

Alvernia University Academic Compliance Regulations

Academic Year 2023-2024

ALL clearances must be submitted to Academic Compliance for approval prior to placement

Academic.compliance@alvernia.edu

ALL Students: **ADDITIONAL Field of Study requirements may be needed** according to placement site in either clearances, trainings or health depending on affiliation agreement (n)66 (a)10 o-4 (rain)-4 1 (

& conditions
4 Select "Individual Request" option
5 Reason for the check- "Employment"
6 Fill in required information, use your Alvernia email for notifications from PA State Police
7 Verify your information is correct, then proceed
8 Fill in required information, leave blank - ID Theft # MUST use calendar for DOB.
9 Submit request, you can verify info by calling 610-410-1100

checkout, Credit card info, \$2.00 fee paid online
1 1 st email

Alvernia

Alvernia

Alvernia University Academic Compliance Regulations

Academic Year 2023-2024

E

DEPT OF HUMAN SERVICES:

Alvernia University Academic Compliance Regulations

Academic Year 2023-2024

Alvernia University Academic Compliance Regulations

Academic Year 2023-2024

	<ul style="list-style-type: none"> • Basic Life Support for the Healthcare Professional by the American Heart Association- DPT
	<ul style="list-style-type: none"> • Adult & Pediatric First Aide/CPR/AED-BL by American Red Cross- OT • Adult & Pediatric CPR/AED & First Aid for Healthcare Providers by American Red Cross - OT
	Steps:
	1. To find a local American Red Cross course. https://www.redcross.org/take-a-class
	2. To find local American Heart Association course. https://cpr.heart.org/en/courses/basic-life-support-course-options
	3. RACC and emergency responder organizations (fire department/ambulance/police) often have a CPR course open to the public
	4. Alvernia course PED133 CPR/AED for the Professional. Does not include first aid
	5. Once the course is complete, save or print the certificate. Email to academic.compliance@alvernia.edu

ALL Students: **ADDITIONAL Field of Study requirements may be needed** according to placement site in either clearances, trainings or health depending on affiliation agreement.
ALL Alvernia University requirements MUST be met in addition to the placement requirements.

Alvernia University Academic Compliance Regulations

Academic Year 2023-2024

EDUCATION INTERFACE TRAININGS

APPLIES TO	REQUIREMENT	FREQUENCY	HOW TO PROCEED
AT, DPT, NUR, OT All trainings	Education Interface	Once only	Training modules must be completed by all required majors. You will be sent an email from Academic Compliance with a username, password, and instructions. Training will vary according to major. DO NOT SEND A SCREENSHOT, CUTS OFF NAME, Follow the directions
AMH, HCS, PSY, BSW, MSW complete HIPAA training	Courses included: Fire Safety Infection Control/Standard Precautions Bloodborne Infections Electrical Safety Lifting to Prevent Injury HIPAA Compliance Covid 19 Precautions		<p>STEPS:</p> <ol style="list-style-type: none"> 1. Once you receive the email containing username, password, and instructions you can access the training modules 2. Access the online Education Interface Log in: Education Interface Log In Online Courses 3. Complete all training modules that are assigned to you that are required of your major, which is designated in your classroom online 4. Once you complete all training modules assigned you will send the final progress or summary report to Academic.Compliance@alvernia.edu <p>DPT follow class assignment</p>

ALL Students: **ADDITIONAL Field of Study requirements may be needed** according to placement site in [enr10 \(ea\)-4 \(i\)4 .1\(e\)-1 \(n\)2 \(s,T\)0 Tc 0 Tw 4.54 0 Td\(\)TjE.001 Tc -0.001 T](#)

Alvernia University Academic Compliance Regulations

Academic Year 2023-2024

Alvernia University

400 St. Bernardine St., Reading, PA 19607

WAIVER AND RELEASE FROM LIABILITY

On behalf of myself, or in my capacity as the parent/guardian of the participating minor, and INTENDING TO BE LEGALLY BOUND, the undersigned hereby releases Alvernia University, its agents, officers and employees from all responsibility and any liability for any injuries, illness and/or loss which may result from or arise out of, or be connected with any participation in the University's program known as: _____(course or program) for the academic year(s) of _____.

This Release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof. The provisions of any State, Federal, Local or Territorial law or statute providing in substance that releases shall not extend to claims, demands which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

In signing this release, I acknowledge that any travel may be dangerous and may result in harm to me and my property. I voluntarily accept and assume these risks and dangers and release Alvernia University from all responsibility and any liability for any injuries and/or damages which may result from my decision to participate in this program.

I further promise, covenant and agree not to bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States, or in any State thereof, or elsewhere, against Alvernia University, Its agents, officers and/or employees for personal injury, property damage or any other type of loss, arising out of, or In any way connected with my participation in said program.

I also agree to indemnify and hold harmless Alvernia University, its agents, officers and employees from all liability, claims, demands and damage or cost, arising out of my participation in said program.

I authorize university personnel or representatives to approve emergency medical treatment for myself in the event of injury or illness during my participation in the program. I represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience while in the program and, more specifically, in the countries in which I will be living and/or traveling while on the program.

I understand and agree that this release is binding on me and my heirs, executors, administrators, personal representatives and next-of-kin. My signature denotes my understanding of and agreement with this statement and its implications.

I agree that this document shall be interpreted and governed by the laws of the Commonwealth of Pennsylvania.

I agree that if any provision of this document shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of this document.

IN WITNESS WHEREOF, intending to be legally bound, I have hereunto set my hand this _____ day of _____, 20__.

Witnessed By: _____

Signature of Program Participant or Parent/Guardian of minor

Print Name of Minor Participant

Printed Name of Participant

Emergency Information

(Who to Contact in Case of Emergency)

(Relationship)

(City and State)

(Phone Number)

Updated 9/09; 9/04/07

Linda Maslar, Academic Compliance
Academic.compliance@alvernia.edu

Updated: 8.24, 10.9

ALVERNIA UNIVERSITY

UNDERGRADUATE IMMUNIZATION REQUIREMENTS

3. Tetanus, Diphtheria, Pertussis (Tdap)
 - a. Documentation of one (1) dose of Tdap

ALVERNIA UNIVERSITY

UNDERGRADUATE IMMUNIZATION REQUIREMENTS

the vaccination.

- b. Religious Exemption
 - i. Students may request religious exemption from a specific vaccine if the student objects in writing to the vaccination on religious grounds or on the basis of a strong moral or ethical conviction similar to religious belief.
- c. Process
 - i. Student requests a Vaccine Exemption form by sending a message to Penn Medicine - Alvernia Medical and Counseling Center through the Student Health Portal requesting the form to be added to their record.
 - ii. Administration at the Penn Medicine - Alvernia Medical and Counseling Center will add the form to the student's electronic health record.
 - iii. Student must complete the vaccination exemption form, attach an image of the appropriate supporting documentation to the form, sign, and submit the form through the Student Health Portal.
 - iv. A medical provider of the Penn Medicine - Alvernia Medical and Counseling Center will review the request and determine if the student is eligible for the exemption.

ADDITIONAL FIELD OF STUDY REQUIREMENTS (includes those students participating in internships as sites categorized as "Education" or "Healthcare" OR site affiliation agreement dictates need for additional requirements)

***** ALL UNDERGRADUATE AND GRADUATE STUDENTS IN THE PROGRAMS LISTED BELOW MUST ALSO MEET THE UNDERGRADUATE REQUIREMENTS LISTED ABOVE TO FULFILL HEALTH REQUIREMENT COMPLIANCE*****

- 1) Education
 - a) Tuberculosis testing prior to the start of the student teaching/observation experience with PPD skin test or blood test (QuantiFERON TB gold or TSpot). Testing must occur no earlier than 3 months prior to matriculation.
- 2) School of Health Sciences
 - a) The following vaccines are required. Exemptions may be requested per the policy above (#7 under "Requirements") and may impact the educational experience.
 - i) COVID-sf

The

2)

ALVERNIA UNIVERSITY

UNDERGRADUATE IMMUNIZATION REQUIREMENTS