

### COMPLETE PRIOR TO FIRST CLINICAL

#### CastleBranch Critical Requirements

*While enrolled in your graduate program, with exception of the Accelerated Direct Entry MSN, the package code only needs to be purchased once. Situations such as change in specialty, relocation or gaps in enrollment can result in the need to purchase a new package code. If needed, consult the [Critical Requirements Compliance Coordinator](#) to review your individual situation and obtain guidance.*

- ✓ I have purchased my CastleBranch critical requirements package on the first day of course instruction for my program.

Initials:

Date:

- ✓ I have followed the appropriate deadlines for my program and they have all been marked as complete within CastleBranch.. *Please note that different programs have varying deadlines; ensure you have read the [Critical Requirements](#) page fully to understand which deadline you should follow.*

Initials:

Date:

- ✓ If needed, I have contacted a [CastleBranch administrator](#) and my clinical site coordinator via email with any CastleBranch related issues.

Yes, I did need to contact a CastleBranch administrator No, I  
did not need to contact a CastleBranch administrator

#### Student ID/Badge

*If you do not attend classes on campus, you might not need a student ID; however, your clinical site could require you to have one. To order your ID/badge, do **one** of the following:*

- *Follow the instructions on the [Registration, Textbooks, IDs & Calendars](#) page to request one via email, or*
- *Visit the Public Safety Office (Four Edwards Center) any time Monday through Friday from 8 a.m. to 5 p.m. (ET)*
- ✓ I have ordered my student ID/badge

Initials:

Date:

### COMPLETE PRIOR TO EACH CLINICAL EXPERIENCE

These items must be completed prior to the start of each clinical course in your program.

#### Clinical Requirements

- ✓ I hold a current, active, unrestricted Registered Nurse (RN) license with no restriction(s) or disciplinary action(s) in the state where the clinical experiences (practicum and internships) I intend to complete will occur.

Initials:

Date:

- ✓ I have updated my CastleBranch account as necessary to ensure my profile is fully compliant.

Initials:

Date:

- ✓ I understand that I will not be permitted to attend clinical prior to completion of these requirements.

Initials:

Date:

- ✓ I understand the following Illness, Injury, and Exposures Statement:

In the event of a student illness, injury, or exposure to infectious diseases or to blood and body fluids (via skin, eyes, mucous membranes, or parenteral [needlestick] contact), including airborne pathogens (e.g., tuberculosis), students are required to follow established protocols to ensure timely medical care, appropriate documentation, and institutional compliance. Students are responsible for costs associated with evaluation and treatment unless otherwise covered by site policy, Student Health Insurance Plan (SHIP), or Bloodborne Pathogen Insurance Plan (BBPI) (only blood exposures are eligible for coverage), as applicable.

— Initials:

Date:

**Securing a Preceptor**

- ✓ I have met or discussed with my preceptor and they have agreed to precept for me.  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_
  
- ✓ I have filled out the student portion of the preceptor application with accurate information and license.  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_
  
- ✓ My preceptor or I have emailed the preceptor application to my clinical site coordinator or [conprptr@ucmail.uc.edu](mailto:conprptr@ucmail.uc.edu) and I have received confirmation of receipt.  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_
  
- ✓ My preceptor and I have received the welcome email, indicating that my preceptor is qualified to precept for me and there may be further requirements for approval of clinical activity at the site.  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_
  
- ✓ If I am struggling to locate a preceptor, I have employed all techniques listed on the [networking suggestions document](#) and I have emailed my clinical site coordinator if I am still having trouble.  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_

