciences at Northern Michigan University. In addition, I understand that I am responsible for notifying the director of the MS-SLP Program of any convictions between now and the completion of my program.

Any questions that I may have had about the above Standards and Policies have been answered by the program director to my satisfaction.

Name \_\_\_\_\_

Signature, \_\_\_\_\_ Date, \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature, \_\_\_\_\_ Date, \_\_\_\_\_

**Attach any documentation pertaining to the above requirements.**

\* If you would like to request an exemption from any health requirement for a medical or religious reason, please, email [msslp@nmu.edu](mailto:msslp@nmu.edu) to request the necessary forms. Please note that at any point, students who are not immunized might be prevented from entering a clinic site. If this happens, the MS-SLP program will try to accommodate with alternative placements; however, this may not be possible.