



## Pre-Enrollment Program Compliance Requirements

If you have been admitted for:	Please wait until:
the Fall semester	May 15 <sup>th</sup> to begin the compliance process. The compliance deadline is July 15 <sup>th</sup> .
the Spring semester	October 15 <sup>th</sup> to begin the compliance process. The compliance deadline is December 15 <sup>th</sup> .
the Summer semester	March 1 <sup>st</sup> to begin the compliance process. The compliance due date is May 1 <sup>st</sup> .

**JHSON has partnered with Exxat Prism to manage student compliance.**

As a newly admitted student, you will be required to purchase the compliance package components. You will receive an email invitation from Exxat with instructions for setting up your accounts. The School of Nursing will pay all subsequent costs associated with additional clinical compliance requirements.

**All students are required to have an initial background check and drug screening as part of pre-enrollment compliance.** Students will pay the initial \$120 cost of the compliance package which includes the background check, the drug test, and the document and immunization record management module.

**Please note:**

- *If you have lived in New York State at any time in the past seven years, you will also be required to purchase a separate New York background check at an additional cost of \$108.*
- *If you have not lived in the United States continuously for the past 7 years, you will be required to purchase an international background check and the cost may be substantial. Once you have set up your compliance account with Exxat, please contact Universal Background Screening, Inc. at 877-561-5151 to purchase the international background check. You will also need to purchase an international drug test if you will not be in the U.S. in time for Exxat to receive the drug test results before the start of the semester.*
- *Avoid drinking more than one glass of water or other liquids within two to four hours of providing a sample and avoid diuretics like coffee and tea within two hours of providing a sample. If you are required to drink a lot of water, schedule your test early in the day. A “Negative” drug test result is required. A “dilute negative” drug test result will not be accepted as a result for your drug screening, and you will be required to take another test at your expense.*
- *All vaccination and immunization documentation should show both your name and the collection/administration date.*
- **IMPORTANT** – *any adverse results that cannot be resolved may affect your admission status.*

REQUIRED DOCUMENTATION	INSTRUCTIONS
<p><b>Please read carefully. You may wish to provide this document to your health care provider or lab for reference.</b></p>	<p>Your health care provider or lab must provide all the immunization/titer information per the following list. Official lab results must be uploaded to each requirement.</p> <p>A health care provider (HCP) is defined as a physician, physician’s assistant, or nurse practitioner. Please provide explanation(s) for any contra-indications to receiving any immunization/vaccines.</p>
<b>REQUIRED TITERS AND IMMUNIZATIONS (Subject to update as CDC guidelines change)</b>	
<p><b>Influenza/Flu</b></p>	<p>Students who begin their program in the spring semester must submit documentation by the compliance due date. Students who begin in the summer and fall semesters, and currently enrolled students must upload documentation of the flu vaccine into their compliance account by November 15<sup>th</sup> of each year. New and current students can get a flu vaccine from their health care provider, or any other immunization provider. In concurrence with Center for Disease Control’s recommendation, the nasal spray vaccine is not an acceptable flu vaccine and does not satisfy the flu vaccine compliance requirement.</p>

<p><b>COVID-19 Vaccine</b></p>	<p>The 25-26 COVID vaccine is required for all incoming and current Johns Hopkins School of Nursing students and is due March 31, 2026. DOCUMENTATION MUST INCLUDE THE VACCINE MANUFACTURER.</p> <p><b>Exemptions:</b> In order to request an exemption, please visit <a href="https://wellbeing.jhu.edu/PrimaryCare/requesting-medical-religious-exemptions/">https://wellbeing.jhu.edu/PrimaryCare/requesting-medical-religious-exemptions/</a> for additional information and instructions. Once it is approved, please upload the approval to this requirement.</p> <p><b>This requirement is subject to update by the University and/or the School of Nursing at any time. Students will receive notification in a timely manner.</b></p>
<p><b>Hepatitis B positive surface antibody titer</b></p> <p><b>Please read carefully. Pediatric Vaccine history is not required.</b></p>	<p>You must provide either a positive Hepatitis B Quantitative or Qualitative Surface Antibody titer, or documentation of a series in process.</p> <ul style="list-style-type: none"> <li>• If you submit a positive surface antibody titer, no further action is required.</li> <li>• If you do not have any titer documentation, or you have a titer drawn and the result is negative or equivocal, you will need to complete the 3-dose Engerix or 2-dose Heplisav-B series. <ul style="list-style-type: none"> <li>○ Please upload documentation of your 1<sup>st</sup> vaccine.</li> <li>○ New alerts will be created to submit documentation of your subsequent vaccinations, and the follow-up titer that must be performed 4-8 weeks after final vaccination to document your positive surface antibody titer.</li> </ul> </li> <li>• If your repeat titer is negative, please submit a non-converter letter from your HCP, also stating that they do not have an active infection.</li> <li>• You may complete a titer draw at any time during the revaccination process. If the result is positive, you can upload that report and no further action will be required. If the result is negative, you must continue the revaccination series. As long as you are in the re-vaccination process, you will be considered to be in compliance for this requirement.</li> </ul> <p>Please do not submit documentation of your pediatric vaccines unless it is accompanied by a positive surface antibody titer. Your pediatric series alone is not required, and it does not satisfy this requirement.</p>
<p><b>Tuberculosis</b></p> <p><b>NOTE: Additional screening may be required for specific clinical site placements.</b></p>	<p><b>Master's Entry into Nursing students</b> must submit TB screening results from <b>within 6 months of the compliance due date</b>. PPD skin test, QuantiFERON, or T-spot results are acceptable. If results are <b>negative</b>, no further pre- enrollment testing is required for pre-enrollment compliance. OR, a clear chest x-ray report from within 12 months of the start of the semester is also acceptable. Annual symptom reviews will also be required.</p> <p><b>All other programs</b> must follow <a href="#">CDC guidelines for health care workers</a>. If testing is not available, please submit your most recent negative test results and a current symptom review.</p> <hr/> <p>Any student with POSITIVE screening results must follow instructions 1-4 and continue annual screening renewal.</p> <ol style="list-style-type: none"> <li>1. Students with a positive TB test must submit official laboratory results of negative QuantiFERON Gold or T-Spot blood test.</li> <li>2. Students with a positive QuantiFERON Gold or T-Spot blood test must submit a clear chest x-ray* (dated AFTER the positive PPD or QuantiFERON/T-spot results).</li> <li>3. If a student has a history of a positive QuantiFERON Gold or T-Spot blood test and a clear chest x- ray dated after the positive QuantiFERON or T-spot result but less than 10 years old, the patient can submit documentation* reflecting this information along with a yearly TB symptom review completed by a licensed provider (most recent symptom review within 1 month of start date).</li> <li>4. If a student has been treated for latent TB (Latent Tuberculosis Infection or LTBI), the student must submit documentation* reflecting date of positive QuantiFERON or T-spot* and negative chest x-ray*, in addition to the name, dose, and duration of prophylactic medication regimen administered for LTBI along with an annual TB symptom questionnaire completed by a licensed provider (completed within 1 month of start date).</li> </ol> <p>*Official lab reports must be attached</p> <p><b>Per CDC guidelines:</b></p> <p>Indicators of Risk for Tuberculosis at Baseline Health Care Personnel Assessment:</p> <ul style="list-style-type: none"> <li>• Temporary or permanent residence of ≥1 month in a country with a high TB rate, any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</li> <li>• Current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication</li> <li>• Close contact with someone who has had infectious TB disease since the last TB test</li> </ul>

<b>Varicella Zoster (Chicken Pox)</b>	<p><b>History of disease is NOT acceptable.</b> One of the following is required:</p> <ul style="list-style-type: none"> <li>• Positive titer, <u>OR</u></li> <li>• 2-vaccine series at least 4 weeks apart. <u>First vaccine must be administered prior to the start of the program.</u> If titer is negative or equivocal you will be prompted to receive 1 booster shot.</li> </ul>
<b>TDaP (Tetanus, Diphtheria, Pertussis)</b>	Submit documentation of <b>TDaP</b> vaccination (received on/after age 11) administered <b><i>within the last 10 years</i></b> . The vaccine <b><i>must include</i></b> the Pertussis component.
<b>MMR (Measles, Mumps &amp; Rubella)</b>	<p>One of the following is required:</p> <ul style="list-style-type: none"> <li>• Positive Antibody titer for all 3 components, <u>OR</u></li> <li>• 2-vaccination series administered after 12 months of age. If the series is in process, submit where you are in the series and new alerts will be created for you to complete the series. If any titer is negative or equivocal you will be prompted to receive 1 boostershot.</li> </ul>
<b>REQUIRED TRAINING AND COURSES</b>	
<b>Cardiopulmonary Resuscitation Certification (CPR)</b>	<p><b>Only the following courses offered by the American Heart Association are acceptable.</b></p> <ul style="list-style-type: none"> <li>• <a href="#">American Heart Association’s Basic (BLS) course</a>, <u>OR</u></li> <li>• <a href="#">American Heart Association’s Advanced (ACLS) Life Support course</a> <u>OR</u></li> <li>• <a href="#">American Heart Association’s Pediatric Training for Healthcare Providers (PALS)</a></li> </ul> <p><b>The renewal date will be set based on the expiration of your certification.</b> If your certification expires while you are enrolled, you will be required to renew it at your expense, typically \$35-\$80.</p>
<p>The following training modules are available in myLearning in <a href="#">my.jhu.edu</a> and are <b>REQUIRED FOR ALL PROGRAMS.</b></p> <ul style="list-style-type: none"> <li>• Some courses are automatically added by the University. *</li> <li>• You will need to add the others to your learning plan. **</li> </ul> <p>(If you are unable to locate a course in the search bar, try using fewer words. Certificates of completion are saved in your myLearning history. Some requirements may require annual renewal.</p>	
<b>Active Shooter (Prerecorded) ** and Preparing for an Active Shooter **</b>	
<b>Avoiding Plagiarism at JHU **</b>	
<b>Opioid Awareness **</b>	
<b>JH   Bloodborne Pathogen Orientation **</b>	
<b>JH   Electronic Information Security and Data Management Training **</b>	
<b>JH   Patient Privacy for Workforce Members **</b>	
<b>JHM   Preparing for an Active Assailant in the Clinical &amp; Non-Clinical Environment **</b>	
<b>JHU   Sexual Misconduct Prevention - Required Graduate Student Training *</b>	
<b>Required Training for <u>MSN, Entry into Practice ONLY</u> – the following modules are available in <a href="#">my.jhu.edu</a>.</b>	
<b><u>Epic   JHM   ClinDoc   Nursing Students E-Learnings</u> **</b> Students should add this module (we suggest searching for “Nursing Students”) to their learning plan.	
<b><u>Universal Pre-licensure Nursing Hospital Onboarding Education</u> *</b> Required annually by the State of Maryland.	
<b>ADDITIONAL REQUIRED DOCUMENTATION</b>	
<b>Please ‘Save’ documents to your device before uploading to the compliance platform.</b>	
<b>Technical Standards for Admission and Graduation</b> The curricula of the School of Nursing require that students engage in diverse and complex experiences directed at achieving competencies, knowledge, skills, attributes and professional values. Applicants for all academic programs, and enrolled degree-seeking students, must possess certain abilities and skills deemed essential for meeting the professional standards of accrediting agencies.	
<b>Confidentiality Statement</b> Signed copy of the Confidentiality Statement must be uploaded.	
<b>Clinical Placement Waiver and Release</b> This Waiver and Release is executed by the student to cover the student’s participation in a clinical placement with an “Affiliate” of The Johns Hopkins Health System.	
<b><u>RN License – Post-licensure students only</u></b>	<p>Students must submit evidence of current nursing licensure from the state where clinical and/or capstone courses will be completed. Please upload documentation from the state's licensing website, which will provide both the issue and expiration dates.</p> <p>Not required for the MSN, Entry into Practice Program.</p>