

# **Welcome**

## **CSU Channel Islands Nursing**

### **New Student Orientation I BSN**

**Dr. LaSonya Davis**, Chair of Nursing  
**Dr. Neomie Congello**, Assistant Chair of Nursing  
**Hope Lilienthal**, Clinical Coordinator  
**Stephanie Chavez**, Nursing Evaluation Coordinator  
**Jessica Hill**, Simulation Lab Instructor  
**Lori Myers**, Nursing Analyst

# Housekeeping/Paperwork



- Website:  
[nursing.csuci.edu/incoming-students](http://nursing.csuci.edu/incoming-students)
- Change of Major & Class Registration
- **Use your MyCI email!!!**
  - Forward it to your phone or main email account.
  - Need help: Contact Information Technology Services at 805-437-8552 or <http://www.csuci.edu/its>
  - Check a **minimum of twice a week**, *Official* form of communication from CI and program.



# Student Handbook Review

- Utilize the Student Handbook and other resources at:  
<http://nursing.csuci.edu/currentstudents/index.htm>



California State University  
Channel Islands

Bachelor of Science in Nursing

Student Handbook

**Summer**  
**2025**

# **REALLY Important Policies**

- Clinical Absence Policy
- Clinical Coaching Policy
- Student Promotion, Continuance in the Program, and Repeating a Class Policy
- HIPAA Privacy Rule
- Policy on Submission of Clinical and Medical Documents
- Policy on Faculty Supervision of Medication Administration
- Policy on IV Insertion
- Policy on Social Media
- Policy on Medication Calculation Competency Assessment



# Academic Advising

- For General Education questions and requirements contact:
  - Academic Advising
  - <http://www.csuci.edu/academics/advising/>
- For Nursing major advising you will visit:
  - Your designated Major Advisor (listed on [website](#))
  - Verify Information continually on your CARR:
    - <https://www.csuci.edu/records-registration/carr.htm>



# **Your “Roadmap” for the Nursing Program**

# Curriculum Roadmap: 120 units

## THIRD YEAR – Nursing Program Curriculum – contingent on admittance into the program

Fall			Spring		
Course	Title	Units	Course	Title	Units
NRS 300	Introduction to Professional Nursing	3	NRS 312	Nursing Care of Adults I	3
NRS 301	Introduction to Professional Nursing Lab	3	NRS 313	Nursing Care of Adults I Lab	4
NRS 304	Pathophysiology and Pharmacology I	3	NRS 306	Pathophysiology and Pharmacology II	3
NRS 350 (GWAR)	Evidence-based Practice in Nursing	3	UDGE-C	Creative Arts	3
ANTH 443 or NRS 348 (UDGE-D)	Medical Anthropology or Healthy Aging	3	BIO 432 UDE-B	Epidemiology	3
Total Fall Units		15	Total Spring Units		16

## THIRD YEAR – Summer Session

Summer (10 weeks)		
Course	Title	Units
NRS 320	Psychiatric and Mental Health Nursing	2
NRS 321	Psychiatric & Mental Health Nursing Lab	2
NRS 322	Nursing Care of Children and Families	2
NRS 323	Nursing Care of Children and Families Lab	2
Total Summer Units		8



## FOURTH YEAR

Fall			Spring		
Course	Title	Units	Course	Title	Units
NRS 412	Nursing Care of Adults II	3	NRS 420	Nursing Care Complex Client Across the Lifespan - Lecture	3
NRS 413	Nursing Care of Adults II Lab	4	NRS 421	Nursing Care Complex Client Across the Lifespan - Lab	4
NRS 414	Nursing Care of Women and Childbearing Families	2	NRS 430	End of Life	2
NRS 415	Nursing Care of Women and Childbearing Families	2	NRS 452	Community/Population Health	3
NRS 460	Leadership, Healthcare Policy and Systems	3	NRS 453	Community/Population Health Lab	3
Total Fall Units		14	Total Spring Units		15





# BSN Orientation Course

All modules must be completed by July 18 at 8:30pm, 2025

Self-enroll in the course

<https://cilearn.csuci.edu/courses/32153>

Five modules:

Nursing Department Philosophy and Theoretical Framework

Implicit Bias

APA Writing and Plagiarism

Professionalism and Civility

Self-care and Resilience

# **Program/Resource Purchase Requirements**

# Lippincott Book Bundle & Course Products

You will get:

- All program e-textbooks
- PrepU Adaptive Quizzing
- Lippincott Advisor for Education
- VSim
- NCLEX PreView, Review, and Ready for NCLEX testing
- And more...

**Cost: \$2,678.83**

**Two payment options:**

- **Pay in full by August 15**  
or

- Semester 1 - make a payment of **\$1926.32 (8/1)** then
- Semester 2-pay the balance of **\$752.51 (1/15)**.



# Clinical/Health/Document Requirements



Channel Islands  
CALIFORNIA STATE UNIVERSITY

# EXXAT Prism/Approve and Universal:

Document Management, Criminal Background Check & Drug Screening

## EXXAT Prism (Immunization Tracker)

- One time enrollment fee of \$210
- Yearly subscription of \$39

## Universal (Background Check and Drug Screen)

- Background Check \$56
- Drug Screen \$35.50

Note: Background check and drug screen will not be available until 8/1/25.

\*\*\*Immunization tracker must be compliant by 08/01/25.

# Physical Exam Form & Immunization Requirements

- **Page 1:** You complete your information and sign.
- **Page 2:** Medical Provider completes and signs.

**Physical Examination**  
(this page must be completed by applicant)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**Medical History**

Abdominal Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Edema/Clonus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brain/Mental Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liver Disease/Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, date & type	
Flu/Influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV/AIDS/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication/Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typo/Frequency	

Current medication/s/health supplements: ☐ Yes ☐ No If yes, list

Who is your primary care physician? \_\_\_\_\_

Have you ever been hospitalized? ☐ Yes ☐ No

If yes, give the date and reason for hospitalization: \_\_\_\_\_

Have you ever had a physical examination? ☐ Yes ☐ No

If yes, please explain reason: \_\_\_\_\_

This information may be shared with the department requesting Physical Examination and/or with the medical facility.

The above information is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1/2

**Physical Examination**  
(this page must be completed by physician/examiner)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ LBP: \_\_\_\_\_  
Vision Screening: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Both 20/ \_\_\_\_\_  
Vision Glasses: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Both 20/ \_\_\_\_\_  
Hearing Screening: Right \_\_\_\_\_ Left \_\_\_\_\_

**EXAMINATION**

Basic Exam	Yes	No	Comments
General	<input type="checkbox"/> Appropriate, no apparent distress	<input type="checkbox"/>	
HEENT	<input type="checkbox"/> Oral cavity clear, no redness, swelling, or sores	<input type="checkbox"/>	
Heart	<input type="checkbox"/> Normal, no murmurs, rubs, or gallops	<input type="checkbox"/>	
Lungs	<input type="checkbox"/> Clear, no wheezes, crackles, or rhales	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/> Soft, no tenderness, or masses	<input type="checkbox"/>	
Extremities	<input type="checkbox"/> No swelling, redness, or deformities	<input type="checkbox"/>	
Neuro	<input type="checkbox"/> No focal deficits, normal reflexes	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Physician/Examiner Print Name & Credentials: \_\_\_\_\_

Physician/Examiner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address/Phone: \_\_\_\_\_

Health Program - Doc. 07/2019

2/2

- TB QuantiFERON Gold Blood Test (ANNUAL)

## Immunizations:

- Hep B, MMR, Tdap, Varicella & Flu (Annual)
- Covid-19 Vaccine and boosters

**Upload to EXXAT By:  
August 1st, 2025**

- Current CSUCI Students: *Student Health Services* located in *Yuba Hall* can assist, call 805-437-8828 to schedule an appointment. (Summer Hours: M-Th, 9am-2pm)

# Guide for Clinical Documents



NURSING  
C H A N N E L  
I S L A N D S

## BSN - Clinical Requirements (EXXAT)

BSN Students must provide the following Health Documents to the Nursing Program by uploading to EXXAT Prism Universal.

Vaccinations		
Vaccines	To do action	Comments
Influenza (Seasonal Flu)	Submit an official form/letter from a healthcare provider, pharmacy, or clinic, which states that you received a Flu vaccine during the current Flu season.	Renewal date will be set for October 1 <sup>st</sup> of each year.
Varicella (Chicken Pox) (Series of two vaccines, usually given to children 12 months through 12 years of age.)	Submit one of the following: - 2 vaccines, <u>OR</u> - <u>Positive</u> antibody titer lab report If titer is <u>Negative</u> or <u>Equivocal</u> , you will have to receive one booster shot and a follow up titer after 3 months.	If series is in progress, submit where you are and follow up when series is completed.
Measles, Mumps & Rubella (MMR) (Series of two vaccines, usually given to children 12 months through 6 years of age.)	Submit one of the following: - 2 vaccines, <u>OR</u> - <u>Positive</u> antibody titer lab report for <u>all 3</u> components If any titer is <u>Negative</u> or <u>Equivocal</u> , you will have to receive one booster shot and a follow up titer after 3 months.	If series is in progress, submit where you are and follow up when series is completed.
Hepatitis B (Hep B or HBV, series of three vaccines, usually given over a period of six months)	Submit one of the following: - 3 vaccines, <u>OR</u> - <u>Positive</u> antibody titer lab report If titer is <u>Negative</u> or <u>Equivocal</u> , you will have to receive one booster shot and a follow up titer after 3 months.	If series is in progress, submit where you are and follow up when series is completed.
Tuberculosis (TB) (QuantIFERON – TB Test)	Submit one of the following: - <u>Negative</u> blood test lab report administered within the past 12 months, <u>OR</u> - If blood test result is <u>Positive</u> or <u>Equivocal</u> , you will have to submit a clear Chest X-Ray lab report administered within the past 12 months, along with your positive result.	Renewal date will be set for 1 year for Negative blood test and 2 years for Chest X-Ray.
Tetanus, Diphtheria, & Pertussis (Tdap) (It is routinely given at age 11 or 12)	Submit a Tdap vaccine administered within the past 10 years.	Renewal date will be set 10 years from the administered date.
Meningococcal Conjugate (Serogroups A, C, Y, & W-135)	CB will ask student's age. If you are 21 or over, this requirement will be marked as COMPLETE. If you are under the age of 21, you must follow what is required.	This Vaccine is required by CSU, not by the Nursing Program.
COVID-19 Vaccines and Boosters	Submit your proof of Covid-19 Vaccines and boosters.	Seasonal Booster required by 10/1/25

Nursing Program – Rev.6/1/23



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## cont. BSN - Clinical Requirements (EXXAT PRISM)

BSN Students must provide the following Health Documents to the Nursing Program by uploading to EXXAT PRISM.

Health Documents		
Documents	To do action	Comments
<b>Handbook Acknowledgement</b>	Download, print, and complete the Handbook Acknowledgement form available for download from this requirement. Then upload to CastleBranch. This form states that you read, and understood the policies, procedures and requirements in the CSUCI Nursing Program Handbook.	Renewal date will be set for January 15 <sup>th</sup> and August 1 <sup>st</sup> of each year.
<b>Acknowledgement of Responsibility</b>	Download, print, and complete the Acknowledgement of Responsibility form available for download from this requirement. Then upload to CastleBranch. This form states that you are fully responsible for maintaining <u>Health Insurance</u> throughout the Nursing Program in order to have coverage in the case of any injury or accident.	Renewal date will be set for September 1 <sup>st</sup> of each year.
<b>Physical Examination</b>	Submit documentation of your completed physical examination. The exam must be completed and signed by a medical professional and be dated within the past 6 month.	Once at beginning of program unless clinical partner requires it.
<b>Social Media Policy</b>	Download, print, and complete the Social Media form available for download from this requirement. Then upload to CastleBranch. This form states that you received, and understood the Social Media policy and potential consequences.	
<b>Visual/Audio Image Release Form</b>	Download, print, and complete the Visual/Audio Image Release form available for download from this requirement. Then upload to CastleBranch. This form states that California State University system has permission to utilize visual/audio images that may pertain to you or your materials.	
<b>BLS Certification (Basic Life Support)</b>	Submit a copy of your current BLS Certification (both sides if necessary). The CPR must be one of the following: - American Heart Association Healthcare Provider course, or - Certification issued in accordance with the AHA Healthcare Provider course. - It cannot be an online course.	Renewal date will be set per the expiration date on card.
<b>Fire Safety Card</b>	Submit a copy of your current Fire Safety Card. This card will prove that you attended a mandatory Fire Class. Must be Los Angeles Fire Safety training.	Renewal date will be set per the expiration date on card.
<b>Emergency Contact Information</b>	Download and complete the Emergency Contact Information form available for download from this requirement. Then upload to CastleBranch. This information will be extremely important in the event of an accident or medical emergency.	Renewal date will be set for January 1st, May 1st , and August 1st of each year.

### Important contacts:

- Nursing Clinical Coordinator: hope.lilienthal@csuci.edu

Nursing Program – Rev. 06/01/23





## CLINICAL PLACEMENT – KEY REMINDERS

- Use your MyCI email address for all official communications.
- Clinical placements may be assigned up to 80 miles from campus.
- Placement requests are not accepted to ensure fairness for all students.
- Placement decisions are based on multiple factors, including geographic availability.
- Some students may be placed at Cottage Hospital in Goleta.
- It is essential to remember that we are guests in our clinical partner facilities - conduct yourself professionally at all times, as every shift is an opportunity to make a strong impression.

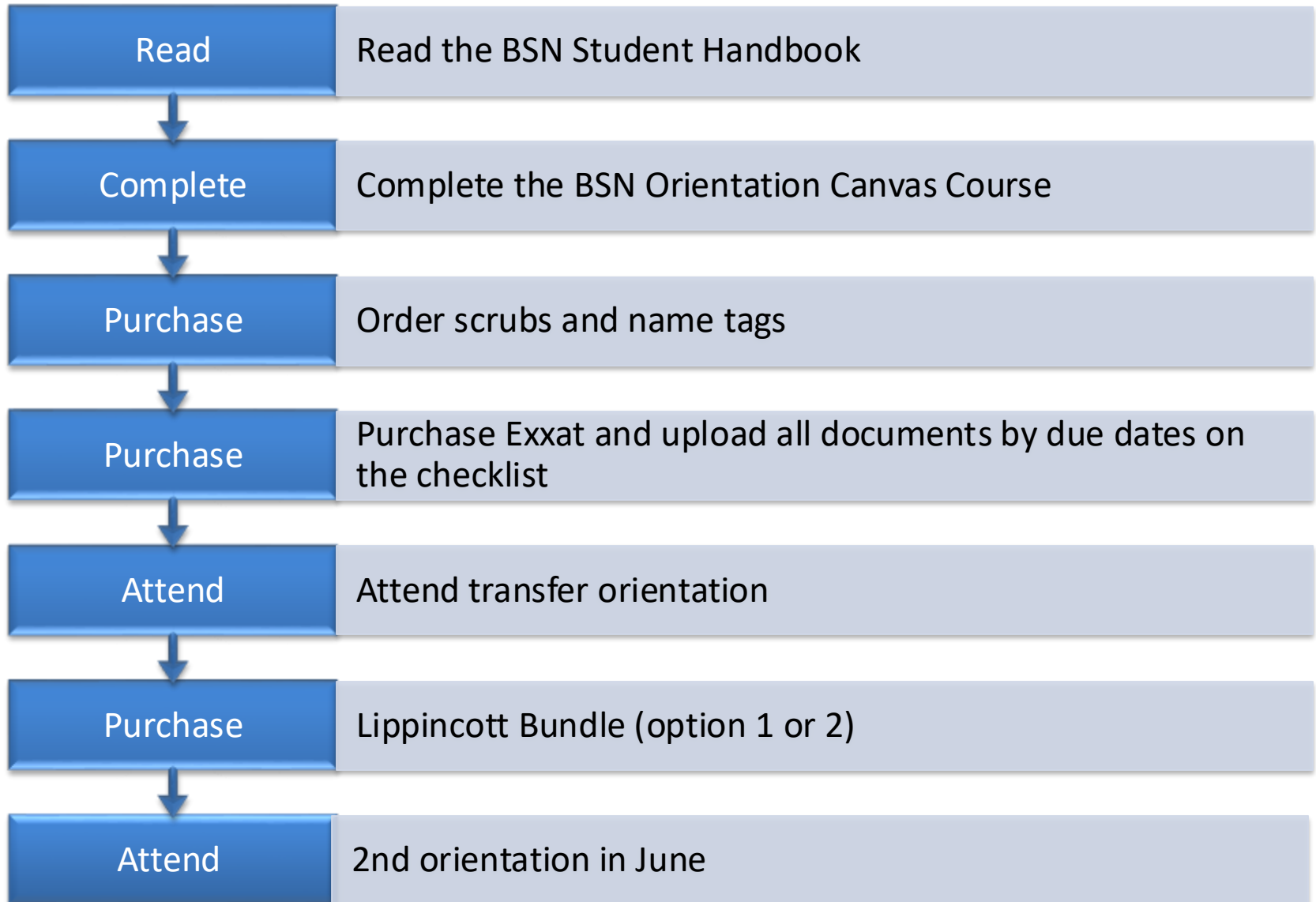


# Nursing Program Website Introduction

[Nursing.csuci.edu](http://Nursing.csuci.edu)

[Incoming Students - Nursing Program - CSU Channel Islands  
\(csuci.edu\)](http://Incoming%20Students%20-%20Nursing%20Program%20-%20CSU%20Channel%20Islands%20(csuci.edu))

# Summer To Do List



# Checklist:

## Nursing Program Checklist

BSN- Camarillo

<http://nursing.csuci.edu/incoming-students>

Transfer Orientation (transfer students only)

**August 14th, 2025**

**All documents noted below MUST be uploaded to EXXAT.**

**Please refer to EXXAT for details.**

- ✓ Background Check/ Drug Screening (Opens 8/1/25)
- ✓ Physical Examination - signed by Medical Provider
- ✓ QuantiFERON TB blood test
- ✓ Proof of Immunizations
- ✓ BLS Certification
- ✓ Covid Seasonal Booster
- ✓ Acknowledgment of Handbook
- ✓ Acknowledgment of Responsibility (Health Insurance)
- ✓ Acknowledgment of Social Media Policy
- ✓ Acknowledgment of Visual/Audio Image Release
- ✓ Emergency Contact Information
- ✓ Exxat Profile Completed
- ✓ Order Scrubs, Name Tag, White Coat and Stethoscope
- ✓ Purchase Lippincott Book Bundle

✓ **Due August 1st, 2025**

*All documents listed are required by every student. Failure to meet these program requirements will prevent you from attending clinical rotations.*

# Questions

