

## Jacksonville State University

Please return the following items to:

**College of Nursing**

**ATTN: Amber Law**

**Jacksonville State University**

**700 Pelham Road N**

**Jacksonville, AL 36265**

Please submit the items listed below. If you have any questions please contact Amber Law by calling 256-782-8426 or by email at [anlaw@jsu.edu](mailto:anlaw@jsu.edu)  
Fax number is ATTN: Amber at 256-782-5406.

- \_\_\_\_\_ Physical Health Appraisal information
- \_\_\_\_\_ Hepatitis B immunizations
- \_\_\_\_\_ Current TB test (with evidence of a 2 Step TB test in the past or continuous annual TB testing from multiple years)
- \_\_\_\_\_ Varicella (immunity)
- \_\_\_\_\_ MMR (immunity)
- \_\_\_\_\_ TD/TDAP vaccination
- \_\_\_\_\_ Release of Liability form
- \_\_\_\_\_ Letter of Understanding (from Student handbook)
- \_\_\_\_\_ Drug Screen Consent form
- \_\_\_\_\_ CPR certification documentation
- \_\_\_\_\_ HIPAA statement
- \_\_\_\_\_ Complete PSI background check instructions (step by step instructions on MSN Student web page)
  
- \_\_\_\_\_ Letter of Understanding (from background check)
  
- \_\_\_\_\_ Health Insurance Verification form AND copy of Health insurance card. (Each student must submit documentation of current health insurance coverage. \*Please be sure to fill in the section regarding the Semester you are enrolled in\*)
  
- \_\_\_\_\_ Malpractice Insurance (\*If you would like to purchase this through the College of Nursing, submit a check payable to Jacksonville State University in the amount of \$15.00. If coverage is provided through a personal policy, submit a copy of the face sheet **specifying coverage in a student role\***)