

**PRACTICE REQUIREMENTS RECORD (PRR)**  
**PRIMARY HEALTH CARE NURSE PRACTITIONER STUDENTS**  
**Due Date: September 5, 2024**

**NOTICE AND GENERAL INSTRUCTIONS TO STUDENTS**

**Welcome PHCNP Students**  
**Fall 2024, Winter 2025 and Spring 2025 Academic Sessions**

Ontario legislation specifies certain surveillance requirements (medical and non-medical) must be met, for those individuals entering healthcare practice settings, including nursing students. The completion of the PRR is not optional, all sections must be completed as outlined. **Students must receive clearance of all documents prior to attending clinical placement.**

**NOTE:** Prior to start of clinical placement, the Central Placement Office (CPO) will run a year-specific report and will notify Program / Course Leads of all unmet PRR documentation. Incomplete PRR's will jeopardize the student's clinical placement. Our placement partners have the right to refuse any student who has not met their specific placement requirements/policies, including the PRR.

Your clinical placement setting has the right to ask and review your complete PRR package at any time during placement. All students are responsible for retaining their PRR forms and supporting documentation for the full duration of their program and after the completion of their degree. The CPO does not keep copies of students' forms.

Phase 1: By arranging to see your Healthcare Provider (HCP) at least six months before the due date, you will support the timely completion of the PRR, specifically items 1 – 6 below as they may require you to locate your immunization records in your current home location. You will also require the assistance of your HCP in arranging for the necessary laboratory evidence of immunity (blood work results) and re-administration of vaccines to meet the immunity requirements of the PRR as a nursing student entering your clinical placement experience.

**If you are currently employed at a healthcare facility, you can obtain your Occupational Health and Safety report containing the elements below to submit.**

Phase 2: Students will receive an activation message from [Synergy Gateway](#) sent to their TMU email addresses few months before the due date of the PRR. Synergy Gateway is a records management system where students are expected to upload their completed PRR package and its supporting documents for review.

- Students are required to book and pay for an Electronic Requirements Verification (ERV) appointment (\$50+HST) on Synergy to have all their medical and non-medical documents of the PRRs reviewed. Any incomplete document after an ERV appointment is subject to a follow-up (\$10+HST) appointment on Synergy.

*Any fees associated with the completion of this form are the responsibility of the student. Students are not allowed to complete their own forms.*

**Confirmed clinical placement will not be released to the student until their PRR is cleared by Synergy Gateway. Our placement partners have the right to refuse any student who has not met their specific placement requirements/policies, including the PRR.**

*As a PHCNP Student, you will be expected to complete nursing practice courses throughout the program. Nursing placement experiences occur in hospitals, family health teams, community health centres, and long-term care settings within and beyond the Greater Toronto Area (GTA). Ontario legislation specifies certain surveillance requirements must be met, for those individuals entering into healthcare practice settings, including students. This process is necessary to ensure that our students protect their health and safety and promote health & safety of others – such as patients, clients, residents, visitors, employees and other students in the clinical placement setting.*

**MEDICAL REQUIREMENTS**

1. **COMMUNICABLE DISEASES – MEASLES, MUMPS, RUBELLA (MMR), AND VARICELLA:** Only the following is acceptable as evidence of immunity: Documentation of the dates of receipt of vaccines (two doses) – **OR** – positive serology reports, also known as laboratory evidence of immunity (blood work results) with date. Blood work results are valid for 10 years.  
If either of the above evidence of immunity is not available, the student must have (a) Mumps and/or Measles and/or Rubella and/or Varicella immunization(s) (if they had 0 doses, then two doses are required), in the form of a trivalent MMR or Varicella vaccine, unless the student is pregnant.  
Administration of the second Varicella dose should be at least 6 weeks from the first.<sup>1</sup>  
Administration of a LIVE virus MAY interfere with TB Skin Testing, unless administered on the SAME day, or 4-6 weeks apart.
2. **HEPATITIS B:** Primary vaccination series of Hep B immunization (3 doses: 0, 1, and 6 months apart), including lab evidence of immunity (blood work result) anti-bodies to HBsAg (AntiHBsAg over 10 IU/L = immune) must be provided at least one month after the primary vaccine series is complete. **Blood work results are valid for 10 years.**

***Students should not upload this page to Synergy Gateway***

<sup>1</sup> National Advisory Committee on Immunization (NACI). *Varicella Vaccination Two-Dose Recommendations*. Canada Communicable Disease Report Vol 36 ACS-8 Sept 2010. Public Health Agency of Canada (Available at: [phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-8/index-eng.php](http://phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-8/index-eng.php))

## PRACTICE REQUIREMENTS RECORD (PRR) – MASTER OF NURSING STUDENTS

Individuals who are non-immune must undergo a second COMPLETE vaccination series (3 doses) of Hep B immunization, and updated subsequent lab evidence of immunity. **Students must have at least 2 doses of the Hep B series in order to enter placement.**

If lab evidence of immunity (anti-HBs) does not demonstrate immunity after the second series ('non-responder'), student to verify awareness and education of non-responder status. Non-responders are not required to undergo a third series of Hep B immunization.

Immune: anti- 0

Non-Immune: anti-HBs < 10

Non-Responder: anti-HB < 10 after two series of vaccination, student is considered to be a vaccine non-responder. Must complete Appendix A: Hepatitis B Non-Responder Self-Declaration Form. Email [cpo@torontomu.ca](mailto:cpo@torontomu.ca) for this form.

**3. TETANUS, DIPHTHERIA AND PERTUSSIS (TDaP):** Immunization against **Tetanus, Diphtheria and Pertussis** is valid for 10 years. Maintenance of up-to-date immunization status is required.

**4. POLIO:** Primary immunization against **Polio** is sufficient. No repeat dose needed unless suggested by the student's HCP.

**5. TUBERCULOSIS (TB) SCREENING:**

No previous positive TB Skin Test: History of a Negative Baseline 2-Step TB Skin Test, plus additional negative Annual 1-Step Skin Test, if 2-Step is more than a year.

Positive TB Skin Test: Negative chest x-ray subsequent to positive TB Skin Test, plus no symptoms of active TB disease, plus annual assessment verifying there is no symptoms of active TB disease.

**6. COVID-19 VACCINE:** COVID vaccination is mandatory for all clinical placements. Students must upload the official proof of COVID-19 vaccine. **Only vaccines [approved by Health Canada](#) will be accepted.**

**7. INFLUENZA VACCINE (For Winter Placements Only):** Only flu vaccines administered between October to December will be accepted for Winter Placement eligibility, **substantiated by pharmacy receipt or HCP documentation. Stickers will not be accepted.**

HCP documentation is required to support a medical exemption.

### **NON-MEDICAL REQUIREMENTS**

**8. ANNUAL CNO REGISTRATION LICENSE**

Upload the current proof of payment towards your Annual Membership Renewal. This should state your full name and license number.

Your CNO registration will be verified at [www.cno.org](http://www.cno.org)

**NOTE:** Any student with changes in status to their CNO registration status (example: status not in good standing; suspension; lapse and / or revoked) must disclose to the Daphne Cockwell School of Nursing.

**9. ANNUAL CPR-BASIC LIFE SUPPORT (BLS) CERTIFICATE**

**ATTENTION:** Basic Life Support (BLS) is exclusively the only acceptable CPR level for clinical placement. Level A, Level C, Level AED, etc. **are not accepted.**

Advanced CPR certificates for healthcare providers are accepted if valid for the full academic year.

**10. MASK FIT CARD**

All students must be tested and fitted for a hospital-grade N95 mask (respirator). **Mask Fit Cards must clearly state the mask type (model) and size as well as a specific issue and expiry date.** Ensure you always carry your mask fit card clinical placement.

**NOTE:** Mask fit cards are valid for two years after the issue date and must be valid for the full academic year.

**11. VULNERABLE SECTOR CHECK/SCREENING – RENEW EVERY SEMESTER**

The VSS must be valid for the duration of placement and must be issued within six (6) months of the start date of placement. Students are expected to renew their VSS each semester to meet their clinical placement requirement.

***The CPO will automatically email all students enrolled in a practice course the Toronto Police application information (M-postal code) or a Letter of Request (non-M postal code) to apply for a VSS each semester. Please do not email the CPO requesting this information.*** To avoid delays, ensure your postal code is updated on myServiceHub and HSPnet, this is how the CPO determines which document to send you.

**If your VSS result is POSITIVE, please contact the CPO at [cpo@torontomu.ca](mailto:cpo@torontomu.ca)**

**NOTE:** Our placement partners have the right to refuse any student who has not met their specific placement requirements/policies, especially the VSS.

**12. WSIB CONSENT FORM**

## PRACTICE REQUIREMENTS RECORD (PRR) – PHCNP STUDENTS

Student Name:

TMU Student No.:

TMU Email:

## MEDICAL REQUIREMENTS

**ATTENTION Health Care Provider(s):** Please note all information must be transcribed to this form, as supporting documents alone will not be accepted. Do not authorize the student's immunization record without evidence of immunity or written documentation as defined below. Any fees associated with the completion of this form are the responsibility of the student.

Students are not allowed to complete their own forms.

## 1. COMMUNICABLE DISEASES – MEASLES, MUMPS, RUBELLA (MMR), AND VARICELLA

**NOTE:** Tuberculin Skin Tests must be given before or at least four weeks after live vaccines (MMR, Varicella)

Document **one** of the following for the evidence of immunity for each communicable disease:

1. **MMR-V Primary Series Vaccination:** Two doses of live vaccine given 28 days or more apart, with the first dose after 12 months of age. One dose of live vaccine is acceptable for Rubella.

| Immunization | 1 <sup>st</sup> Dose Date YYYY-MM-DD | 2 <sup>nd</sup> Dose Date YYYY-MM-DD | HCP Initials |
|--------------|--------------------------------------|--------------------------------------|--------------|
| Measles:     |                                      |                                      |              |
| Mumps:       |                                      |                                      |              |
| Rubella:     |                                      |                                      |              |
| Varicella:   |                                      |                                      |              |

**- OR -**

**Serology/Lab evidence of Immunity** (attach blood work reports): Required only if above primary series is not available. Blood work reports must be attached for serologic proof of immunity

| Immunization | Date YYYY-MM-DD | Blood Work Results (Please check one) |                                     |  | HCP Initials |
|--------------|-----------------|---------------------------------------|-------------------------------------|--|--------------|
| Measles:     |                 | <input type="checkbox"/> Immune       | <input type="checkbox"/> Non-Immune | <input type="checkbox"/> Indeterminate |              |
| Mumps:       |                 | <input type="checkbox"/> Immune       | <input type="checkbox"/> Non-Immune | <input type="checkbox"/> Indeterminate |              |
| Rubella:     |                 | <input type="checkbox"/> Immune       | <input type="checkbox"/> Non-Immune | <input type="checkbox"/> Indeterminate |              |
| Varicella:   |                 | <input type="checkbox"/> Immune       | <input type="checkbox"/> Non-Immune | <input type="checkbox"/> Indeterminate |              |

## 2. Second Series Vaccination (if blood work is non-immune or indeterminate)

| Immunization | 1 <sup>st</sup> Dose Date YYYY-MM-DD | 2 <sup>nd</sup> Dose Date YYYY-MM-DD | HCP Initials |
|--------------|--------------------------------------|--------------------------------------|--------------|
| Measles:     |                                      |                                      |              |
| Mumps:       |                                      |                                      |              |
| Rubella:     |                                      |                                      |              |
| Varicella:   |                                      |                                      |              |

## 2. HEPATITIS B

## 1. Primary Series Vaccination: Lab immunity results must be provided with vaccination series dates.

(Lab results of immunity anti-bodies to HBsAg (AntiHBsAg over 10 IU/L = immune) will be completed one month after the primary vaccine series is complete.)

| Hep B                | Dose Date YYYY-MM-DD | HCP Initials |
|----------------------|----------------------|--------------|
| 1 <sup>st</sup> Dose |                      |              |
| 2 <sup>nd</sup> Dose |                      |              |
| 3 <sup>rd</sup> Dose |                      |              |

**- AND -**

| Immunization | Date YYYY-MM-DD | Blood Work Result (Please check one) |                                     |  | HCP Initials |
|--------------|-----------------|--------------------------------------|-------------------------------------|--|--------------|
| Hep B:       |                 | <input type="checkbox"/> Immune      | <input type="checkbox"/> Non-Immune | <input type="checkbox"/> Indeterminate |              |

## 2. Second Series Vaccination (if blood work is non-immune or indeterminate): 3 doses: 0, 1, and 6 months apart

| Hep B                | Dose Date YYYY-MM-DD | HCP Initials |
|----------------------|----------------------|--------------|
| 1 <sup>st</sup> Dose |                      |              |
| 2 <sup>nd</sup> Dose |                      |              |
| 3 <sup>rd</sup> Dose |                      |              |

**- AND -**

| Immunization | Date YYYY-MM-DD | Blood Work Result (Please check one) |                                     |  | HCP Initials |
|--------------|-----------------|--------------------------------------|-------------------------------------|--|--------------|
| Hep B:       |                 | <input type="checkbox"/> Immune      | <input type="checkbox"/> Non-Immune | <input type="checkbox"/> Indeterminate |              |

## PRACTICE REQUIREMENTS RECORD (PRR) – PHCNP STUDENTS

Student Name: \_\_\_\_\_ TMU Student No.: \_\_\_\_\_ TMU Email: \_\_\_\_\_

## MEDICAL REQUIREMENTS CONTINUED

**ATTENTION Health Care Provider(s):** Please note all information must be transcribed to this form, as supporting documents alone will not be accepted. Do not authorize the student's immunization record without evidence of immunity or written documentation as defined below. Any fees associated with the completion of this form are the responsibility of the student. Students are not allowed to complete their own forms.

## 3. DIPHTHERIA, TETANUS AND PERTUSSIS (TDaP)

Document the last TDaP vaccinations within the last 10 years. If this information is no longer available, repeat the vaccination.

| Date YYYY-MM-DD | HCP Initials |
|-----------------|--------------|
|                 |              |

## 4. POLIO

Primary vaccination required. If this information is no longer available, repeat the vaccination.

| Date YYYY-MM-DD | HCP Initials |
|-----------------|--------------|
|                 |              |

## 5. TUBERCULOSIS (TB) SCREENING

**NOTE:** TB Skin Tests must be given **before** or at least four weeks **after** live vaccines (MMR, Varicella). Previous Bacillus Calmette-Geruin (BCG) vaccination and pregnancy are not contraindications to TB Skin Testing.

## 1. History of Baseline 2-Step TB Skin Test (Mantoux)

This is mandatory. Each TB test to be read 48-72 hours after the date given. The 2<sup>nd</sup> step to be given 7-21 days after the 1<sup>st</sup> step. The TB Skin Test is valid for 1 year.

| TB Skin Test     | Date Given YYYY-MM-DD | Date Read YYYY-MM-DD | Induration in MM | HCP Initials |
|------------------|-----------------------|----------------------|------------------|--------------|
| Baseline Step 1: |                       |                      |                  |              |
| Baseline Step 2: |                       |                      |                  |              |

## 2. Annual 1-Step TB Skin Test (Valid only with proof of previous negative Baseline 2-Step Skin Test)

| TB Skin Test   | Date Given YYYY-MM-DD | Date Read YYYY-MM-DD | Induration in MM | HCP Initials |
|----------------|-----------------------|----------------------|------------------|--------------|
| Annual Step 1: |                       |                      |                  |              |

3. Chest X-Ray (Required only with a positive TB Skin Test. A chest x-ray report less than 2 years old must be attached) any abnormalities on the chest x-ray report or physical exam are noted, documentation from the HCP explaining the findings is required. **Upload report only, not the image.**

| Chest X-Ray Date YYYY-MM-DD | Chest X-Ray Result   | HCP Assessment  | HCP Initials |
|-----------------------------|--|---|--------------|
|                             | <input type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal | <input type="checkbox"/> No signs and symptoms of active TB<br><input type="checkbox"/> See documentation |              |

## 6. COVID-19 VACCINE

COVID-19 vaccination is mandatory for all clinical placements. Students must upload official proof of COVID-19 vaccine.

**NOTE:** Only vaccines [approved by Health Canada](#) will be accepted.

|                              | Date YYYY-MM-DD | Name of Vaccine | HCP Initials |
|------------------------------|-----------------|-----------------|--------------|
| 1 <sup>st</sup> Dose         |                 |                 |              |
| 2 <sup>nd</sup> Dose         |                 |                 |              |
| Booster (highly recommended) |                 |                 |              |

Note: Students who do not receive a booster vaccine may be delayed in starting placement, should this be a requirement of the placement agency.

## 7. ANNUAL INFLUENZA VACCINE (For Winter Placements Only)

Only flu vaccines administered between October to December will be accepted for Winter Placement eligibility, substantiated by pharmacy receipt or HCP documentation. Stickers will not be accepted.

| Date YYYY-MM-DD | HCP Initials |
|-----------------|--------------|
|                 |              |

## SIGNATURE OF HEALTH CARE PROVIDER(S): To be completed by the HCP; students aren't allowed to complete their own forms

Health Care Provider (1)

Provide the information where form was completed.  
Clinic/professional stamp is allowed.

Name &amp; Signature:

Address:

Phone:

Date

Health Care Provider (2) optional

Provide the information where form was completed. Clinic stamp is allowed.

Name &amp; Signature:

Address:

Phone:

Date

## PRACTICE REQUIREMENTS RECORD (PRR) – PHCNP STUDENTS

## NON-MEDICAL REQUIREMENTS

**8. ANNUAL CNO REGISTRATION LICENSE**

Upload the current proof of payment towards your Annual Membership Renewal. This should state your full name and license number.

Your CNO registration will be verified at [www.cno.org](http://www.cno.org)

**NOTE:** Any student with changes in status to their CNO registration status (example: status not in good standing; suspension; lapse and / or revoked) must disclose to the Daphne Cockwell School of Nursing.

**9. MASK FIT CARD**

All students must be tested and fitted for a hospital-grade N95 mask (respirator). Mask Fit Cards must clearly state the mask type (model) and size as well as a specific issue and/or expiry date. Ensure you carry your mask fit card at all times. Please refer to the CPO website for clinic dates or agencies that provide mask fit testing.

**NOTE:** Mask fit cards are valid for **two years** after the issue date and must be valid for the full academic year.

**10. CPR-BASIC LIFE SUPPORT CERTIFICATE (RENEW EVERY YEAR)**

**NOTE:** Basic Life Support (CPR-BLS) re-certification is renewed on an annual basis AND must be valid for the entire academic school year.

Level A, Level C, Level AED, etc. **are not accepted.**

Advanced CPR certificates are accepted if valid for the full academic year.

**11. VULNERABLE SECTOR CHECK/SCREENING**

The VSS must be valid for the duration of the academic year.

***The CPO will automatically email all students enrolled in a practice course the Toronto Police application information (M-postal code) or a Letter of Request (non-M postal code) to apply for a VSS each semester. Please do not email the CPO requesting the application information or letter.*** To avoid delays, ensure your postal code is updated on myServiceHub, **this is how we determine which document to send you.** Please check your TMU email for the application information as per schedule:

| Placement                   | Expect email from CPO: |
|-----------------------------|------------------------|
| Fall Placements             | Beginning of June      |
| Winter Placements*          | Beginning of September |
| Spring & Summer Placements* | Beginning of February  |

\*Only students entering a Long-Term Care setting will be required to renew their Vulnerable Sector Check before the start of the semester.

If your VSS result is **POSITIVE**, please contact the CPO at [cpo@torontomu.ca](mailto:cpo@torontomu.ca)

**NOTE:** A STUDENT CANNOT ATTEND PLACEMENT WITHOUT A VALID VSS.

Our placement partners have the right to refuse any student who has not met their specific placement requirements/policies, especially the Vulnerable Sector Check.

All students should retain their PRR forms and supporting documentation for the full duration of their program and the completion of their degree. Your practice placement setting has the right to ask and review your complete PRR package.

**PRACTICE REQUIREMENTS RECORD (PRR) – PHCNP STUDENTS****Student Declaration of Understanding - Workplace Safety and Insurance Board (WSIB) or Private Insurance Coverage for Students on Unpaid Placements****Student coverage while on unpaid placement:**

The government of Ontario, through the Ministry of Colleges and Universities (MCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Students enrolled at an Ontario postsecondary institution are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements, either required or optional, that are part of an Approved Program. ([See the Guidelines](#) for details regarding eligibility for Ministry coverage.)

MCU also provides private insurance through Chubb Insurance (formerly ACE-INA) to students should their unpaid placement take place with an employer who is not covered under the Workplace Safety and Insurance Act and limited coverage where eligible placements take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please be advised that Toronto Metropolitan University (formerly Ryerson University) will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb claim to MCU.

This Agreement must be completed and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions, and a copy provided to the Toronto Metropolitan University placement coordinator prior to the commencement of the work placement.

**Declaration:**

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities while I am on an unpaid placement as part of an Approved Program.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the University and the Placement Employer. I will provide the University with written confirmation that I have received safety training.

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator within my faculty and notify them of any unresolved safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Toronto Metropolitan University placement coordinator. A MCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University placement coordinator.

In the event of an injury, I consent to the release of my personal information relating to the placement to my Placement Employer and MCU, including address, telephone number, date of birth and social insurance number.

I also agree to maintain regular contact with the University and to provide the University with information relating to any restrictions and my ability to return to the placement.

I understand the implications and have had any questions answered to my satisfaction.

|  |  |
|--|--|
| Student Name:  | Student Signature:   |
| Program Name:  | Date:  |
| Organization: <b>TORONTO METROPOLITAN UNIVERSITY (FORMERLY RYERSON UNIVERSITY)</b>         |  |
| Total Placement Hours:   | Visa Student? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print</i> : |  |
| Parent Signature:  | Date:  |

**Collection Notice Regarding Personal Information**

Toronto Metropolitan University protects your privacy and Personal Information. The Personal Information requested on this form is collected under the authority of the *Ryerson University Act, 1977*, in accordance with the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). The information will be used to communicate with the Placement Employer – for example, to confirm eligibility for the Placement or in the event of a workplace accident. Direct any questions about this collection to the Risk & Insurance Officer of the Financial Services Department at Toronto Metropolitan University at [insurance@ryerson.ca](mailto:insurance@ryerson.ca) or visit the website at: <https://www.torontomu.ca/policies/policy-list/information-protection-access-policy/>