Nursing Programs Practice Experiences Guide
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Practice Experiences Overview

Background

The accreditors for the Nursing Programs at American Sentinel, the Commission on Collegiate Nursing Education (CCNE) and the Accrediting Commission for Education in Nursing (ACEN), require that RN to BSN, RN to BSN/MSN, MSN and DNP programs include “practice experiences” in the curricula to enable students to achieve the required educational competencies (AACN White Paper, Oct. 2012; DNP Essentials for Doctoral Education for Advanced Nursing Practice, 2006; ACEN 2013 Standards). These “practice experiences” have specific objectives, expected outcomes and competencies. Students who complete these experiences are evaluated by the faculty of record for the University.

Practice experiences are not like the clinical experiences you completed to obtain your degree as a registered nurse. Practice experiences do not involve hands-on patient care. They are designed to provide you with the opportunity to apply the concepts and knowledge you learn in the nursing courses.

Practice Experiences by Program Table

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Practice Learning Experience</th>
<th>Precepted Practice Experience</th>
<th>Simulation</th>
<th>Capstone Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN-BSN</td>
<td>X</td>
<td></td>
<td></td>
<td>CH</td>
</tr>
<tr>
<td>RN-BSN/MSN</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MSN: Education</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MSN: Infection Prevention</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MSN: Case Management</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSN: Informatics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MSN: Leadership</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNP: Educational Leadership</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNP: Executive Leadership</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Total Number of Practice Experience Hours Required by Nursing Program

<table>
<thead>
<tr>
<th>Program</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN to BSN</td>
<td>90</td>
</tr>
<tr>
<td>RN to BSN/MSN</td>
<td>490</td>
</tr>
<tr>
<td>MSN</td>
<td>400</td>
</tr>
<tr>
<td>DNP</td>
<td>600</td>
</tr>
</tbody>
</table>

Practice Experiences in the Nursing Programs include a combination of practice learning experiences (PLE), precepted practice experiences (PPE), simulation experiences (S), and capstone hours (CH). Different nursing programs have different types of practice experiences imbedded in the curriculum.

Your Account Through CastleBranch

If you are enrolled in the RN to BSN/MSN, MSN or DNP programs, you need to establish a CastleBranch account. If you are enrolled in the RN to BSN program, it is unnecessary for you to establish a CastleBranch account.

CastleBranch provides a secure document tracking and repository service that collects, tracks and monitors your required documentation for the practice experiences you do during your nursing program at American Sentinel. This is a “one-stop” site for you to upload all of your required documents for practice experiences. You have access to your documents after you graduate. CastleBranch monitors your posting of the required documents and contacts you (and American Sentinel) automatically if you need to update a document.

Instructions on how to set up your account through CastleBranch are found in this Nursing Programs Practice Experiences Guide. The basic instructions are: go to http://americansentinel.CastleBranch.com/ and click on the “place order” button in the middle of the page. **If it asks you if you have already have a CastleBranch account, DO NOT click yes. You need to establish an account that is linked to American Sentinel University.** You will be asked to select one of the following programs: RN to BSN/MSN, MSN, or DNP. If you are unsure which nursing program to select, please contact your Student Service Advisor (SSA) before continuing. Click on the applicable program button. Then select the state where you reside from the dropdown menu in the middle of the page. Based on the state you select, a new dropdown menu will appear that will prompt you to select whether this is your first time placing an order for an account through American Sentinel or if you would like to order a recheck package for your American Sentinel account. Then on the following screen, review the contents of your package, and check both boxes that appear at the bottom of the screen to show that you have read, understand, and agree.
to the terms and conditions. You are now ready to get started with your order. Click the “continue order” button, and you will be directed to set up your account.

Enter your full name, date of birth, Social Security Number, current address, phone number and e-mail address into your account.

At the end of the online order process, you will be prompted to enter your Visa or MasterCard information to pay for your account. Money orders are also accepted but will result in a $10 fee and additional turnaround-time.

Your background check results will be posted directly to your account. To check your order status and/or view your results, you will login at https://mycb.castlebranch.com/ with your CastleBranch account credentials. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. Approved personnel at American Sentinel can also securely view your results online with their unique username and password.

The cost for you to complete the requirements on your account depends on the nursing program in which you are enrolled and the location and requirements of state in which you reside and want to complete your practice experiences.

Once you have a completed your account setup, you will download the report to upload into your practice experience courses. CastleBranch will notify you 60 and 30 days prior to any item expiring so it may be updated to maintain a compliant document for your courses.

**Required Student Malpractice Insurance**

The malpractice insurance you have through your employer covers you while you work as an employee of the facility/organization. When you are in the role of an American Sentinel nursing student completing practice experiences at your place of employment or any other healthcare setting, you need to have your own malpractice insurance to cover you as a student for $1,000,000 per occurrence/3,000,000 aggregate coverage per year. When purchasing malpractice insurance it is important to confirm coverage is based upon your current licensure and certification status. Typically, “student nurse” malpractice insurance does not cover Registered Nurses or Advanced Practice Registered Nurses or specialty certifications. Each of these criteria determine the cost basis of the annual insurance premium: level of licensure, state(s) of licensure, hours worked, and academic status (type of academic nursing program). If the organization where you will perform your practice experiences requires malpractice insurance of a different amount, you will need to obtain malpractice coverage as required by that organization. Some states require students to obtain a specific amount of malpractice insurance.
Several organizations provide malpractice insurance to nursing students. Some options* include:

1. Nurses Service Organization” (NSO): http://www.nso.com/
3. CM & F Group, Inc.: https://www.cmfgroup.com/
5. CNA Financial: http://www.cna.com/portal/site/cna

The cost of your malpractice insurance depends on:

- Your state of residence
- Did you graduate from a pre-licensure program within the past 12 months?
- Do you work more than 24 hours per week or are you currently unemployed?

* Please note: American Sentinel University does not endorse any specific vendor. The links to these vendors is provided just for your convenience.

**Nursing Student Photo Identification**

For security purposes, you are required to wear a photo identification badge on your clothing that is visible at all times when you are at a site/facility to complete practice experiences. Follow the directions on your CastleBranch account to obtain a picture identification badge that you are required to wear while you complete your practice experiences.

General directions include:

- Use a digital camera to take the photo or obtain a passport photo from a local post office or store like Walgreens, CVS, etc.
- **It is essential that the photo look like a passport photo with a close up of you from your shoulders up and your face in focus.**
- Choose a plain background for the photo.
- Only you should be in the photo.
- The size of the picture should be appropriate for a badge photo.
- Do not wear a hat or sunglasses in the picture.
Practice Experiences for the RN to BSN Program

Definition of Terms

Practice Experiences are activities that you complete during the nursing courses in your program of study. Completion of the practice experiences ensures that you meet the course learning outcomes. For the RN to BSN program, practice experiences include a combination of the following activities and experiences.

Practice Learning Experiences (PLE) in the RN to BSN program are course assignments that allow you to apply what you learn in a course. PLEs do not require you to obtain a CastleBranch account or an affiliation agreement or a preceptor.

Simulations (S) in the RN to BSN program are practice experiences that involve participation in a variety of virtual settings. Simulations do not require you to obtain a CastleBranch account or an affiliation agreement or a preceptor.

Example: You complete community health and leadership practice experiences through simulation and actual experiences with a community or healthcare organization through interactions with a mentor. These hours count toward your total practice hours for the RN to BSN program.

Rationale for Practice Experience Hours in the RN to BSN Program

The RN to BSN program includes 90 practice experience hours that focus on “developing and refining the knowledge and skills necessary to manage care as part of an interprofessional team” and preparing students to care for clients in a variety of settings, including the community (AACN, Essentials of Baccalaureate Education for Professional Nursing practice, 2008). The practice experience hours in the RN to BSN program are a combination of practice learning experiences (PLE) and simulations (S).

How the Practice Experience Process Works

You must complete the required number of practice experience hours in each RN to BSN course that contains practice experience hours. All practice experience activities must be completed by the end of the course for you to receive credit for the activities. All practice experiences are graded as pass/fail. Failed practice experience hours do not count toward the total number of practice hours required for a course and impact your ability to successfully complete the course. Please note: If you fail to complete the required practice hours for the course, you will receive a failing grade for the course. A practice experience hour is defined as the time you actually spend completing the practice experience.
You cannot work as a paid employee and receive credit for the same practice experiences hours. That is, you cannot be paid for competing practice experience hours when you are functioning in the capacity of a paid employee. If you are an employee at a practice experiences site or have any other formal relationship with the site, your role must be clearly defined in advance of the practice experience.

RN to BSN Practice Experiences Checklist

Below is a checklist to help you verify that you have completed the activities required regarding practice experiences in the RN to BSN Program.

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AT THE END OF A RN TO BSN COURSE THAT INCLUDES A PRACTICE EXPERIENCE:</td>
</tr>
<tr>
<td></td>
<td>Submit your BSN Course Request for Practice Experiences using the link in the Required PE Documents section within the BSN421PE and BSN432PE courses identifying your mentor.</td>
</tr>
<tr>
<td></td>
<td>Log your practice hours that include practice learning experiences (PLE) and simulations (S) on the Practice Experience Record during the courses that include practice experiences.</td>
</tr>
<tr>
<td></td>
<td>Upload your completed Practice Experience Record indicating that you completed the required hours for practice experiences to the appropriate weekly assignment area for the course.</td>
</tr>
</tbody>
</table>
Practice Experiences Overview for the RN to BSN/MSN Program

Definition of Terms

*Practice Experiences* are activities that you complete during the nursing courses in your program of study. Completion of the practice experiences ensures that you meet the course learning outcomes. For the RN to BSN/MSN program, practice experiences include a combination of the following activities and experiences.

*Practice Learning Experiences (PLE) in the RN to BSN/MSN program* are course assignments that allow you to apply what you learn in a course. They take place in both the BSN and the MSN courses.

*Simulations (S) in the RN to BSN/MSN program* are practice experiences that involve participation in a variety of virtual settings. They take place in both the BSN and the MSN courses.

Example: You complete community health and leadership practice experiences through simulation and actual experiences with a community or healthcare organization through interactions with a mentor. These hours count toward your total practice hours for the RN to BSN/MSN program.

Example: You complete physical assessment practice experience hours through Shadow Health simulations. These hours count toward your total practice hours for the RN to BSN/MSN program.

*Precepted Practice Experiences (PPE) for the RN to BSN/MSN program* take place in your workplace or other healthcare facility or setting. **PPEs require you to establish a CastleBranch account and complete the requirements specified for the RN to BSN/MSN program once you complete the BSN courses in the program.** You also need to obtain a preceptor that meets the stated requirement for a preceptor and is employed at the healthcare facility or setting for the PPE. It may be necessary for American Sentinel to obtain an affiliation agreement with each PPE facility or setting. Please contact the appropriate person at the healthcare organization and ask him/her to email a copy of the organization’s affiliation agreement used for students to academicservices@americansentinel.edu. The agreement will be reviewed, signed and returned it to the organization. They take place in the MSN courses.

Example: An RN to BSN/MSN student taking a Case Management specialization course is precepted by a case management nurse in the healthcare facility where the student is employed as a staff nurse. The student sits in on group discussion with the case manager.
and his/her team. These hours count toward the total practice hours in the RN to BSN/MSN program.

The Rationale for Practice Experience Hours in the RN to BSN/MSN Program

The RN to BSN/MSN program includes 490 practice hours to “provide the opportunity for delivery of services or programs of wide diversity” in a multitude of healthcare settings and allow students to “integrate didactic learning, promote innovative thinking, and test new potential solutions to clinical/practice or system issues” (AACN, Essentials for Master's Education in Nursing, 2011). The practice experience hours in the RN to BSN/MSN program are a combination of practice learning experiences (PLE), precepted practice experiences (PPE) and simulations (S).

How the Practice Experience Process Works

You must complete the required number of practice experience hours in each RN to BSN/MSN course that contains practice experiences. In some courses you may select from several practice experience options as listed in the course syllabus to complete the required number of practice hours and fulfill the course outcomes. **Written approval from the Practicum Coordinator is required before you can start any practice experience.** All practice experience activities must be completed by the end of the course for you to receive credit for the activities. All practice experiences are graded as pass/fail. Failed practice experience hours do not count toward the total number of practice hours required for a course and impact your ability to successfully complete the course. **Please note: If you fail to complete the required practice hours for the course, you will receive a failing grade for the course.**

A practice learning experience hour is defined as the time you actually spend completing the practice experience assignment.

You cannot work as a paid employee and receive credit for the same practice experiences hours. That is, you cannot be paid for competing practice experience hours when you are functioning in the capacity of a paid employee. If you are an employee at a practice experiences site or have any other formal relationship with the site, your role must be clearly defined in advance of the practice experience.

**When you inquire about the RN to BSN/MSN program:** The Admissions Department will discuss with you the fact that after you complete the BSN courses in the program and start the MSN courses (N501PE), you will need to establish a CastleBranch account and meet the requirements for the MSN part of the program.
### RN to BSN/MSN Program Practice Experience Checklist

Please note: In the RN to BSN/MSN program, it will be a good idea to start your CastleBranch profile account in BSN440.

Below is a checklist to help you verify that you have completed the activities required regarding preparation for Practice Experiences (PEs) in the RN to BSN/MSN Program. Further detailed instructions can be found in the *Nursing Practice Experience Guide*.

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHILE YOU ARE COMPLETING BSN440:</strong> Establish an individual account with CastleBranch and start to fulfill the requirements below that need to be documented on your account. You will want to have this completed before WEEK 4 of N501PE. americansentinel.castlebranch.com</td>
</tr>
<tr>
<td>Contact a vendor that provides individual malpractice insurance. <em>(See list of possible vendors, page 8)</em> Purchase individual malpractice insurance with a minimum limit of $1,000,000 per occurrence and $3,000,000 aggregate coverage. Upload proof of malpractice insurance.</td>
</tr>
<tr>
<td>Upload information to your account to prove that you hold an active and unencumbered RN license. If your license expires during the program, the new current version will need to be uploaded to replace the expired version.</td>
</tr>
<tr>
<td>Complete a health screen via a health history and physical examination conducted by and signed by a physician or nurse practitioner.</td>
</tr>
<tr>
<td>Upload an immunization record, to each requirement, validating that you are up to date with the required immunizations/vaccinations.</td>
</tr>
<tr>
<td>Upload proof of Cardiopulmonary Resuscitation (CPR) certification. You need to repeat this certification when due each year that you are in the MSN.</td>
</tr>
<tr>
<td>Upload proof of personal health insurance, or a signed waiver verifying that you understand that you are responsible for all expenses related to illness or accidents that may occur while you participate in the MSN program. You need to repeat this each year that you are in the MSN program.</td>
</tr>
<tr>
<td>Upload a certificate of completion of OSHA training that you completed within the past 12 months in connection with Blood-Bourne Pathogen and Hazard Communication. You need to repeat this each year that you are in the MSN. <em>(See page 36)</em> You are allowed to take a screenshot of the certificate to upload to CB instead of having to purchase to certificate.</td>
</tr>
<tr>
<td>Upload a certificate of completion of HIPAA training that you completed within the past 12 months. You need to repeat this each year that you are in the MSN program. <em>(See page 36)</em> You are allowed to take a screenshot of the certificate to upload to CB instead of having to purchase to certificate.</td>
</tr>
</tbody>
</table>
Follow the directions on your account to obtain a picture identification badge that you are required to wear while you complete your practice experiences.

Complete additional requirements determined by your State of Residence.

**BEFORE THE END OF WEEK FOUR IN N501PE:** Ensure all required elements of your CastleBranch profile are approved, upload your “CastleBranch Summary Report” in Module 4 of your course. Instructions on how to obtain the Summary Report are in each course.

**IN WEEK ONE OF EACH SUBSEQUENT PE COURSE:** Upload a current “CastleBranch Summary Report” that shows each component is not expired and your request for practice experience form. The PE Coordinator will approve these before Practice Experience hours can be started.

**PRECEPTED PRACTICE EXPERIENCE HOURS (PPEs):** Begin thinking about who might meet the requirements of a Preceptor. A preceptor will be required in your specialization courses. You may do your practice experiences with more than one health care organization/facility. Some health care organizations/facilities require students to complete additional requirements before starting practice experiences. You need to document completion on your account of all additional requirements from the health care facility/organization where you want to do your practice experiences.

In a course with PPEs: Courses within your specialty track will include precepted practice experiences. When submitting your Request for Practice Experiences, you will be prompted to include your preceptors name and contact information, along with your practice site information. You may do your PPE at your place of employment. Your preceptor cannot be someone in a direct reporting relationship with you at your place of employment or someone who is related to you. Your preceptor must meet the requirements listed in the Preceptor Packet.

Preceptors may NOT hold student status in the same degree program or in the same graduate or certificate program as the students being precepted. For example, an American Sentinel University MSN student cannot be precepted by another MSN student regardless of where the other student is enrolled.

If you are unable to locate a preceptor that meets the preceptor requirements as listed in the Nursing Practice Experience Guide, you may petition for an alternate preceptor. The form is located in the Required Documents section.

If the proposed site for the PPE and the proposed preceptor are approved by the Practicum Coordinator, make the initial contact with the site and proposed preceptor to see if the site is willing for you to complete your PPE at the location. Provide the preceptor with the forms in the Preceptor Packet.

If the proposed site and/or proposed preceptor for the PPE are unacceptable to the Practicum Coordinator, you need to identify a different site and/or preceptor and submit the Request for Practice Experiences with the new information.
Contact the appropriate person at the proposed site for the practice experiences and ask them to email their Affiliation Agreement to academicservices@americansentinel.edu.

Please Note: A Precepted Practice Experience (PPE) may require a signed “Practice Experiences Site Affiliation Agreement” form. Some sites may require completion of this form for other types of practice experiences based on the affiliating agency policy. The practice experience site will determine if an Affiliation Agreement is required and if they will use the document in this guide or provide one from their organization.

<table>
<thead>
<tr>
<th><strong>DURING A COURSE THAT CONTAINS A PRECEPTED PRACTICE EXPERIENCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage in ongoing communication directly with your preceptor during the PPE.</td>
</tr>
<tr>
<td>Complete the PPE hours.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>AT THE END OF A COURSE THAT INCLUDES A PRACTICE EXPERIENCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Log your practice hours that include practice learning experiences (PLE), precepted practice experiences (PPE) and simulations (S) on the Practice Experience Record during the courses that include practice experiences.</td>
</tr>
<tr>
<td>Upload your completed Practice Experience Record indicating that you completed the requirements for practice experiences to the appropriate weekly assignment area for the course.</td>
</tr>
</tbody>
</table>
Practice Experiences Overview for the MSN Program

Definition of Terms

*Practice Experiences* are activities that you complete during the nursing courses in your program of study. Completion of the practice experiences ensures that you meet the course learning outcomes. For the MSN program, practice experiences include a combination of the following activities and experiences.

*Practice Learning Experiences (PLE) for the MSN program* are course assignments that allow you to apply what you learn in a course.

Example: In N515PE Nursing Research, you are required to explore an interactive research repository of clinical interest and then identify strengths and weaknesses of multiple research studies based within the five major components of research studies: background, literature review, methodology, findings, and implications. You then journal your findings and critical reflections of this experience and its application to your nursing practice. These hours count toward the total practice hours for the MSN program.

*Simulations (S) for the MSN program* are practice experiences that involve participation in a variety of virtual settings.

Example: In N505PE Theoretical Foundations you are required to explore the American Sentinel University virtual campus and nursing theorist holdings in the Nursing Presentation Hall. You identify your favorite nursing theorist and why that theorist and theory is a preferred lens for your nursing practice. Then, journal your related findings. These hours count toward the total practice hours for the MSN program.

Example: You complete physical assessment practice experience hours through Shadow Health simulations. These hours count toward your total practice hours for the RN to BSN/MSN program.

*Precepted Practice Experiences (PPE) for the MSN program* take place in your workplace or other healthcare facility or setting. PPEs require you to set up a CastleBranch account complete specific requirements through your account. You must also obtain a preceptor that meets the stated requirement for a preceptor and is employed at the healthcare facility or setting for the PPE. It may be necessary for American Sentinel to obtain an affiliation agreement with each PPE facility or setting.

Example: In N543PE Case Management and Evidence Based Practice you are required to select a specific chronic disease entity and prepare a case management algorithm for the disease based on evidence, desired outcomes, appropriate theoretical and empirical models, cultural considerations, and case management roles. You obtain feedback from
your preceptor regarding the algorithm and prepare modifications based on the suggestions. You then prepare a commentary and journal entry about the process of developing a case management algorithm and how prepared you feel for the case management role. These hours count toward the total practice hours in the MSN program.

The Rationale for Practice Experience Hours in the MSN Program

The MSN program includes 400 practice hours to “provide the opportunity for delivery of services or programs of wide diversity” in a multitude of healthcare settings and allow students to “integrate didactic learning, promote innovative thinking, and test new potential solutions to clinical/practice or system issues” (AACN, Essentials for Master’s Education in Nursing, 2011). The practice experience hours in the MSN program are a combination of practice learning experiences (PLE), precepted practice experiences (PPE), and simulations (S).

How the Practice Experience Process Works

You must complete the required number of practice experience hours in each MSN course that contains practice experiences. In some courses you may select from several practice experience options as listed in the course syllabus to complete the required number of practice hours and fulfill the course outcomes. **Written approval from the Practicum Coordinator is required before you can start any practice experience.** All practice experience activities must be completed by the end of the course for you to receive credit for the activities. All practice experiences are graded as pass/fail. Failed practice experience hours do not count toward the total number of practice hours required for a course and impact your ability to successfully complete the course. **Please note: If you fail to complete the required practice hours for the course, you will receive a failing grade for the course.**

A practice learning experience hour is defined as the time you actually spend completing the practice experience assignment.

You cannot work as a paid employee and receive credit for the same practice experiences hours. That is, you cannot be paid for competing practice experience hours when you are functioning in the capacity of a paid employee. If you are an employee at a practice experiences site or have any other formal relationship with the site, your role must be clearly defined in advance of the practice experience.

*When you inquire about the MSN program:* The Admissions Department sends you a checklist of the required documentation for practice experiences in the MSN program.

*When you are “Eligible to Enroll” in the MSN program:* In the Eligible to Enroll packet sent to you by the Admissions Department, you receive:
- Information about the requirements for the practice experiences for the MSN program.
- A checklist of documents/verification you need to submit during the N501PE course.
- A list of websites for companies that provide malpractice insurance for nursing students.
- Information about how to set up an account with CastleBranch.

**MSN Program Practice Experience Checklist**

Below is a checklist to help you verify that you have completed the activities required regarding preparation for Practice Experiences (PEs) in the MSN Program. Further detailed instructions can be found in the [Nursing Practice Experience Guide](#).

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>AFTER ENROLLMENT: Establish an individual account with CastleBranch and start to fulfill the requirements below that need to be documented on your account. You will want to have this completed before WEEK 4 of N501PE. americansentinel.castlebranch.com</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact a vendor that provides individual malpractice insurance. (<a href="#">See list of possible vendors</a>, page 8) Purchase individual malpractice insurance with a minimum limit of $1,000,000 per occurrence and $3,000,000 aggregate coverage. Upload proof of malpractice insurance.</td>
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<tr>
<td></td>
<td>Upload information to your account to prove that you hold an active and unencumbered RN license. If your license expires during the program, the new current version will need to be uploaded to replace the expired version.</td>
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<td>Complete a health screen via a health history and physical examination conducted by and signed by a physician or nurse practitioner.</td>
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<td>Upload an immunization record, to each requirement, validating that you are up to date with the required immunizations/vaccinations.</td>
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<td>Upload proof of Cardiopulmonary Resuscitation (CPR) certification. You need to repeat this certification when due each year that you are in the MSN.</td>
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<tr>
<td></td>
<td>Upload proof of personal health insurance, or a signed waiver verifying that you understand that you are responsible for all expenses related to illness or accidents that may occur while you participate in the MSN program. You need to repeat this each year that you are in the MSN program.</td>
</tr>
<tr>
<td></td>
<td>Upload a certificate of completion of OSHA training that you completed within the past 12 months in connection with Blood-Bourne Pathogen and Hazard Communication. You need to repeat this each year that you are in the MSN. (<a href="#">See page 36</a>) You are allowed to take a screenshot of the certificate to upload to CB instead of having to purchase to certificate.</td>
</tr>
<tr>
<td></td>
<td>Upload a certificate of completion of HIPAA training that you completed within the past 12 months. You need to repeat this each year that you are in the MSN</td>
</tr>
</tbody>
</table>
program. (See page 36) You are allowed to take a screenshot of the certificate to upload to CB instead of having to purchase to certificate.

Follow the directions on your account to obtain a picture identification badge that you are required to wear while you complete your practice experiences.

Complete additional requirements determined by your State of Residence.

**BEFORE THE END OF WEEK FOUR IN N501PE**: Ensure all required elements of your CastleBranch profile are approved, upload your “CastleBranch Summary Report” in Module 4 of your course. Instructions on how to obtain the Summary Report are in each course.

**IN WEEK ONE OF EACH SUBSEQUENT PE COURSE**: Upload a current “CastleBranch Summary Report” that shows each component is not expired and your request for practice experience form. The PE Coordinator will approve these before Practice Experience hours can be started.

**PRECEPTED PRACTICE EXPERIENCE HOURS (PPEs)**: Begin thinking about who might meet the requirements of a Preceptor. A preceptor will be required in your specialization courses. You may do your practice experiences with more than one health care organization/facility. Some health care organizations/facilities require students to complete additional requirements before starting practice experiences. You need to document completion on your account of all additional requirements from the health care facility/organization where you want to do your practice experiences.

In a course with PPEs: Courses within your specialty track will include precepted practice experiences. When submitting your Request for Practice Experiences, you will be prompted to include your preceptors name and contact information, along with your practice site information You may do your PPE at your place of employment. Your preceptor cannot be someone in a direct reporting relationship with you at your place of employment or someone who is related to you. Your preceptor must meet the requirements listed in the Preceptor Packet.

Preceptors may NOT hold student status in the same degree program or in the same graduate or certificate program as the students being precepted. For example, an American Sentinel University MSN student cannot be precepted by another MSN student regardless of where the other student is enrolled.

If you are unable to locate a preceptor that meets the preceptor requirements as listed in the Nursing Practice Experience Guide, you may petition for an alternate preceptor. The form is located in the Required Documents section.

If the proposed site for the PPE and the proposed preceptor are approved by the Practicum Coordinator, make the initial contact with the site and proposed preceptor to see if the site is willing for you to complete your PPE at the location. Provide the preceptor with the forms in the Preceptor Packet.
If the proposed site and/or proposed preceptor for the PPE are unacceptable to the Practicum Coordinator, you need to identify a different site and/or preceptor and submit the Request for Practice Experiences with the new information.

Contact the appropriate person at the proposed site for the practice experiences and ask them to email their Affiliation Agreement to academicservices@americansentinel.edu.

**Please Note:** A Precepted Practice Experience (PPE) may require a signed “Practice Experiences Site Affiliation Agreement” form. Some sites may require completion of this form for other types of practice experiences based on the affiliating agency policy. The practice experience site will determine if an Affiliation Agreement is required and if they will use the document in this guide or provide one from their organization.

<table>
<thead>
<tr>
<th>DURING A COURSE THAT CONTAINS A PRECEPTED PRACTICE EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage in ongoing communication directly with your preceptor during the PPE.</td>
</tr>
<tr>
<td>Complete the PPE hours.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AT THE END OF A COURSE THAT INCLUDES A PRACTICE EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log your practice hours that include practice learning experiences (PLE), precepted practice experiences (PPE) and simulations (S) on the Practice Experience Record during the courses that include practice experiences.</td>
</tr>
<tr>
<td>Upload your completed Practice Experience Record indicating that you completed the requirements for practice experiences to the appropriate weekly assignment area for the course.</td>
</tr>
</tbody>
</table>
Practice Experiences Overview for the DNP Program

Definition of Terms

Practice Experiences are activities that you complete during the nursing courses in your program of study. Completion of the practice experiences ensures that you meet the course learning outcomes. For the DNP program, practice experiences are a combination of the following activities and experiences.

Practice Learning Experiences (PLE) for the DNP program are course assignments that allow you to apply what you learn in a course.

Example: For a course in the DNP Leadership program, you work with a Chief Financial Officer (CFO) in the workplace to learn more about the financial aspect of healthcare. These hours count toward your total practice hours for the DNP program.

Precepted Practice Experiences (PPE) for the DNP program take place in your workplace or other healthcare facility or setting. PPEs require you to obtain a preceptor that meets the stated requirement for a preceptor and is employed at the healthcare facility or setting for the PPE. It may be necessary for American Sentinel to obtain an affiliation agreement with each PPE facility or setting. You are required to complete specific requirements through your CastleBranch account.

Example: During the Strategic Management course, you are precepted by the Chief Executive Officer (CEO) to help develop a strategic plan in the facility where you are employed. You participate in discussions with the leadership team. These hours count toward your total practice hours in the DNP program.

Capstone Hours (CH) for the DNP program are practice experiences in the DNP Program that occur during your scholarly work on your Capstone Project and your weekly discussions with your Capstone Chair or activities in the Capstone workrooms. Capstone hours also include the time you spend with your Capstone Chair doing a dress rehearsal for your proposal and final defense.

Example: While working on your Capstone project for the DNP Executive Specialty Track, you analyze the data obtained from your project where you replicated a previous research study by administering a survey to staff nurses about workload. You discuss your findings with your Capstone Chair. These hours count toward your total practice hours for the DNP Program.
The Rationale for Practice Experience Hours in the DNP Program

The DNP program includes 600 hours of “integrative practice experiences and an intense practice immersion experience” (DNP Essentials, 2006). Students carry out a “practice application-oriented ‘final DNP project,’ which is an integral part of the integrative practice experience” (DNP Essentials, 2006). AACN strongly suggests that 1,000 post-baccalaureate hours are needed to obtain a DNP degree. DNP practice experience hours are a combination of practice learning experiences (PLEs), precepted practice experiences (PPE), and capstone hours (CH).

How the Practice Experience Process Works

You must complete the required number of practice experience hours in each DNP course that contains practice experiences. In some courses you may select from several practice experience options as listed in the course syllabus to complete the required number of practice hours and fulfill the course outcomes. **Written approval from the Practicum Coordinator is required before you can start any practice experience.** All practice experience activities must be completed by the end of the course for you to receive credit for the activities. All practice experiences are graded as pass/fail. Failed practice experience hours do not count toward the total number of practice hours required for a course and impact your ability to successfully complete the course. **Please note: If you fail to complete the required practice hours for the course, you will receive a failing grade for the course.**

A practice learning experience hour is defined as the time you actually spend completing the practice experience assignment.

You cannot work as a paid employee and receive credit for the same practice experiences hours. That is, you cannot be paid for competing practice experience hours when you are functioning in the capacity of a paid employee. If you are an employee at a practice experiences site or have any other formal relationship with the site, your role must be clearly defined in advance of the practice experience.

**When you inquire about the DNP program:** The Admissions Department sends you a checklist of the required documentation for practice experiences in the DNP program.

**When you are “Eligible to Enroll” in the DNP program:** In the Eligible to Enroll packet sent to you by the Admissions Department, you receive:

- Information about the requirements for the practice experiences for the DNP program.
- A checklist of documents/verification you need to submit during the N700PE course.
- A list of websites for companies that provide malpractice insurance for nursing students.
- Information about how to set up an individual account with CastleBranch.
DNP Program Practice Experience Hours Checklist

Below is a checklist to help you verify that you have completed the activities required regarding preparation for Practice Experiences (PEs) in the DNP Program. Further detailed instructions can be found in the Nursing Practice Experience Guide.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Details</th>
</tr>
</thead>
</table>
| **AFTER ENROLLMENT:** Establish an individual account with CastleBranch and start to fulfill the requirements below that need to be documented on your account. You will want to have this completed before starting your first course. | | americansentinel.castlebranch.com
| | | ***You will not have access to course content past week 4 of each course until your CastleBranch report is uploaded and approved. |
| | | Contact a vendor that provides individual malpractice insurance. (See list of possible vendors, page 8) Purchase individual malpractice insurance with a minimum limit of $1,000,000 per occurrence and $3,000,000 aggregate coverage. Upload proof of malpractice insurance. |
| | | Upload information to your account to prove that you hold an active and unencumbered RN license. If your license expires during the program, the new current version will need to be uploaded to replace the expired version. |
| | | Complete a health screen via a health history and physical examination conducted by and signed by a physician or nurse practitioner. |
| | | Upload an immunization record, to each requirement, validating that you are up to date with the required immunizations/vaccinations. |
| | | Upload proof of Cardiopulmonary Resuscitation (CPR) certification. You need to repeat this certification when due each year that you are in the DNP. |
| | | Upload proof of personal health insurance, or a signed waiver verifying that you understand that you are responsible for all expenses related to illness or accidents that may occur while you participate in the DNP program. You need to repeat this each year that you are in the DNP program. |
| | | Upload a certificate of completion of OSHA training that you completed within the past 12 months in connection with Blood-Bourne Pathogen and Hazard Communication. You need to repeat this each year that you are in the DNP. (See page 36) |
| | | Upload a certificate of completion of HIPAA training that you completed within the past 12 months. You need to repeat this each year that you are in the DNP program. (See page 36) |
| | | Follow the directions on your account to obtain a picture identification badge that you are required to wear while you complete your practice experiences. |
BEFORE THE END OF WEEK ONE IN N700PE: Ensure all required elements of your CastleBranch profile are approved, upload your “CastleBranch Summary Report” in Module 1 of your course indicating that you completed the requirements for practice experiences. Instructions on how to obtain the Summary Report are in each course.
***You will not have access to course content past week 4 of each course until your CastleBranch report is uploaded and approved.

IN WEEK ONE OF EACH SUBSEQUENT PE COURSE: Upload a current "CastleBranch Summary Report" that shows each component is not expired. The PE Coordinator will approve this and the Request for PE Hours before Practice Experience hours can be started.
***You will not have access to course content past week 4 of each course until your CastleBranch report is uploaded and approved.

PRECEPTED PRACTICE EXPERIENCE HOURS (PPEs): Begin thinking about who might meet the requirements of a Preceptor, this is not required in all courses.

- **In a course with PPEs:** When submitting your Request for Practice Experiences, you will be prompted to include your preceptors name and contact information, along with your practice site information. You may do your PPE at your place of employment. Your preceptor cannot be someone in a direct reporting relationship with you at your place of employment or someone who is related to you. Your preceptor must meet the requirements listed in the Preceptor Packet.

- Preceptors may NOT hold student status in the same degree program or in the same graduate or certificate program as the students being precepted. For example, an American Sentinel University DNP student cannot be precepted by another DNP student regardless of where the other student is enrolled.

- If you are unable to locate a preceptor that meets the preceptor requirements as listed in the Nursing Practice Experience Guide, you may petition for an alternate preceptor. The form is located in the Required Documents section.
# PRECEPTED PRACTICE EXPERIENCES

## WHEN STARTING A COURSE THAT INCLUDES A PRECEPTED PRACTICE EXPERIENCE: AFTER ENROLLMENT:

When submitting your Request for Practice Experiences, you will be prompted to include your preceptors name and contact information, along with your practice site information. You may do your PPE at your place of employment. Your preceptor cannot be someone in a direct reporting relationship with you at your place of employment or someone who is related to you. Your preceptor must meet the requirements listed in the Preceptor Packet.

Please note: Preceptors may NOT hold student status in the same degree program or in the same graduate or certificate program as the students being precepted. For example, an American Sentinel University DNP student cannot be precepted by another DNP student regardless of where the other student is enrolled.

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>If the proposed site and/or proposed preceptor for the PPE are unacceptable to the Practicum Coordinator, you need to identify a different site and/or preceptor and submit the Request for Practice Experiences with the new information.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>If the proposed site for the PPE and the proposed preceptor are approved by the Practicum Coordinator, make the initial contact with the site and proposed preceptor to see if the site is willing for you to complete your PPE at the location. Provide the preceptor with the forms in the Preceptor Packet.</td>
</tr>
<tr>
<td></td>
<td>Contact the appropriate person at the proposed site for the practice experiences and ask them to email their Affiliation Agreement to <a href="mailto:academicservices@americansentinel.edu">academicservices@americansentinel.edu</a>. Please Note: A Precepted Practice Experience (PPE) may require a signed “Practice Experiences Site Affiliation Agreement” form. Some sites may require completion of this form for other types of practice experiences based on the affiliating agency policy. The practice experience site will determine if an Affiliation Agreement is required and if they will use the document in this guide or provide one from their organization.</td>
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</table>

## DURING A COURSE THAT INCLUDES A PRECEPTED PRACTICE EXPERIENCE (PPE):

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Engage in ongoing communication directly with your preceptor during the PPE.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complete the PPE hours.</td>
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</tbody>
</table>

## AT THE END OF A COURSE THAT INCLUDES A PRACTICE EXPERIENCE OTHER THAN CAPSTONE HOURS:

| Yes/No | |
|--------| |
Log your practice hours that include practice learning experiences (PLE), precepted practice experiences (PPE) and simulations (S) on the Practice Experience Record during the courses that include practice experiences.

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<tr>
<th>Yes/No</th>
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Upload your completed Practice Experience Record indicating that you completed the requirements for practice experiences to the appropriate weekly assignment area for the course.

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<tr>
<th>AT THE END OF A COURSE THAT INCLUDES CAPSTONE HOURS:</th>
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</table>

Log your Capstone Hours (CH) on the Practice Experience Record during a course that includes Capstone Hours. Capstone hours do include the time that you spend working on your Capstone project with your Capstone Chair and in the Capstone workroom and doing your dress rehearsals for your proposal and final defense. Capstone hours do not include the time you spend writing your final paper.

Email your completed Practice Experience Record that includes your Capstone Hours to your Capstone Chair for verification.

Once you receive your completed Practice Experience Record that has been verified by your Capstone Chair, upload it to the appropriate weekly assignment area for the course.
**Frequently Asked Questions (FAQ) About Practice Experiences**

<table>
<thead>
<tr>
<th>Questions For All Students</th>
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<tbody>
<tr>
<td><strong>Q: Why do the requirements for American Sentinel’s nursing programs include practice experiences?</strong></td>
</tr>
<tr>
<td>A: The requirements for the American Sentinel nursing programs include practice experiences because the programmatic accreditors (CCNE and ACEN) require that students in the RN to BSN, RN to BSN/MSN, MSN and DNP programs complete “practice experiences” in the nursing programs to enable students to achieve the required educational competencies (AACN White Paper, Oct. 2012; DNP Essentials for Doctoral Education for Advanced Nursing Practice, 2006; ACEN 2013 Standards).</td>
</tr>
<tr>
<td><strong>Q: Are practice experiences in the American Sentinel Nursing Programs like the clinical experiences I completed for my registered nurse degree?</strong></td>
</tr>
<tr>
<td>A: No, practice experiences do not involve hands-on patient care. They are designed to provide you with opportunities to apply the concepts and knowledge you learn in the nursing courses.</td>
</tr>
<tr>
<td><strong>Q: What is CastleBranch?</strong></td>
</tr>
<tr>
<td>A: CastleBranch provides a secure document tracking and repository service that collects, tracks and monitors your required documentation for the practice experiences you are required to do during the RN to BSN/MSN, MSN and DNP nursing program at American Sentinel. This is a “one-stop” site for you to upload all of your required documents. You will have access to your documents after you graduate. CastleBranch monitors your posting of the required documents and contacts you (and American Sentinel) automatically if you need to update a document.</td>
</tr>
<tr>
<td><strong>Q: How do I order an account from CastleBranch?</strong></td>
</tr>
</tbody>
</table>
| A: During a specific course in the RN to BSN/MSN, MSN and DNP programs, you will be asked to create a CastleBranch account and complete the process. Go to: [http://americansentinel.CastleBranch.com/](http://americansentinel.CastleBranch.com/) and click on the “place order” button in the middle of the page. If asked if you had a CastleBranch account with a previous nursing school, DO NOT click yes. You need to establish a CastleBranch account that is associated with American Sentinel University. You will be asked to select one of the following programs: RN to BSN/MSN, MSN, or DNP. If you are unsure, please contact your Student Service Advisor (SSA) before continuing. Click on the applicable program button. Then select the state where you reside and will be completing your practice experiences from the dropdown menu in the middle of the page. Based on your choice of state, a new dropdown menu will appear that will prompt you to select whether this is your first time placing an order or if you would like to order a recheck package. If this is the first time placing an order for a
program at American Sentinel University, click that you are placing an order for the first time. Then on the following screen, please review the contents of your package, and check both boxes that appear at the bottom of the screen to show that you have read, understand, and agree to the terms and conditions. You are now ready to get started with your order. Click the “continue order” button, and you will be directed to set up your account.

Q: When I go to the CastleBranch site, it asks me for a package code. What should I do?

A: You are on the wrong CastleBranch website. You need to go to the website that is associated with American Sentinel University. Go to: http://americansentinel.CastleBranch.com/ and click on the “place order” button in the middle of the page.

Q: How much will it cost for me to complete the requirements on my account?

A: The cost for you to complete the requirements on your account depends on the nursing program in which you are enrolled and the location and requirements of state in which you reside and want to complete your practice experiences.

Q: What information do I need to enter into my account?

A: In addition to entering your full name and date of birth, you will be asked to enter your Social Security Number, current address, phone number and email address into your account.

Q: How do I pay for my account?

A: At the end of the online order process, you will be prompted to enter your Visa or MasterCard information to pay for your account. Money orders are also accepted but will result in a $10 fee and additional turnaround-time.

Q: How will I get my background results from my account?

A: Your background results will be posted directly to your account. To check your order status and/or view your results, you will login at https://mycb.castlebranch.com/ with your CastleBranch account credentials. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. The necessary personnel at American Sentinel can also securely view your results online with their unique username and password.

Q: Can the time I spend while I am at work at my place of employment count as practice hours for a course?
### Q: Do I need to wear a uniform when completing practice experience hours in a healthcare facility?

A: No, it is unnecessary for you to wear a uniform when completing practice experience hours at a healthcare facility. You should wear business professional clothes. You need to wear the American Sentinel University picture ID badge that you obtained from CastleBranch whenever you are on site at a healthcare organization/facility for a practice experience. Instructions on how to obtain a picture ID badge are provided through your account.

### Q: What if I want to or need to do my practice experiences at more than one facility/site?

A: You may do your practice experiences with more than one healthcare organization/facility. The requirements you completed through your account will be sufficient unless the other healthcare facilities have additional requirements. You need to fulfill the requirements for every healthcare organization/facility where you plan to complete your practice experiences.

### Q: What if the site/facility where I want to do my practice experiences has more requirements than are listed for the nursing program I enrolled in?

A: Some healthcare organizations/facilities require students to complete additional specific requirements before they are allowed to start practice experiences. For example, some organizations require students to complete a drug screen. You need to document completion any additional requirements from the healthcare facility/organization where you want to complete your practice experiences.

### Q: If I don’t take a course at American Sentinel for longer than eight months (which classifies me as an “academic withdrawal” under the University continuous enrollment policy), will I need to get a new degree plan?

A: Yes, if you do not take courses for a period that is longer than eight months, you need to get a new degree plan and follow that plan. You CANNOT USE your original degree plan.

### Q: If I don’t take a course at American Sentinel for less than eight months, will I need to get a new degree plan?

A: No, since your break from taking courses is less than eight months, you DO NOT need to get a new degree plan. You WILL USE your original degree plan.

### Q: I started taking courses in my program but have heard that some of the new courses that are not included in my degree plan are good and include practice hours. Can I get a new degree plan that includes the new courses and does not make me retake the courses that I have already completed? Can I pick and choose which new courses I want to take?


<table>
<thead>
<tr>
<th>Q: Yes, you can get a new degree plan that includes the new courses that include practice hours and you will not be required to retake the courses that you have already completed. However, you cannot pick and choose which of the new courses you want to take. You need to complete all the courses included in your new degree plan and cannot revert back to your previous degree plan.</th>
</tr>
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<tbody>
<tr>
<td>Q: If my RN licensure is valid for more than one year, do I still need to verify each year that it is active and unencumbered?</td>
</tr>
<tr>
<td>A: Yes. It is possible that a person could have a valid RN license on January 1 that is valid for three years and do something that causes that person to lose the license several months later. It is an accreditation requirement that American Sentinel confirms that our students remain licensed to practice as registered nurses.</td>
</tr>
<tr>
<td>Q: Why do I need to purchase malpractice insurance if I already have it through my place of employment where I will be doing my practice experiences?</td>
</tr>
<tr>
<td>A: The malpractice insurance you have through your employer covers you while you work as an employee of the organization. When you are in the role of an American Sentinel nursing student completing practice experiences at your place of employment or any other healthcare setting, you need to have your own malpractice insurance to cover you while you are in a healthcare setting as a student.</td>
</tr>
<tr>
<td>Q: I haven’t taken a course at American Sentinel for longer than eight months (which classifies me as an “academic withdrawal” under the University continuous enrollment policy) and I want to re-enroll in a nursing program. My new degree plan includes nursing courses that involve practice experiences. Who will email me the appropriate information?</td>
</tr>
<tr>
<td>A: When you re-enroll in a nursing program after an “academic withdrawal”, your Student Success Advisor will email you the information from CastleBranch after being notified by the Reenrollment Advisor that you have re-enrolled in a nursing program.</td>
</tr>
<tr>
<td>Q: When will the courses that have been replaced in the RN to BSN, RN to MSN and MSN programs be retired and not offered by the University?</td>
</tr>
<tr>
<td>A: BSN4** courses that have been replaced in the RN to BSN and RN to MSN will be retired and not offered by the University after December 31, 2015. Specialty track courses that have been replaced in the RN to MSN and MSN program will be retired and not offered by the University after December 31, 2016.</td>
</tr>
</tbody>
</table>
| Q: How will students that have not taken courses at American Sentinel for longer than four months but less than eight months know that they need to resume taking courses at the University within a determined period time to be able to resume taking courses at the University under their initial degree plan?  
A: A letter will be sent to students that have not taken courses at American Sentinel for longer than four months but less than eight months to inform them that they need to resume taking courses at the University within a determined period time to be able to continue taking courses under their initial degree plan. |  |
| Q: I have had my account in place for a year. I received an email from CastleBranch that I need to upload proof that I have renewed some of the requirements that must be met each year. What should I do?  
A: After a year, you must renew any of the requirements that must be updated when expired, for example, malpractice insurance, CPR certification, etc. |  |

**Questions for RN to BSN/MSN, MSN and DNP Students**

| Q: If I am not currently employed, how can I get a Precepted Practice Experience site to do my practice hours?  
A: Contact the healthcare organizations in your area to see if they are willing to let you do your Precepted Practice Experiences in their organization. |  |
| Q: Can my preceptor be someone who works for me or someone I work for where I am employed?  
A: No, your preceptor for Precepted Practice Experiences cannot be someone in a direct reporting relationship with you at your place of employment or someone who is related to you. |  |
| Q: If I enrolled in a MSN specialty track before January 1, 2014 and decide to switch MSN specializations, will I be required to get a new degree plan?  
A: No, most students will not need to get new degree plans. However, if students are entitled to transfer credit for the new specialization, they will need new degree plans that include practice experience hours. |  |
<p>| Q: If I decide to switch from a RN to BSN to a RN to BSN/MSN program, will I be required to get a new degree plan? |  |</p>
<table>
<thead>
<tr>
<th>Q:</th>
<th>A: Yes, if you make the switch after April 1, 2014, it is necessary for you to get a new degree plan that includes the courses that you need to complete to obtain the MSN degree.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q: If I decide to switch from a RN to BSN/MSN to a RN to BSN program, will I be required to get a new degree plan?</td>
<td>A: Yes, if you make the switch after April 1, 2014, it will be necessary for you to get a new degree plan that includes the courses that you need to complete to obtain the BSN degree.</td>
</tr>
<tr>
<td>Q: I have not taken courses at the University for more than eight months and want to re-enroll in a MSN specialty track. Before I left American Sentinel, I completed all of the core courses for the MSN program. Do I need a new degree plan and do I need to take the new MSN core courses?</td>
<td>A: Yes, if you have not taken courses at the University for more than eight months and want to re-enroll in a MSN specialty track you need a new degree plan. However, since you completed all of the core MSN courses prior to your absence from taking courses at the University, you do not need to take the new MSN core courses if you resume taking courses before December 31, 2015.</td>
</tr>
<tr>
<td>Q: I have not taken courses at the University for more than eight months and want to re-enroll in a MSN specialty track. Before I left American Sentinel, I completed one or more but not of all the core courses for the MSN program. Do I need a new degree plan and do I need to take the new MSN core courses?</td>
<td>A: If you have not taken courses at the University for more than eight months and want to re-enroll in a MSN specialty track, you need to obtain a new degree plan. However, if you completed N505 and/or N515 at American Sentinel within the past 10 years, you will receive equivalency credit for that/those course(s) but need to take the remaining core MSN courses (N501PE, N512, N521, N522PE).</td>
</tr>
<tr>
<td>Q: I am a new student that took some MSN courses at another educational institution. Can I transfer in any nursing courses?</td>
<td>A: Yes, you may transfer in nursing courses that you have taken within the past 10 years if they are deemed comparable to the MSN courses in the current specialization tracks after an evaluation of those courses.</td>
</tr>
<tr>
<td>Q: I have completed the current MSN core courses but want to take one or more of the following courses: N501PE, N512, N521, and/or N522PE. Can I do this?</td>
<td></td>
</tr>
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</table>
A: Yes, you can take any or all of those courses, as single courses, after completion of the remaining courses in your degree plan but you need to explore the financial implications of your decision.

### Questions for RN to BSN Students

<table>
<thead>
<tr>
<th>Q: Do I need to do practice experiences in the RN to BSN program?</th>
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<tbody>
<tr>
<td>A. Yes, you need to complete 90 hours of practice experiences in the RN to BSN program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: Do I need to establish a CastleBranch account before I complete the practice experience hours in the RN to BSN program?</th>
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<tbody>
<tr>
<td>A. No, you do not need to establish a CastleBranch account before completing the practice experience hours in the RN to BSN program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: Can my mentor be someone who works for me or someone I work for where I am employed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: No, your mentor cannot be someone in a direct reporting relationship with you at your place of employment or someone who is related to you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: I have not taken courses at the University for more than eight months and want to re-enroll in the RN to BSN program. Will I need to get a new degree plan and will I get transfer credit for any of the courses I completed before I left the University?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Yes, you will need to get a new degree plan. The following courses will be considered as equivalent: BSN420 = BSN421PE; BSN425 and BSN430 = BSN432PE. If you only completed BSN425 you will need to take BSN432PE. You will need to also take BSN437PE as part of your degree plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: I enrolled in the RN to BSN program before April 1, 2013 and my degree plan did not require me to take 30 credits of general education. I have not taken courses at the University for more than eight months and want to re-enroll in the RN to BSN program. Will I need to get a new degree plan and will I need to complete or transfer in 30-credits of general education?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Yes, you will need to get a new degree plan and yes you will need to complete or transfer in 30 credits of general education.</td>
</tr>
</tbody>
</table>
Blood-Borne Pathogen and Hazard Communication Training

Anyone who works in or is placed in a facility where exposure to blood or other potentially infectious materials may take place is required to receive annual training according to the blood-borne standard mandated by Occupational Safety and Health Administration (OSHA). All students enrolled in the RN to BSN/MSN, MSN and DNP programs are required to upload an OSHA training certificate that was completed within the past 12 months to their CastleBranch account. This certification must be renewed each year you are enrolled in the American Sentinel RN to BSN/MSN, MSN or DNP programs. You may upload a certificate of completion to your CastleBranch account from an employer if you completed the training as part of an annual requirement at your place of employment.

If you need to complete the training, the following two websites offer training:

- Hazard Communication. The course is free. **Do not insert your social security number.**
- OSHAcademy Occupational Safety & Health Training: http://www.oshatrain.org/courses/index.html
- Blood-borne pathogens Course number 755. It is listed under free courses; however there is a fee for the PDF certificate of completion.

Please note: American Sentinel does not endorse any OSHA training sites, but the sites above appear to meet all of the requirements for OSHA training. Training is at the expense of the student.

In addition, you must follow the facility and agency policy on Blood Borne Pathogen control and exposure for all practice experiences.

Confidentiality Training

Students must adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) policies in all practice experience environments. This act requires that individually identifiable patient information be disclosed only on a need to know basis. Students are required to meet any and all of the practice experience agency’s requirements regarding HIPAA.

You are required to upload a certificate of completion for HIPAA training within the past 12 months to your CastleBranch accounts. This certification must be renewed each year you are enrolled in the American Sentinel RN to BSN/MSN, MSN or DNP programs. You
may upload a certificate of completion to your CastleBranch account from an employer if you completed the training as part of an annual requirement at your place of employment.

If you need HIPAA training, the following websites offer the training.

Please note that American Sentinel does not endorse any HIPAA training sites, but the sites below appear to meet all of the requirements for HIPAA training. Training is at the expense of the student.

- HIPAA General Awareness Training Course
- My HIPAA Training: http://myhipaatraining.com/
- Basic HIPAA Training Course

In addition, you must follow the facility and agency policy regarding confidentiality for all practice experiences.

Cardiopulmonary Resuscitation (CPR) Training

Students enrolled in the RN to BSN/MSN and DNP programs must upload proof of completion of the American Heart Association Healthcare Provider level cardiopulmonary (CPR) course to your CastleBranch account. You may upload a certificate of completion to your CastleBranch account from an employer if you completed the training as part of an annual requirement at your place of employment. Please note: Be sure to copy and upload both sides of your CPR card and ensure that you have signed the card.
# Practice Experience Record

Student ______________________

Course Name and Number___________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>PRACTICE EXPERIENCE ACTIVITY</th>
<th># HOURS</th>
<th>INITIALS</th>
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Please total hours in the far right column

Preceptor Signature (if Precepted Practice Experience [PPE]) | Date

Student Signature | Date
Request for Practice Experience

All practice experiences must be approved by the Practicum Coordinator prior to beginning any experiences and to obtain course credit for these experiences.

To assist with time management, place a proposed date or timeframe of each activity. Keep records of each activity for placement on the Practice Experience Record. Please total your hours at the bottom of the grid to ensure you are meeting the course requirement.

***This document may be used as a guide to prepare prior to submitting your Request for Practice Experiences in the online format.

Student ________________________________

Course Name and Number __________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>BRIEF DESCRIPTION OF THE PROPOSED PRACTICE EXPERIENCE AS RELATED TO THE COURSE LEARNING OUTCOMES</th>
<th>HOURS</th>
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Please total hours in the far right column
Practice Experience Reflective Journal Instructions

The purpose of reflective journaling is for you to have an opportunity to connect course content with experiential learning. Reflective journaling provides focus on the lessons learned through a succinct and meaningful process. The overarching goal of all Practice Experiences is to integrate practical learning experiences into your professional practice through self-development. This format enhances critical thinking, clinical reasoning, and clinical judgment through use of the nursing process.

In your “Reflective Journaling” you will include written reflection by:

1. Selecting a couple key learning experiences (2-3) for every eight hours of practice experience hours that you complete. Reflect on your practice learning experiences. Why were these practice experiences meaningful to you?
2. Summarizing application of course content to your key learning experiences.
3. Relating practice experiences to your professional learning and its potential impact on your professional nursing practice.
4. Articulating achievement of your course Practice Experience Student Learning Outcomes.

The written reflection should meet the following additional criteria:

1. Maintain patient, employee, and organizational confidentiality at all times. Use only initials throughout the journal when referring to a specific patient, employee, organization or other entity.
2. Reflective journal entries should be approximately two pages for each 8 hours of practice experience activities.
3. Critical thinking, clinical reasoning, and clinical judgment need to be evidenced in your reflective writing. This should include:
   a. Your reflection to the learning experiences.
   b. Your achievement of University principles, program outcomes, and course learning outcomes.
   c. Application of theoretical content from the course to each practice experience reflection.
   d. Reflection of potential impact on your future professional nursing practice.
4. This is a personal reflection writing, therefore, it may be written in first person.

This is not a formal APA Paper. Use the Practice Experiences Reflective Journal Documentation Form to complete your reflective journaling.
Practice Experience Reflective Journal Documentation Form

This is the form required to document most Practice Experiences in the Nursing Programs at American Sentinel University. Please refer to the “Practice Experiences Reflective Journal Instructions: for guidance.

Demographic Information:

- Student Name __________________________________________________________
- Course ________________________________________________________________
- Preceptor, when required ______________________________________________

Provide a statement of all actual completed practice experience activities:

<table>
<thead>
<tr>
<th>Type of Practice Experience Activity</th>
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(This should provide a quick snapshot to your faculty of record of what you did for this practice experience. Add more lines if needed.)
Reflective Journaling

(Reflective Journaling should be approximately 2 pages per 8 hours of practice experience activities; See “Practice Experiences Reflective Journal Instructions” for detailed instructions of what to include in this section of your documentation.):

Include:
1. A synthesis of your reflections of the learning experiences.
2. Your achievement of university principles, program outcomes, and course learning outcomes.
3. Application of theoretical content from the course to each practice experience reflection.
4. Reflection of potential impact on your future professional nursing practice.
5. All cited references should be in APA format.
Practice Experience Site Affiliation Agreement

This Affiliation Agreement is entered into between American Sentinel University (hereinafter referred to as “School”) located at 2260 S. Xanadu Way, Suite 310 Aurora, CO 80014 and [insert name of Facility] (hereinafter referred to as “Facility”), located at [insert full address] and is effective on the ___ day of __________, 20__ (“Effective Date”) for a one-year term and will automatically renew for subsequent one-year terms unless either party provides a notice of non-renewal to the other party thirty (30) days prior to the end of any term.

Recitals

WHEREAS, School offers a program of study in Nursing and desires that its students complete Precepted Practice Experiences (“Precepted Practice Experiences”) to obtain experience at Facility in furtherance of the School’s program(s). Facility has agreed to make its location(s) available to School and its students for this purpose.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

A. School and Facility Responsibilities

1. School has full responsibility for the academic content of the Precepted Practice Experiences and the credit granted for its satisfactory completion, and School and Facility will agree in advance of the start date of the Precepted Practice Experiences on the specific studies and research that will occur.

2. The student shall be directly supervised by an employee of Facility who is approved in advance by the School and meets Facility’s requirements for such position. The student’s supervisor shall not be an employee of School or a currently enrolled student of School.

3. The parties will mutually agree to the number of students that can participate in the Precepted Practice Experiences prior to the start date.
4. School will advise its students and each faculty member (if on site) to comply with all of Facility’s policies and procedures, including but not limited to the requirement to keep all patient related medical information confidential and to comply with the Facility’s policy regarding the Health Insurance Portability and Accountability Act (HIPAA).

5. School will advise its students and each faculty member (if on site) to comply with any of Facility’s requirements regarding criminal background checks and malpractice insurance. Facility shall provide students a copy of its policy regarding background checks and malpractice insurance and shall instruct students to comply with said policy; any costs for the background check and malpractice insurance are at the students’ expense. Facility shall apply the same criteria to students and faculty members as they do to Facility employees under their current hiring practices. School will advise students and faculty members that as a result of a criminal background check, Facility may reject any student or faculty member and bar them from the Facility in accordance with Facility policies. Background checks and proof of malpractice insurance, if required, need to be completed before the start of the Precepted Practice Experiences.

6. School will advise its students and all faculty members (if on site) to comply with any requirements of Facility regarding immunizations. Any immunizations required which faculty members or students do not yet have must be obtained prior to beginning the Precepted Practice Experiences and the cost for the immunization shall be paid for by the students or students’ own medical coverage.

7. Facility will provide an appropriate orientation to the students and faculty members (if on site) and advise them of all applicable rules and regulations including orientation to the risk of exposure to blood borne viral diseases such as HBV/HIV and to other communicable diseases; to chemical and other environmental hazards in compliance with federal hazard communications regulations; to fire safety procedures at the Facility; and to provide basic training on the confidentiality and privacy requirements of the federal HIPAA law. The orientation will be completed prior to the start of the Precepted Practice Experiences.

8. Facility shall provide a safe physical facility and environment in addition to adequate instruction, supervision, guidance and evaluation of students. The Facility shall complete and promptly return any evaluations requested by School. Both parties agree to cooperate with each other and share information in the event that any investigation is conducted with respect to a student’s experience or performance at Facility. Students may be asked to sign a form granting School and Facility permission to share information relevant to their experience or performance.
9. Facility may terminate students or faculty members (if on site) from participating in Precepted Practice Experiences if Facility determines in its sole opinion and discretion that the students' conduct or work with clients, patients or personnel is not in accordance with acceptable standards of performance.

10. Upon request of School, Facility shall provide meeting space for the use of students and faculty members (if on site) subject to availability and provide them the privilege of using libraries, lounges, cafeterias, rest rooms, etc. on the same basis as Facility employees.

11. School will advise its students and faculty (if on site) that it is the responsibility of the students and faculty to pay for the cost of their own health insurance and medical costs as Facility is not providing any such insurance for them.

12. If applicable, Facility shall make available to students and faculty members (if on site) any necessary emergency care for injuries or illnesses arising out of their program participation. Applicable insurance policies may be billed for the provision of these services.

13. School will advise its students that Facility does not consider them to be employees. If Facility is paying any students, the individual student is responsible to make all required withholdings for state and federal income tax purposes. At all times, neither students nor faculty members (if on site) are considered employees of Facility.

14. The School is responsible at all times for the negligent and willful acts and omissions of its employees and agents, including its faculty. In addition, the Facility is responsible at all times for the negligent and willful acts and omissions of its employees and agents.

15. Facility shall indemnify, hold harmless and defend School, its officers, directors, employees and agents from and against any and all losses, liabilities, claims, damages, causes of action, costs and expenses, including reasonable attorneys’ fees and litigation costs arising from Facility’s breach of any covenants or obligations set forth in this Agreement. This obligation shall survive the termination of this Agreement.

16. School shall indemnify, hold harmless and defend Facility, its officers, directors, employees and agents from and against any and all losses, liabilities, claims, damages, causes of action, costs and expenses, including reasonable attorneys’ fees and
litigation costs arising from School’s breach of any covenants or obligations set forth in this Agreement. This obligation shall survive the termination of this Agreement.

17. When a Facility has patients in its care, the ultimate responsibility for the care of patients and the direction of Facility’s operation is with Facility.

18. School shall provide and maintain comprehensive general liability insurance in the amount of $1,000,000 per occurrence $3,000,000 aggregate. The School shall provide a certificate of insurance at the request of Facility. In addition, students are required to obtain and maintain individual professional liability insurance in the amount of $1,000,000 per claim/$3,000,000 aggregate unless state legislation or the Facility requires student malpractice insurance of a different amount.

19. Facility shall provide and maintain comprehensive professional and general liability insurance of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate as well as excess liability insurance of not less than $1,000,000. A certificate of insurance evidencing such insurance coverage shall be provided to School. To the extent permitted by Facility’s insurance policy, the general liability insurance shall name as additional insured, Education Management Corporation, its schools, directors, subsidiaries, officers, employees, assigns, agents and board members.

20. In the event a preceptor is utilized at the Facility, the preceptor shall comply with all applicable state board requirements and other responsibilities agreed to by the parties.

B. General Provisions

1. This agreement may be terminated by either party with or without cause by providing thirty (30) days written notice to the other party. In the event of termination during a Precepted Experiences, Facility will allow students to complete their Precepted Experiences.

2. The parties to this Agreement are independent contractors. Neither School nor any of its faculty, students or employees shall hold themselves out as employees, agents or partners of Facility. In addition, neither Facility, nor any of its faculty, students or employees shall hold themselves out as employees, agents or partners of School.

3. There shall be no monetary consideration paid by either party to the other, it being acknowledged that the Preception provided hereunder is mutually beneficial.

4. Each party agrees in the performance of this Agreement not to discriminate on the basis of race, ethnicity, national origin, gender, age, religion, disability, sexual orientation, or any other basis prohibited by law in the jurisdiction in which the Agreement is to be performed.

5. Notices. Any and all notices required shall be deemed delivered when received by registered, certified or express mail to:
6. This Agreement contains the entire agreement between the parties and supersedes all prior agreements and understandings, oral or written, with respect to the subject matter hereof.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as of the Effective Date set forth above. For and on behalf of:

**FACILITY:**

Signature: ________________________________

Print Name and Title: ________________________________

Date: ________________________________

American Sentinel University, INC:

Signature of Dean ________________________________ Date: ________________________________

Printed Name of Dean ________________________________

American Sentinel University
Dean, Nursing Programs

2260 S. Xanadu Way, Suite 310, Aurora, CO 80014
Phone: Direct 303.557.9948
Main 800.729.2427  Fax 866.505.2450
Nursing Student Health Form

NURSING STUDENT HEALTH ASSESSMENT DATA

Name ___________________________________________ Date ______ / ______ / ______

Address ____________________________________________

Date of Birth / ______ / ______ Male ______ Female ______

Phone ________________________________

Please note: This health assessment must be completed and signed by an MD, DO, PA or ARNP. Assessment by other healthcare providers will NOT be accepted.

To the examining medical practitioner:

This applicant is a student in the nursing program at American Sentinel University. To ensure the health and safety of patients and other healthcare providers while enrolled, this person will be: required to participate in a rigorous academic program; involved in stressful situations on a one-to-one basis; called upon to work with groups of people in stressful situations; required to effectively use all sensory organs; engage in activities that require above-average manual dexterity; and required to be on his/her feet for four to eight consecutive hours at one time.

PHYSICAL ASSESSMENT

Height _____ Weight _____ Vital Signs: BP ___P ___R ___ Temperature

Visual Acuity (R)___ (L)___ Uses Eyeglasses ___YES ___NO Uses contact lens ___YES ___NO

Hearing Acuity (R)_______(L) __________ Uses hearing aid ___YES ___ NO

PHYSICAL EXAMINATION RECORD

ALLERGIES: Drug __________________ Other _______________________

MEDICATIONS: ____________________________________________

HABITS: __________________________________________________

LIMITATIONS/SPECIAL ACCOMMODATIONS: No _____ Yes _____
Describe: ______________________________________________________________

________________________________________________________________________

________________________________________________________________________

REVIEW OF SYSTEMS

EYES: _________________________________________________________________

ENT: _________________________________________________________________

NECK: ________________________________________________________________

LUNGS: _______________________________________________________________ 

HEART: _________________________________________________________________

BREAST: _______________________________________________________________ 

ABDOMEN: _____________________________________________________________ 

RECTAL (may be deferred): ______________________________________________ 

PELVIC (may be deferred): ________________________________________________ 

EXTREMITIES: __________________________________________________________ 

NEURO: ________________________________________________________________

MEDICAL HISTORY

MAJOR ILLNESSES: _______________________________________________________

PAST HISTORY

MEDICAL:

Cardiac: _____ Diabetes: _____ Respiratory: _____ Cancer: _____

Learning Disability: _____ Hypertension __________________________

Other _____________________________

MEDICAL PROBLEMS, TREATMENTS, DATES: ____________________________
SURGICAL: 

FAMILY HISTORY: 

Please list all past accidents, overnight hospitalizations, surgeries and dates:

IMMUNIZATION VERIFICATION**

NAME: ________________________________ DOB: __________

**Tuberculin Skin Test (PPD)**

Required annually and must be 0 mm. If POS, repeat TB test not required, but must have CXR within five years.

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<tr>
<th>DATE</th>
<th>ASSESSMENT</th>
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<td>___ mm</td>
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<td>___ mm (update) ___ (Initials)</td>
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</tbody>
</table>

**Tetanus Vaccination /TDAP**

Required every 10 years.

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<th>DATE</th>
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<tbody>
<tr>
<td><em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td><em><strong>/</strong></em>/___ (update) ___ (Initials)</td>
</tr>
</tbody>
</table>

**Recombivax (Hep B Vaccination)**
Hep B Surface antibody positive:  ___YES ___ NO
# 1  ___/___/___    NOTES:_____________________________________
# 2  ___/___/___    NOTES:_____________________________________
# 3  ___/___/___    NOTES:_____________________________________

Influenza Vaccination

Prior to any clinical experience and annually.
# 1  ___/___/___    # 2  ___/___/___    # 3  ___/___/___

MMR (Measles, Mumps, and Rubella)

Evidence of Immunity:
Rubella Titer   ___POS ___NEG
Date of vaccine if negative titer ________________________
Rubeola Titer   ___POS ___NEG
Date of vaccine if negative titer ________________________
Mumps Titer     ___POS ___NEG
Date of vaccine if negative titer ________________________
Varicella Titer  ___POS ___NEG
Date of vaccine if negative titer ________________________

Based upon standard history and physical exam findings, this applicant is free from communicable diseases and able to provide patient care services. All immunization dates above are hereby certified and all other medical records of this applicant are on file at the physician's office.

HEALTHCARE PROVIDER'S SIGNATURE ___________________________ DATE ___________________________
ALL immunization requirements MUST be met prior to registration into any course with a precepted practice experience component in the American Sentinel University Nursing Program unless approved special circumstances exist. By signing this statement, the applicant provides a waiver for the American Sentinel University Nursing Program faculty and staff to maintain and release immunization and tuberculosis screening results.

STUDENT’S SIGNATURE

CERTIFICATION OF HEALTH STATUS

I hereby certify that I have examined ____________________________ and that he/she is physically and emotionally able to participate as a nursing student. To the best of my knowledge, on this date, I have determined that he/she is free from any health impairment that is of potential risk to patients or that might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances that may alter the individual’s behavior.

COMMENTS OF EXAMINER:

____________________________________

Signature of Examining MD/DO/NP/PA:

____________________________________

Type or Print Name and Title:

____________________________________

Date: _______________________________________________________________________

____________________________________

Street Address: _______________________________________________________________________

City/State/Zip: _______________________________________________________________________
Acknowledgement of Health Insurance Liability

American Sentinel University requires that nursing students carry health insurance or sign a waiver to verify an understanding that they are responsible for all expenses related to illness or accidents that may occur while participating in the American Sentinel University nursing program. Many healthcare facilities and agencies require proof of health insurance coverage prior to students starting precepted practice experiences.

Students who do not submit proof of current health insurance or a signed waiver of health insurance—prior to completion of the course that requires it—will receive an incomplete for the course and be unable to continue in the nursing program.

By signing this Acknowledgement of Health Insurance Liability form, you understand and agree to the following:

- Practice Experiences in healthcare settings assume certain risks, including the possibility of exposure to an infectious disease, injury from equipment or medical materials, and illness or injury to oneself, employees, patients or visitors. I understand that American Sentinel University and its affiliates (the “precepted practice experience sites(s)”) do not provide any accident, malpractice, health, medical, or workers’ compensation insurance coverage for any illness or injury I may acquire or cause at a practicum or practice learning site.

- I acknowledge and as consideration for the opportunity to participate in precepted practice experiences at precepted practice experience sites, I hereby waive, for myself or any heirs and/or assigns, any and all claims which I might have against the precepted practice experience sites, or their agents or representatives, in any way resulting from personal injuries, illness, or property damage sustained by me and arising out of my participation in the precepted practice experiences at the practice experience sites, except for claims arising out of the gross negligence or reckless or willful misconduct of the practice experience site(s) or their employees.

- In the event I am exposed to blood or other bodily fluids from a patient who is a carrier of a contagious or infectious disease or a patient who is, in the judgment of the practice experience site(s), at risk of carrying a contagious or infectious disease, the practice experience site(s) shall, with my consent, either administer immediate precautionary treatment consistent with current medical practice or refer me to an Emergency Room.

- I acknowledge that I am legally responsible for any and all medical expenses I may incur during my enrollment at American Sentinel University and while engaged in precepted practice experience site(s). The practice experience site(s) shall have
no responsibility for any further diagnosis, medication or treatment and I
acknowledge and assume the risk of working with patients at risk of carrying a
contagious or infectious disease, except for the risk of gross negligence or willful or
reckless misconduct on the part of the practice learning site(s), its trustees, officers,
agents, and employees.

Student
Name:__________________________________________
Mailing
Address:________________________________________
Student
Signature:________________________________________

Date of
Birth:____________________
Phone:____________________
Date
Signed:__________________
CastleBranch is a secure platform that allows you to order your background check online. Once you have placed your order, you may use your login to access additional features of CastleBranch, including document storage, portfolio builders and reference tools. CastleBranch also allows you to upload any additional documents required by your school.

Order Summary

- **Required Personal Information** - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.

- **Payment Information** - At the end of the online order process, you will be prompted to enter your Visa or MasterCard information. Money orders are also accepted but will result in a $10 fee and an additional turn around-time.

Place Your Order


2. Click on the **PLACE ORDER** button in the middle of the page.

3. You will be asked to select one of the following programs: RN to BSN, RN to MSN, MSN, or DNP. (If you are unsure, please contact your Student Success Advisor (SSA) before continuing.) Click on the applicable program button.

4. Then select the state where you will be completing your practice experiences from the dropdown list.

5. Drug Testing is not included in your package but may be obtained when needed by ordering the drug test only package. Based on your choice of state, a new dropdown will appear that will prompt you to select whether this is your first time placing an order or if you would like to order a recheck package.
6. On the following screen, please review the contents of your package, and check both boxes that appear at the bottom of the screen to show that you have read, understand, and agree to the terms and conditions.

7. You are now ready to get started with your order. Click the button, and you will be directed to set up your account.

   Please note: You will receive further instructions once you place your order on how to obtain your photo ID badge. This badge must be worn at all times.

View Your Results

Your results will be posted directly to your CastleBranch account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. The necessary personnel at American Sentinel can also securely view your results online with their unique username and password.
Notification of CastleBranch Requirements

To whom it may concern:

The accreditors for the Nursing Programs at American Sentinel, the Commission on Collegiate Nursing Education (CCNE) and the Accrediting Commission for Education in Nursing (ACEN), require that RN to BSN/MSN, MSN and DNP programs include “practice experiences” in the curricula to enable students to achieve the required educational competencies (AACN White Paper, Oct. 2012; DNP Essentials for Doctoral Education for Advanced Nursing Practice, 2006; ACEN 2013 Standards). These “practice experiences” have specific objectives, expected outcomes and competencies. Students who complete these experiences are evaluated by the faculty of record.

Practice experiences are not like the clinical experiences nurses completed to obtain their degree as registered nurses. Practice experiences do not involve hands-on patient care. They are designed to provide students with the opportunity to apply the concepts and knowledge they learn in the nursing courses.

Before starting the practice experiences, students are required to establish a CastleBranch account and fulfill the requirements for the nursing program in which they are enrolled. The cost of CastleBranch accounts varied by the nursing program in which the student is enrolled, the location and requirements of state in which the student wants to complete his/her practice experiences, and ranges from approximately $100 to $250.

Dean, Nursing Programs
Petition for a Waiver of the CastleBranch Account, Use of an Agency Affiliation Agreement and Practice Experience Preceptor for Students Taking Only N512, N521 and N522PE

Please note: This form is for use by students who enroll only in the University to take N512, N521 and N522PE.

The Nursing Programs at American Sentinel University require students in the RN to MSN, MSN and DNP programs to establish a CastleBranch account, complete the requirement for their specific nursing program and secure an Affiliation Agency Agreement if required by the healthcare organization and enrolled in the RN to MSN, MSN or DNP program. Students who already have a MSN degree and want to register only one or more of the three “P” courses: N512 Advanced Pathophysiology, N521 Advanced Pharmacology; and N522PE Advanced Physical Assessment must submit a Petition for a Waiver of the CastleBranch Account, use of an agency affiliation agreement and a practice experience preceptor.

The Associate Dean, Graduate Nursing Programs is authorized to allow students seeking enrollment in only these three courses at American Sentinel University to waive the CastleBranch account, use of an agency affiliation agreement and a practice experience preceptor.

Required petition components:
1. Completed Petition for a Waiver of the CastleBranch Account, Use of an Agency Affiliation Agreement and Practice Experience Preceptor form.
2. Statement of rationale for requesting to complete one or more of the three “P” courses.

<table>
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<tr>
<th>Name:</th>
<th>Student ID#:</th>
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<tbody>
<tr>
<td>Telephone Number:</td>
<td>Email Address:</td>
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Proposed Enrollments at American Sentinel University:

- N512 Advanced Pathophysiology
- N521 Advanced Pharmacology
- N522PE Advanced Physical Assessment.

Rationale:

With my signature, I hereby request a waiver to complete one or more of the three “P” MSN core courses as noted above. I hereby authorize designated University personnel to review any pertinent records to make an informed decision regarding my waiver request. I affirm that I will not seek practice experiences in any setting with or without a preceptor and that this request affirms my intent to enroll in only one or more of the three “P” courses at the University.

If at any point in my academic studies, I determine that I wish to pursue additional coursework, I will be required to complete all required practice experience hours.

Student Signature:      Date:

Office Use Only

Date:                Decision:

Associate Dean, Nursing Programs Signature: