June 22, 2020

Dear Student:

Congratulations on your acceptance to the Bachelor of Nursing (Collaborative) Program.

On behalf of the faculty and staff at the Centre for Nursing Studies (CNS), I welcome you to the nursing profession and to our School located at Southcott Hall, 100 Forest Road in the east end of St. John’s. It will be our goal to make the four years spent in the program a positive learning experience for you.

In addition to the Bachelor of Nursing (Collaborative) Program, the CNS offers several other nursing programs and courses. You will have many opportunities for interaction with your colleagues at Memorial University and here at the Centre for Nursing Studies.

Enclosed with this letter you will find important information that will help you prepare for September. Please review it thoroughly.

We look forward to working with you as you embark on an exciting, rewarding and rigorous nursing education program. We look forward to meeting you all in January 2021.

Sincerely,

[Signature]

Kathy D. Watkins, PhD, RN
Director, Centre for Nursing Studies
MEMORANDUM

TO: Year 1 BN Students (Class 2024)

FROM: Denise Waterman, Registrar (Room 1132, Telephone 709-777-8171, email dwaterman@mun.ca)

DATE: June 22, 2020

RE: Fall Semester Course Registration

Courses in the fall 2020 semester will be offered remotely. Instructors will provide students with course information after registration. Please visit the following link for a discussion of requirements for online learning - https://citl.mun.ca/learning/fs/whatsneeded.php

REGISTRATION

Congratulations on your acceptance to the Bachelor of Nursing (Collaborative) Program at the Centre for Nursing Studies. We look forward to working with you in September. All classes are offered remotely.

This document has been compiled to assist you in the registration for Fall Semester.

Advance registration for fall commences July 14, 2020.

- Once you receive your Permit to Register Email from the Office of the Registrar at MUN, please review the registration procedure and the course offerings for the Centre for Nursing Studies. These are the time frames available to you. Do not confuse the Centre for Nursing Studies course offerings with those for MUN Faculty of Nursing. The Campus code is “Centre for Nursing Studies” for your nursing courses. For non-nursing courses, the Campus code is “St. John’s”.

- A Fall Semester Schedule has been enclosed to assist you in registering for your courses. The course registration number (CRN) is listed on the schedule for the lab session. When you register for ONE of the lab sessions, you will automatically be registered for the lecture sessions.

**IMPORTANT** PLEASE NOTE THE FOLLOWING SCHEDULING POINTS.

- To avoid problems with registration, please register for your nursing courses in the following order: 1) NURS 1002, 2) NURS 1004, and 3) NURS 1003. You must also register for three short in-service courses: 1) PHIA 1000 CRN# 56847, 2) SC1807 CRN# 63122 and 3) SC1808 CRN# 74221. Electives: 1) BIOC 1430 CRN# 49549 and 2) ENGL 1090 (or alternate CRW English course). [REGISTER ALL COURSES AS 1 UNIT TO YOUR WORKSHEET].
• **You are required to register for:**

  ⇒ NURS 1002: Anatomy & Physiology I: Consists of TWO lecture sessions (1 hr 15 min) per week on Monday/Wednesday, Tuesday/Thursday and ONE lab session (1 hr 50 min) per week.

  ⇒ NURS 1003: Developing Therapeutic Relationships: Consists of two lecture sessions (1 hr 15 min) per week on Wednesday and Thursday and ONE lab session (1 hr 50 min) per week.

  ⇒ NURS 1004: Nursing Foundations: Consists of two lecture sessions (1 hr 15 min) per week on Monday and Thursday. There is no lab linked with this course.

  ⇒ PHIA 1000 CRN#56847: Personal Health Information Act. This must be completed before September 13th. [PRINT CERTIFICATE AND OATH and submit to Registrar, Denise Waterman – dwaterman@mun.ca (Available after September 1, 2020)].

  ⇒ SC1807 Safety in the Science Lab CRN# 63122. This must be completed before science based labs. [PRINT PROOF OF COMPLETION AND SUBMIT TO REGISTRAR]

  ⇒ SC1808 WHMIS CRN# 74221. This must be completed before science based labs. [PRINT PROOF OF COMPLETION AND SUBMIT TO REGISTRAR]

• PHIA 1000, SC1807 Safety in the Science Lab and SC1808 WHMIS sessions are completed on MUN’s Self-Serve by logging into Brightspace. It may take 24-48 hours following registration to see these courses on Brightspace.

• If not completed previously, you **must** register for English 1090 (or alternate Critical Reading and Writing (CRW) designated English course) and Biochemistry 1430 081-49549. (Biochemistry 1430 is an online distance course.)

• The Schools of Nursing offer a **limited** opportunity for **Challenge for Credit** for LPNs within the BN (Collaborative) program. Memorial University’s Challenge for Credit regulation is found at [www.mun.ca/regoff/calendar](http://www.mun.ca/regoff/calendar) under Admission/Readmission to the University (Undergraduate). The regulation is **4.5.1**, Challenge for Credit.

Students of the BN (Collaborative) Program who are also licensed practical nurses will be given the opportunity to **Challenge for Credit** NURS 1003 (NURS 1017 and NURS 1520 in winter semester). Students who choose to apply for the challenge for credit should follow the university regulation and arrange to meet with the Associate Director. Applications are submitted to MUN Registrar’s Office and can take up to two weeks for approval. This process must be completed prior to first day of class as the challenge will take place during the first 2 weeks of the course.

Additionally, such students will be advised of the fee associated with the challenge and the consequences of a failed challenge. **Students who fail the challenge will be given the opportunity to immediately register for the challenged course and to continue that course within the assigned group.** They will be responsible for paying the full tuition for that course AS WELL AS the fee associated with the failed challenge.
If you need further clarification or experience trouble with registration, please call the Help Line at the Office of the Registrar at MUN (864-4442, 864-4445) or the Centre for Nursing Studies – Denise Waterman, Registrar – 709-777-8171, email dwaterman@mun.ca.

*Thank you and have a wonderful summer!*
**Centre for Nursing Studies**  
**Bachelor of Nursing (Collaborative) Program**  
**Fall Schedule 2020 – Year 1 (Class 2024)**  
**REMOTE LEARNING – NO ONSITE CLASSES**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<th>Friday</th>
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<tr>
<td>NURS 1003 030 44097 Lab</td>
<td>NURS 1002</td>
<td>NURS 1003 032 44105 Lab</td>
<td>NURS 1002 035 74286 Lab</td>
<td>NURS 1003 031-44099 Lab</td>
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<td></td>
<td>034 74283 Lab</td>
<td>032 44095 Lab</td>
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<td><strong>11:00 – 12:15</strong></td>
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<td>NURS 1002 Lec 032 44095</td>
<td>NURS 1002</td>
<td>NURS 1002 Lec 032 44095</td>
<td>NURS 1002 Lec 033 44096 Lab</td>
<td>NURS 1003 033 44106 Lab</td>
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<td><strong>13:00 – 14:15</strong></td>
<td><strong>14:30 – 15:45</strong></td>
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<tr>
<td>NURS 1004 Lec 030 49636</td>
<td>NURS 1002 Lec 034 74283</td>
<td>NURS 1003 Lec (all sections)</td>
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<td>NURS 1004 Lec 030 49636</td>
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<tr>
<td>031 49638 (both sections)</td>
<td>035 74286</td>
<td></td>
<td>030 49636</td>
<td>031 49638 (both sections)</td>
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</tbody>
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**REMINDER:** Register for PHIA 1000 CRN #56847, SC1807 Safety in the Science Lab-001, CRN #63122 & SC1808 WHMIS CRN#74221  
**Biochemistry 1430-081-CRN# 49549 - delivered online via distance.**  
**English Course (ENGL1090 or any Critical Reading and Writing (CRW) designated course is acceptable).**
# Suggested Sequencing for Courses (for course descriptions, please consult Memorial University Calendar)

### FALL
- **1002** Anatomy and Physiology I (Lab)
- **1003** Developing Therapeutic Relationships (Lab)
- **1004** Nursing Foundations
- **English** (Critical Reading/ Writing Course)
- **Biochemistry** 1430

### WINTER
- **1012** Anatomy and Physiology II (Lab)
- **1014** Health Assessment (Lab)
- **1015** Health Promotion
- **1016** Caring for the Older Adult: Theory
- **1520** Caring for the Older Adult: Practice (96 hrs)
- **1017** Fundamental Psychomotor Competencies (Lab) *(MOVED TO WINTER 2021 FOR THIS YEAR ONLY)*

### SPRING
- **2003** Pathophysiology (Tutorial)
- **2004** Pharmacology (Lab)
- **2015** Health Alterations I: Theory
- **2515** Health Alterations I: Practice (96 hrs + lab)
- **Psychology** 1000

### FALL
- **2002** Caring for the Childbearing Family: Theory
- **2502** Caring for the Childbearing Family: Practice (48 hrs + lab)
- **English** (Critical Reading/ Writing Course)
- **Biology** 3053
- **Statistics** 1510 or 2500 or equivalent, or Education 2900
- **2520** Extended Practice II (96 hours over 3 weeks at end of semester)

### WINTER
- **3000** Community Health: Theory (seminar)
- **3001** Community Health: Practice (96 hrs)
- **3015** Health Alterations II: Theory
- **3515** Health Alterations II: Practice (120 hrs + lab)
- **3113** Professional Development I
- **3 credit hours Philosophy** or Religious Studies 2610
- **Sociology, Anthropology or Archeology**

### SPRING
- **3523** Preceptorship (240 hrs)
- **4512** Community Health Practicum (240 hrs) - 30 students

### FALL
- **4100** Advanced Concepts and Skills (Lab/Seminar)
- **4103** Professional Development II
- **4512** Community Health Practicum (240 hrs over 6 weeks)
- *Elective

### WINTER
- **4516** Consolidated Practicum (40 hours per week for 12 weeks)

### SPRING
- **Award of BN Degree**

**NOTE:** * An elective in the final year could be completed in the Spring or Fall – timing would allow for funding with at least 9 credit hours in that semester.

These courses will be offered during the same year at all sites, but the semester of course offering may vary with each site.
PHIA Training
(Personal Health Information Act)
(not accessible on Brightspace until September 1, 2020)

- Register for **PHIA 1000-030, CRN 56847**
- **Complete Track #2** - “PHIA training for those in direct contact with personal health information” (45 minute module).
- Print a “Record of Achievement Certificate” to submit to the Commissioner of Oaths at time of Oath Signing. *Keep a photocopy for your records.*
- Print an “Oath of Confidentiality”. The “Oath” must be signed by a Commissioner of Oaths. Submit Oath and PHIA Certificate to the Registrar and we will arrange sessions for this signing in 2021.

Safety On-Line Training

- Register for **SC1807 Safety in the Science Lab 001, CRN 63122** and **SC1808 WHMIS CRN # 74221**.
- Certificates are provided for on-line training. Submit a copy to the Registrar, BN Program and **keep a photocopy for your records**.

***Please keep a copy of all documents for your use.***
BACHELOR OF NURSING (COLLABORATIVE) PROGRAM
STUDENT INFORMATION FORM

Name: ____________________________________________  Date of Birth: ____________________________
(First) (Middle) (Last) (d/m/yr)

Student Number: ____________________________  Health Card Number (i.e., MCP, OHIP): ____________________________

MUN Email Address: __________________________

Permanent Address: ____________________________  Telephone: ____________________________

Postal Code: ____________________________

Local Address: ____________________________  Telephone: ____________________________

Postal Code: ____________________________

Person to be notified in case of emergency:

Name and Relationship: ____________________________

Address: ____________________________  Telephone: ____________________________

1. All nursing students must read the College of Registered Nurses of Newfoundland and Labrador (CRNNL) document “Requisite Skills and Abilities for Entry-Level Registered Nurse Practice” to determine their ability to meet the requirements of the program. It is the student’s responsibility to disclose any information that may require accommodation during the completion of their program.


This signature confirms you have read the above document:

Student Signature: ____________________________  Date: ____________________________

2. Do you have any allergies? ☐ Yes  ☐ No If yes, please list: ____________________________

Students are accountable to inform faculty if they have allergies to any drug and/or material such as penicillin and/or latex.

Student Signature: ____________________________

Date: ____________________________

The Bachelor of Nursing (Collaborative) Program acknowledges and respects the privacy of individuals. Personal information is collected under the authority of Sections 61 and 62 of the Access to Information and Protection of Privacy Act. This information is used for the purposes of administration and management of the program. Questions about this collection and use of this information may be directed to the Executive Assistant to the Director, at 709-777-8161.
Consent Form for Use and Disclosure of Student Information

Student Number: ___________________________ Educational Program: ___________________________

First Name: ___________________________ Middle Initial: _____ Last Name: ___________________________

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program ___________________________ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practice, fieldwork, or preceptorship) as required by your educational program;

- Use your student related personal information and personal health information relating to placement prerequisites, ‘or the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.

- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

3.1 Right to Refuse Consent - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.

3.2 Right to Review Privacy & Security Policies - A copy of the document entitled Identified Purposes and Handling of Personal Information in HSPnet, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting privacy@hspcanada.net.

3.3 Right to Request Restrictions on Use/Disclosure – You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.

3.4 Right to Revoke Consent - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.

3.5 Right to Receive a Copy of This Consent Form - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit www.hspcanada.net/privacy/index.asp.

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

________________________________________  ___________________________
Signature of Student                       Date

Student Consent Basic - Form A - NO TRANSFER – June 20, 2011
| To ensure the privacy of the student and the placement site, learning experiences offered, and the success and progress of the student and the placement site, the student's performance and progress are not disclosed.

| Personal Health Information in HSPnet | Uses of Personal Information

**Disclosure of Personal Information**

- Personal health information is not disclosed to users outside of the designated educational program.
- Personal health information is not used unless otherwise authorized by the student.
- Personal health information is not accessible unless otherwise authorized by the student.

**Uses of Personal Information**

- Personal health information is used by authorized users to support the student's education.
- Personal health information is used by authorized users to support the student's placement.
- Personal health information is used by authorized users to support the student's employment.

**Healthnet Policies and Disclosures of Personal Health Information in HSPnet**

The healthnet policies ensure the protection and privacy of personal health information in HSPnet.

**Background**

- Updated: June 1, 2015

- Personal Health Information in HSPnet
- Personal Information and Handling of Personal Information

- Researched & prepared by: [Name]
- Prepared by: [Name]
Openness, Access, and Challenging Compliance

Requests to the Information Officer of the National Health Privacy Officer from the educational program, or after the consent expired period of six years, whenever occurs first. A copy of their Personal Information is available for each student upon request. All Personal Information is accessible to a student upon request.

Personal information on each student, along with their program history, is recorded for a research period of 10 days after the student's completion of any research. Periodic audits of hospital transactions are carried out to ensure there are no problems and not gaps in the user interface that might be detrimental to access to or manipulation of data.

Personal Health Information Collected

<table>
<thead>
<tr>
<th>Personal Health Information Collected</th>
<th>Not disclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proficiency sheets according to the requirements of the educational program</td>
<td>By authorized users in the student's information</td>
</tr>
<tr>
<td>TO authorized users at the placement site</td>
<td>Uses of Personal Health Information</td>
</tr>
</tbody>
</table>
July 20, 2020

Dear First Year Student (Class of 2024):

The faculty and staff of the Centre for Nursing Studies (CNS) look forward to working with you. Several Important Pre-Clinical Placement Requirements need to be completed.

The enclosed information is intended to help you prepare for the Fall Semester.

You will find enclosed:
1. General Guidelines/Information Memo
2. ATI (Assessment Technologies Institute) Nursing Education Learning System Resources Memo
3. CNS Orientation Memo
4. Letter from CNS Shinerama Coordinator
5. Student Pre-Clinical Requirements Booklet 2020

Information from Tina Norman, BN Program Secretary (complete and submit to tina.norman@mun.ca):
1. Photo ID Information
2. Eastern Health Identification/Access Card Form
3. Eastern Health Technology & Data Management Computer Password Form
4. Miscellaneous Fees Information
5. Consent Form for Video, Photographs & other Audio Visual Formats

Should you require immediate information, please contact the CNS at either of the following telephone numbers: 709-777-8171 (Denise) or 709-777-8131 (Lorna).

As you review your information, please make a list of any other questions/concerns and we will address them during the orientation sessions.

Lorna Walsh, Years 1 & 2 Co-ordinator, BN (Collaborative) Program
Denise Waterman, CNS BN Program Registrar

*ALL THIS DOCUMENTATION WILL BE ON THE CNS WEBSITE:
www.centrefornursingstudies.ca
MEMORANDUM

TO: Year 1 Students (Class 2024)
FROM: Sue Ann Mandville-Anstey, Associate Director
       Lorna Walsh, Year 1 & 2 Coordinator
       Denise Waterman, CNS BN Registrar
DATE: July 20, 2020
RE: General Guidelines/Information

One of our roles is to advise students on matters related to the academic program in nursing. Our offices are located on 11th floor of Southcott Hall. To help prepare you for your first semester at the Centre for Nursing Studies, please read the following information and pay particular attention to matters that require action by you. Good luck and congratulations on being accepted into Nursing! We look forward to meeting all of you in January.

Please visit the following link well in advance of the semester start date for a discussion of requirements for online learning. You will not be able to complete courses without access to the required technology. [https://cittl.mun.ca/learning/fs/whatsneeded.php](https://cittl.mun.ca/learning/fs/whatsneeded.php)

1. **Academic Regulations: Memorial University Calendar & CNS Student Handbook**

   Students should become familiar with the General University Academic Regulations (Undergraduate) and the Nursing Program Academic Standards and Promotions and other regulations. These are available online at [www.mun.ca](http://www.mun.ca). As well, the CNS Student Handbook contains critical information that you will need to refer to on a regular basis. This Handbook will be available online at [www.centrefornursingstudies.ca](http://www.centrefornursingstudies.ca).

2. **Verification of Enrollment Forms**

   Please note that when BN students require letters to confirm their enrollment in the Program, they can be provided by the CNS Registrar, however, documents requiring the Memorial University seal must be obtained from the Registrar’s Office at Memorial University.

3. **Pre-Clinical Placement Requirements**

   As indicated in the enclosed Student Pre-Clinical Requirements 2020 booklet, these documents are to be returned by the date indicated. Students who do not submit their documents, as outlined in the attached Pre-Clinical Placement Booklet, will not be permitted to attend clinical learning experiences. This could interfere with subsequent progress in the program. **All pre-clinical placement requirements should be submitted by August 24, 2020.**
4. **Student Identification**

Year 1 students will be required to purchase two items of identification:

a) **Photo ID**: As per memo included from Tina Norman, Secretary BN (Collaborative Program). IDs are to be purchased at a cost of $5 per student. This ID is required for security purposes and must be worn at all times when onsite. Payment can be made via the online payment system.

b) **CNS Name Tag**: As per memo included in package. This name tag will have the CNS logo, your name and the designation Bachelor of Nursing Student. It can be purchased via the online payment system at a cost of $10.

5. **Lockers**

Locker Application Information for January 2021 will be available from the Operations Officer catherine.e.rice@mun.ca.

6. **CNS Parking Permits for the 2020-2021 Academic Year**

CNS Parking Permit information for January 2021 will be available from the Operations Officer catherine.e.rice@mun.ca.

7. **Payment for Photo ID, CNS Nametag, Crests, Lanyard and Parking Permit**

See information included in package.

If you need a replacement nametag and/or photo ID, you will need to reorder one. To do this, please contact Tina Norman, tina.norman@mun.ca to order and Brenda Haines bhaines@mun.ca to pay. The cost for a nametag is $10 and a photo ID is $5. Pre-payment will be required.

8. **Nursing Society Fees**

All students are members of the Nursing Society. A $5 Nursing Society Fee is included in the $30 fee requirement. Please note that this fee is different from the Student Union, Canadian Federation of Students' and the Canadian Nursing Student Association fees which are included with your tuition costs. **All students are required to pay this fee.**

9. **Textbooks**

Previously emailed on July 2, 2020. **Reminder: Students are cautioned not to buy print books in advance of orientation on September 8th.** Also available on the MUN Bookstore Web Site www.bookstore.mun.ca.

10. **Travel and Vacation Plans (Important Dates, DO NOT book any trips during these times)**

a) Students are reminded that final exams for the 2019-2020 academic year are scheduled as follows:
Fall 2020 Examinations begin on Wednesday, December 9th and end on Friday, December 18th.

Supplementary exams will take place on Monday, January 4th, 2021 (Tuesday, January 5th if required).

Classes for the winter 2021 Semester begin on Wednesday, January 6, 2021.

**STUDENTS SHOULD NOT MAKE TRAVEL OR VACATION PLANS THAT CONFLICT WITH THESE PROGRAM REQUIREMENTS.**

11. **Transportation**

As students in a nursing program, you also need to be aware of the fact that there will be costs associated with clinical placement. Clinical placements within St. John's, Mount Pearl and the surrounding areas will mean travel costs for students.

As you progress in the program, out of town clinical placements will result in both travel and living expenses.

12. **Lab Coat for Sciences Courses (winter 2021)**

Students taking NURS 1002 for the fall 2020 semester will not require a lab coat because all labs will be completed virtually for the fall semester. Information regarding the winter NURS 1012 labs will be provided at a later date.

13. **Clinical Dress Code (winter 2021)**

Students are required to wear a standard clinical uniform consisting of navy blue pants and a white top. Please refer to the online Student Handbook on the CNS website.

*The uniform is required for NURS 1017 labs during the Winter Semester.*

14. **Food Service (winter 2021)**

Food service is available from the cafeteria located on the first floor of the Miller Centre. Vending machines are also available on ground floor of Southcott Hall.

Looking forward to working with you in September. Have a Safe and Happy Summer.

Sue Ann Mandville-Anstey PhD., RN  
Associate Director  
(709) 777-8169  
Sueann.mandville.anstey@mun.ca

Lorna Walsh  
Year 1 & 2 Co-ordinator  
(709) 777-8131  
lorna.walsh@mun.ca
Memo

To: First Year Nursing Students
From: Associate Dean/Directors, Schools of Nursing
Date: July 21, 2020
Re: Required purchase in each year of the program – Preparation resources for NCLEX-RN® Exam

Students who successfully complete four years of the nursing program are required to write a licensure exam (NCLEX-RN® Exam) in order to practice as a Registered Nurse. Please be advised that in order to prepare students for the NCLEX-RN® Exam, the three Schools of Nursing (CNS, MUNFON, WRSON) have endorsed the Assessment Technologies Institute (ATI) Nursing Education Learning System resources. ATI, a Kansas-based company, specializes in e-learning products such as online assessments, tutorials and remediation tools designed to prepare nursing students for the NCLEX-RN® Exam.

Specifically, the three Schools of Nursing will be utilizing ATI’s Comprehensive Assessment and Review Program. Please note that it is a program requirement for students to purchase these resources. ATI products have been chosen by the Provincial NCLEX Working Group to facilitate individual and school success following a comprehensive review of all available resources. ATI components will be integrated in the grading components of all courses across the BN (Collaborative) Program. The ATI packages also includes the comprehensive exam required at the end of the BN (Collaborative) Program prior to students being recommended to write the NCLEX-RN® Exam (as per School of Nursing Section 4.1 Description of Programs in the Memorial University Calendar 2020-2021).

The cost of the ATI resources is approximately $172.50 USD. In order to access the materials available, students must register with ATI. Registration information will be available to you at orientation. Students will require a credit card to purchase this product the first week of nursing school.

While we understand purchase of ATI resources is an additional program cost, we remain committed to providing students every opportunity for success.
Cohort and Semester Payment Information

To: Centre for Nursing Studies
Class: 0524
Graduation Date: 5/31/2024

Your cohort has been set up to use ATI's online payment system. Use the following steps to make your payment for this semester. This payment must be made via credit or debit card. ATI does not take your payment information over the phone. ATI does not offer returns, refunds or credits once the payment is made.

2. Enter your Username and Password in the Sign-in Box on the right hand side of the screen. If you do not already have an ATI Username, click on 'Create an Account' below the password box.
3. On your My Account page, confirm the school you are attending is chosen under Institution Info. Your Institution should be listed as Centre for Nursing Studies.
4. Click on the "My Purchases and Payments" tab on the top of your My Account page. Enter the Payment and Cohort Code shown below:
   Payment Code: 0134299
   Cohort Code: 0524
   Amount Due: $172.50
5. Payments must be made before midnight on September 23, 2020 (Eastern time zone) to avoid a late payment fee of $35. If you have missed the payment deadline you can still make your payment by following the steps above.

In order to begin accessing products, your payment must be completed. Use the following steps to begin accessing your products.

Product Code: CDN007399836

Before using the Product ID above, review the information in the header at the top of this document. If it does not match the information for your class/cohort, do not activate this Product ID and contact your instructor immediately.

1. Activate your Product ID by logging into the ATI Website and clicking on the Add Product link located in the top right of your Home or My ATI page.
2. In the Add Product window, enter the Product ID and then click the Continue button. You will be granted immediate access to all online practice assessments and tutorials that are associated with your class/cohort and have been enabled by your instructor.

In addition, on proctored testing days, your proctored assessments will appear automatically under the Test tab on your My ATI page once a proctor is available. In future semesters, any new products associated with your class/cohort will be added automatically to your account.

Please don't hesitate to contact our Customer Service Department at 800.687.7531 if you need additional information. Technical requirements for the ATI Web site are listed on the ATI Technical Requirements page at http://www.atitesting.com/TechnicalRequirements.aspx.

Thanks,
Assessment Technologies Institute®, LLC

This document is intended for Instructors/Directors to hand out or email to students.
<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter(s)</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 09:00 - 09:10 | Lorna Walsh  
*Year 1 and 2 Coordinator* | Welcome  
Land Acknowledgement                                                  |
| 09:10 - 09:30 | Dr. Kathy Watkins  
*Director*  
Dr. Sue Ann  
*Mandville-Anstey Associate Director* | Welcome to the CNS and the BN (Collaborative) Program                   |
| 09:30 - 10:30 | Denise Waterman,  
*CNS BN Registrar*  
Lorna Walsh  
*Year 1 and 2 Coordinator* | Miscellaneous  
- Completion / submission of forms (HSPnet, Student Information, Video Consent)  
Introduction to the BN (Collaborative) Program  
- Introduction of Concept Based Curriculum  
- Overview of Year 1 Program  
- Fall Semester Courses & Start Dates for Lectures and Labs  
- PHIA, Academic Integrity A/B, SC1807, SC1808  
- Resources  
- Academic Information  
- Clinical Requirements  
- General Information  
- Contact Information |
| 10:30 - 10:45 | Coffee Break                                                                 |                                                                      |
| 10:45 - 11:30 | Jill Heighway  
*Elsevier Book Representative* | Resources  
- eBooks  
- Nursing Concepts Online (NCO) |
| 11:30 - 12:00 | Dawn Lanphear  
*Guidance Counselor* | Guidance/Counseling Program  
- Services Provided  
- Accessing Services |
| 12:00 - 12:30 | Missy Power  
*Student Health, MUN* | Student Health Services  
- Immunizations  
- Follow-up |
| 12:30 - 13:30 | Lunch Break                                                                |                                                                      |
| 13:30 – 14:00 | Chelsea Payne  
* Nursing Society  
Emma McDonald /  
Kaitlyn Bishop  
* Charity Ball  
Ashley O’Brien CNSA  
Vacant MUNSU  
Samantha Taylor  
CRNNL  
Jessica Deville  
* Peer Mentorship Program | **Student Government**  
- Nursing Society  
- Charity Ball  
- CNSA  
- MUNSU  
- CRNNL Student Representative  
- Peer Mentorship Program |
| 14:30 – 15:00 | Megan Coles  
* Shinerama Coordinator | **Shinerama**  
- Overview  
- Student Involvement |

**NOTE:** Classes Begin (NURS 1002 – Anatomy & Physiology) – **Wednesday September 9th, at 11:00**** Elizabeth Hynes (032, 033)**

Classes Begin (NURS 1002 – Anatomy & Physiology) – **Thursday September 10th, at 11:00**** Joyce Kille-Marino (034, 035)**

**NOTE:** Jill Highway, the Elsevier Book Representative, will be available **Wednesday, September 8th from 09:00 – 11:00 and 14:15 – 15:15, in an Online Room on the BN Yea: 1 Orientation / Information Fall 2020 Brightspace shell, to address any questions or issues concerning purchasing / trouble shooting of resources e.g. online codes, used in the BN (Collaborative) Program.
Welcome First Year Nursing Students!

Congratulations on being accepted to the Centre for Nursing Studies! Each year Memorial University students participate in the largest university and college student fundraiser in the country – SHINERAMA! Shinerama is above and beyond the most rewarding event you will participate in during orientation week, not to mention the most fun! You will be one of over 35,000 students from coast to coast who will be participating in Shinerama in an effort to raise money for Cystic Fibrosis Canada.

Cystic Fibrosis (CF) is the most common fatal genetic disease affecting young Canadians today. In 1960, a child with CF rarely lived to attend kindergarten, let alone university. However, since Shinerama began in 1964, the life expectancy for those with CF has increased from four years of age to the early fifties! Although there is no cure at present, there is great hope! It is very probable that within our lifetime a cure will be found which is what makes raising money for CF such a worthwhile cause.

Since 1987, Memorial University, MUN Faculty of Nursing, and the Centre for Nursing Studies have partnered with Shinerama and CF Canada to raise thousands of dollars through a variety of fundraisers and our annual “Shine Day”. This year our campaign goal is to raise $6,500!

Throughout the summer and fall, our volunteers help plan and promote events, spread awareness about CF in our community and raise as much money as we can for Cystic Fibrosis Canada! This year, due to the COVID-19 pandemic, our fundraising efforts will be mostly virtual. We will be having our annual “Shine Day” on Saturday, September 12th, 2020. Shine Day is an excellent opportunity for all of our nursing students to get involved with a meaningful cause. As first year students coming from high school, MUN campus, and other university and college programs, participating in Shinerama is an excellent way to get to know your fellow students! If you wish to become involved in our summer fundraisers, and join our team of dedicated and motivated volunteers please contact Megan Coles at MUNshine2020@gmail.com.

In the past, this welcome letter would include a pledge sheet for those of you interested in joining our team and fundraising. This year, however, we are promoting online donations and fundraising. We encourage you to join our online team through the link https://secure.e2rm.com/registrant/TeamFundraisingPage.aspx?teamID=903584&langPref=enCA&Referrer=http%3a%2f%2fwww.shinerama.ca%2f and clicking “Join the Team”, or you can create an account at http://www.shinerama.ca using the following steps.
1. Click "Find Your School" and select Newfoundland & Labrador, then select Memorial University
2. Under "Our Team", select "Memorial University – St. John’s Campus"
3. Click "Join the Team" and create a profile
4. After you have joined our online team, you can share our team’s donation link and begin to fundraise!

We also encourage you to follow us on Instagram @pocketfulofmunshine and like us on Facebook at "Pocketful of MUNShine". If you have any questions or are interested in more information about Shinerama, please contact Megan.

As future nurses, you have the ability to change the lives of those living with this devastating disease. You are now becoming advocates and leaders in healthcare. Some day you may encounter patients with cystic fibrosis, imagine how rewarding it will be to know that you have contributed to a cure – or at least effective control – for this fatal disease. I hope that everyone will enthusiastically participate in this wonderful event.

Have a safe and fun summer. Best of luck in your nursing program and we look forward to meeting you!

Take care,

Megan Coles
Centre for Nursing Studies Shinerama Coordinator
BN Class of 2022
Email: MUNshine2020@gmail.com or mhcoles@mun.ca
July 13, 2020

Dear Students,

Due to COVID 19, we are changing a few things here at Centre for Nursing Studies. One of the things that we are changing is the process in which we will be processing our student IDs.

We are requesting that you email the following to me at tina.norman@mun.ca:

1. Have someone take your picture.
2. Fill out the attached ID application.
3. A copy of your Driver’s License or other picture ID

Please note, to avoid rejection of your ID application and/or delays in receiving your ID, please adhere to the attached required guidelines provided by Eastern Health.

If you have any questions, please send me an email, and I will get back to you as soon as I can. Thank you for your co-operation.

Tina Norman
Secretary, BN (Collaborative) Program
Center for Nursing Studies
Room 1111, 11th Floor, Southcott Hall
100 Forest Road
St. John’s, NL, A1A 1E5
Ph: 777-8164
Fax: 777-8177
No Selfies

Only have a smartphone? You also need a buddy or camera self-timer. Arm-length selfies are too close, causing distorted features.

No Head Coverings

No head coverings other than those worn for religious beliefs or medical reasons.

Be Natural

Please use a neutral facial expression or a natural smile. Photos must not be digitally enhanced to alter your appearance. (No filters) Photos must have been taken within the last 3 months.

Eye Visibility

Both eyes must be open and clearly visible. You can wear glasses, eyes must be clearly visible and no flash reflection.

We can easily zoom in, but we can’t zoom out!

Please provide a landscape photo similar to the one below:

---

This is a controlled document. If you are viewing a paper copy, please check the intranet to ensure you are reading the most recent version.
Look into the Camera

Please look straight on into the camera; side or profile images will not be accepted.
Your shoulders must be squared to the camera. **Do not "tilt" head.**

Background Tips

Photos must be taken against a blank white, or off-white wall without any patterns, holes, or scuff marks.
Stand at least an arm's length away from the wall so you don't cast a shadow.

Photo Position Tips

Shadows are unacceptable; make sure there is no shade on your face or body.
The camera should be more than 4ft away from your body, at your eye level.
The photo must include empty space above your head and reach down to your belly button.
Do not crop photos.
Take photo in landscape orientation, not portrait.

Technical

Photos must be in colour; black and white photos will not be accepted.
Photos must be in focus; blurry photos will not be accepted.
Minimum acceptable dimensions are 600 x 600 pixels (i.e. not grainy).

We can easily zoom in, but we can't zoom out!
Please provide a landscape photo similar to the one below:

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*This is a controlled document. If you are viewing a paper copy, please check the intranet to ensure you are reading the most recent version.*
IDENTIFICATION/ACCESS CARD FORM
Incomplete requests will not be processed

<table>
<thead>
<tr>
<th>Eastern Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New Card  ☐ Add/Change Access Level</td>
</tr>
<tr>
<td>☐ Student Card  End Date: __________</td>
</tr>
<tr>
<td>☐ Other, Specify:</td>
</tr>
</tbody>
</table>

Surname: ______________________  First Name: ______________________  Middle Initial: ______________________

Preferred Name: ______________________  Job Title: ______________________

Employee/Student’s Number: ______________________  Department: ______________________

Telephone Number: ______________________  E-Mail: ______________________

Request Internal Mail: ☐ Yes  ☐ No

Site Address: ______________________

Postal Code: ______________________  City/Town: ______________________

Grant Access to:

Site: ______________________

Group: ______________________

Other: ______________________

• Are you an Occupational Health and Safety Representative? ☐ Yes  ☐ No

• Is this a name change? ☐ Yes  ☐ No  If yes, previous name: ______________________

• Have you ever had an Eastern Health ID? ☐ Yes  ☐ No  If yes, what site: ______________________

Terms and Conditions:

• ID/Access card will only be processed if form is fully completed.

• Authorized persons must wear their photo ID at all times while on Eastern Health property.

• First and last name required.

• Photo ID/Access card are the property of Eastern Health. ID must be returned to Eastern Health upon end of employment.

• Authorized persons are to be in possession of IDs for current position(s); all other ID’s must be returned to security or audiovisual.

• Access will only be granted with manager's original signature.

• Lost, stolen, defaced or abused photo ID/access cards are subject to replacement fee of $25.00. The fee will be deducted from the employee's payroll.

• Eastern Health will replace at no charge, photo ID that is faulty or damaged (with reason) with the return of the original ID.

• ID/Access card will expire. Card will be replaced at no charge every 5 years pending completion of new form.

• Old ID/Access cards must be returned before new card will be issued.

• For mailed ID/Access Cards it is the employees' responsibility to get the access activated upon receiving their card.

• All temporary and non-EH staff are required to reactivate their access if exceeding their temporary end date.

• As per Policy OPS-SC-040 – Identification Badges.

• By signing this form, you agree to the terms and conditions.

Employee’s Signature: ______________________  Date: ______________________

Manager’s Name: Tina Norman  Manager’s Signature: Tina Norman

Identification Verified: ☐ Yes  ☐ No  Identification Type: ______________________

Verified By: ______________________

Name: ______________________  Signature: ______________________

Send Form To:
Regional Protection Services – ID.Access@easternhealth.ca

Office use Only

☐ Card Produced  ☐ Received by Employee: Date: __________  Picture Number: __________

Card Number: __________  Site Code: __________  Produced By: ______________________  0594 2020/03
Healthcare Technology and Data Management Computer Password

Please Print Clearly (* = Required Field)

□ New User Access  □ Change of Access/Location  □ Add Access

Last Name: _______________________________  First Name: _______________________________  Initial: _______________________________

Please Print

CENTER FOR NURSING STUDIES  STUDENT NUMBER: _______________________________

TBD  Centre for Nursing Studies  Eastern Health Devices

*Site[off]oLocation  *Department[Division]

Eastern Health  Keep Current Password:□Yes□No  Effective Date: TBD

*Work Phone [NEX]X  Username X  Ending Date: X

MUN EMAIL: ________________________________________________________________

Agreement
I recognize accepting a password gives me authorized access to confidential electronic information. I understand I am responsible for this information and the following constitutes a breach of security for which I will be held responsible.

✓ Disclosure of my password
✓ Use of another user's password to access systems or information
✓ Abuse of authorized access according to the policies and procedures of Eastern Health
✓ Failure to log off when leaving a terminal or computer

Signature: _______________________________  Date: _______________________________

*Authorized Signature: _______________________________  Name: _______________________________  Phone: _______________________________

Moditech and Application Access (check all that apply)  Live System [ ]  Test System [ ]

Eastern Health Integrated Systems
[ ] Domain/PC Password  [ ] Outlook/Wordmail  [ ] Outlook Public Folders (list)
[ ] Home Folder  [ ] Shared Folders (please provide path IE: Web-deptShare1)
[ ] Cognos  [ ] Manager Toolkit  [ ] E People  [ ] E Manager  [ ] HHRIS  [ ] IntellRoad
[ ] Remote Access  [ ] Remote Access (Juniper Pulse)  [ ] Right Fax  [ ] SSO (OnoSign)
[ ] ADS (Abstracting)  [ ] ADM (Admissions)  [ ] AP (Accounts)  [ ] AUS
[ ] BAR  [ ] ESS  [ ] CDSS  [ ] Clinical Dictionaries
[ ] E-Sign  [ ] GL (Gen. Ledger)  [ ] ITTS  [ ] LAB  [ ] MOX/Email  [ ] MIM (Materials)
[ ] HRM (Medical Records)  [ ] MSW/Dining  [ ] NMI  [ ] NUR  [ ] NUR Staffing/SCH
[ ] OE (Order Entry)  [ ] PCI  [ ] PCI Printer Name  [ ] PHA (Pharmacy)
[ ] SCH (Scheduling)  [ ] Spelling  [ ] DR:  [ ] DR:  [ ] IPP (Payroll)

Other Applications
[ ] EMR  [ ] Pathviewer  [ ] PPDs
[ ] Caritical Screening Registry  [ ] CRIS (Electronic Transfer Center)
[ ] OPIS  [ ] OPIS 2000  [ ] Medical Record Scanning System  [ ] Walklist Access

*Providers Only*
Admitting Privileges:
Yes [ ]  No [ ]
Provider II  _______________________________
IMPORTANT NOTE

Collection of Miscellaneous Fees

The following summarizes the fees to be collected. Payment ($30.00) may be made via the CNS online payment system. If sending a cheque, please make it payable to the Centre for Nursing Studies.

- Photo ID ($5 – required)
- CNS Name Tag ($10 – required)
- CNS Lanyard ($5 – required)
- Nursing Society fee ($5 – required)
- CNS Crests (2 for $5 – required for winter 2021 clinical)

The Centre for Nursing Studies offers online Visa and MasterCard payments. A non-refundable 1.75% convenience fee will be applied to credit card payments. https://www.centre fornursingstudies.ca/PNTuitionFeesandCharges.php
CONSENT FORM

FOR VIDEO, PHOTOGRAPHS AND
OTHER AUDIO-VISUAL FORMATS

I, ____________________________,  agree  or  do not agree  to permit
(print name)
the Centre for Nursing Studies to use and/or take and produce videos, photographs, and any
other audio/visual reproduction of me for publication, posting and/or broadcasting.

__________________________
(Signature)

__________________________
(Address)

__________________________
(Telephone)

__________________________
(Date)

This consent form will be placed in the student’s official file and will remain valid for the
duration of the Program. Please notify the appropriate Centre for Nursing Studies Registrar
any time you wish to revoke this consent.