

Welcome

CSU Channel Islands Nursing

New Student Orientation I

BSN: Camarillo

Dr. Lynette Landry, Chair of Nursing

Dr. LaSonya Davis, Assistant Chair of Nursing

Liege Ayub, Clinical Coordinator

Sarah Welch, Administrative Support Coordinator

Geri-Lyn Himebaugh, Academic Program Analyst

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Your “Roadmap” for the Nursing Program

Curriculum Roadmap: 120 units

SECOND YEAR – Nursing Program Curriculum – contingent on admittance into the program

Fall			Spring		
Course	Title	Units	Course	Title	Units
NRS 200	Introduction to Professional Nursing	3	NRS 220	Nsg. Care Adults Acute & Chronic I	3
NRS 201	Introduction to Professional Nursing Lab	3	NRS 221	Nsg. Care Adults Acute & Chronic I Lab	3
NRS 303	Pharmacology I	1.5	NRS 304	Pharm II	2
NRS 306	Pathophysiology	3	NRS 350 (GWAR)	Research	3
GE	Language (GE C2)	3	HIST 270,271, 275 or 350	American Institutions (GE D)	3
Total Fall Units		13.5	Total Spring Units		14

SECOND YEAR – Summer Session

First Session			Second session		
Course	Title	Units			
NRS 240	Psychiatric and Mental Health	2			
NRS 241	Psychiatric & Mental Health - Lab	2			
Total Summer Units		4			

THIRD YEAR

Fall			Spring		
Course	Title	Units	Course	Title	Units
NRS 230	Mother Infants and Women	2	NRS 222	Nsg. Care Adults Acute & Chronic II - Lecture	3
NRS 231	Mother Infants and Women (Lab)	2	NRS 223	Nsg. Care adults Acute & Chronic II - Lab	3
GE D	American Political Institutions (POLS 150, 140, 316)	3	NRS 232	Pediatrics	2
GE C2	Literature	3	NRS 233	Pediatrics Lab	2
GE C1	Art	3	GE F	Ethnic Studies	3
Total Fall Units		13	Total Spring Units		13

FOURTH YEAR

Fall			Spring		
Course	Title	Units	Course	Title	Units
NRS 420	Nursing Care Complex Client Across the Continuum - Lecture	3	NRS 391	Transition	2
NRS 421	Nursing Care Complex Client Across the Continuum - Lab	3	NRS 452	Community Health	3
NRS 460	Leadership & Professional Issues	3	NRS 453	Community Health - Lab	3
NRS 461	Leadership & Professional Issues	2.5	UD – C	Creative Arts	3
BIO 432 UD - B	Epidemiology	3	ANTH 443 or NRS 348	Medical Anthropology or Healthy Aging	3
Total Fall Units		14.5	Total Spring Units		14

Housekeeping/Paperwork



- Website:
nursing.csuci.edu/incoming-students
- Change of Major & Class Registration
 - August 3rd

- **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 & Fall
2021



Channel Islands
CALIFORNIA STATE UNIVERSITY

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>



Program/Resource Purchase Requirements

ATI

- Valuable Resource including...
 - Videos**
 - Benchmark Testing**
 - Proficiency Statistics**
 - NCLEX Preparation**
 - Books/Materials**
- Login is the same as TEAS Test information:
<https://www.atitesting.com/Home.aspx>

1st payment of **\$450.06+tax** is Due by: **August 1st, 2021**

Lippincott Book Bundle & DocuCare

You will get:

- 8 core eTextbooks
- Stedman's Medical Dictionary
- PrepU Adaptive Quizzing
- Lippincott Advisor for Education
- vSim
- And more...

Cost: \$999.99 + \$74.96 + \$250.01= \$1324.96

Must purchase by: August 1st, 2021

Two payment options:

- Pay in full
- YR 1 - make a payment of \$650.00 + purchase vSim and DocuCare. At the beginning of YR 2, purchase the continuation of the program for \$349.99.

Go to: <https://lippincottdirect.lww.com/NursingEducation-CaliforniaStateUniversityChannelIsland-Fall2021>



Uniforms, Name Tags & Stethoscope

- Uniforms must be ordered by **August 1, 2021**

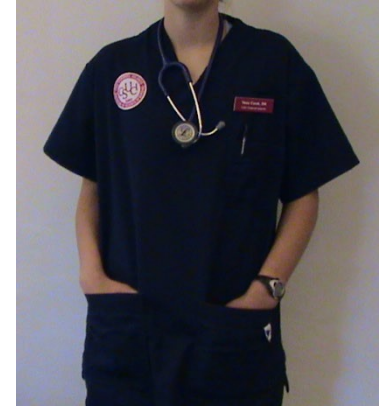
- On Duty Uniforms

4572 Telephone Road #920

Ventura, CA 93003


805-650-3889

Hours: Mon-Fri 9am to 5pm & Sat 9am to 3pm



- Two sets of scrubs & two name tags
 - Will be used in Clinicals **AND** Simulation Lab
- Stethoscopes: Must purchase quality stethoscope to utilize full experience.
 - Such as: 3M™ Littmann® Classic III™ Stethoscope
- White Lab Coat
 - Must be pressed/steamed prior to the first week of class



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Clinical/Health/Document Requirements

CastleBranch:

Document Management, Criminal Background Check &
Drug Screening

Step 1: Visit <http://www.castlebranch.com>

Step 2: Click on "Place Order" on the top right of the screen

Step 3: Type the following code for your program:

LN21

Must purchase by: **August 1st, 2021**

Guide for Clinical Documents



Clinical Requirements (CastleBranch)

Students must provide the following Health Documents to the Nursing Program by uploading to CastleBranch.

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 st 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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - <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 Vaccine	Submit your proof of Covid-19 Vaccine.	



cont. Clinical Requirements (CastleBranch)

Students must provide the following Health Documents to the Nursing Program by uploading to CastleBranch.

Health Documents		
Documents	To do action	Comments
Handbook Acknowledgement	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 th and August 1 st of each year.
Faculty Handbook Acknowledgement (ONLY for FACULTY)	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. <u>Also, understand the Faculty/Curriculum/Student Affairs committee may alter policies.</u>	Renewal date will be set for September 1 st of each year.
Acknowledgement of Responsibility	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 st of each year.
Physical Examination	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.	Renewal date will be set for September 1 st of each year.
Social Media Policy	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.	
Visual/Audio Image Release Form	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.	
BLS Certification (Basic Life Support)	Submit a copy of your current BLS Certification (both sides if necessary). The CPR must be one of the following: <ul style="list-style-type: none"> - 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.
Fire Safety Card	Submit a copy of your current Fire Safety Card. ONLY for Track I Camarillo - 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.
Emergency Contact Information	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.
California RN License	Submit a current California RN license or verification of licensure through the state website. ONLY for Faculty and Track II (ADN/RN-BSN) (optional for Bridge Student)	Renewal date will be set per the expiration date of licensure.

Important contacts:

- **CastleBranch User Experience Services (UES):** 888-723-4263
- **Nursing Clinical Coordinator:** Liege Ayub - liege.ayub@csuci.edu



Physical Exam Form & Immunization Requirements

- **Front Page:** You complete your information and sign.
- **Back Page:** 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	Recent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Edema/Discolor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liver Disease/Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel History	<input type="checkbox"/> Yes <input type="checkbox"/> No
Genital Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urinary/Gastrointestinal	<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
Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intestine/Gut Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work per week	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication/Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health/Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking/Tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscle/Joint Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typhoid/Typhus	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current medications/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(s): _____

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:	B/P:	Pulse:	Resp:	Temp:
Vision Screening:	Right: 20/20	Left: 20/20	Right: 20/20	Left: 20/20	
Hearing Screening:	Right:	Left:			

EXAMINATION

Basic Exam	Yes	No	Comments
General:	Appearance, no apparent distress.	<input type="checkbox"/>	
HEENT:	Oral cavity, no redness, no ulcers, no swelling.	<input type="checkbox"/>	
Heart:	Heart sounds, no murmurs, no gallop.	<input type="checkbox"/>	
Lungs:	Lungs clear, no wheezes, no crackles.	<input type="checkbox"/>	
Abdomen:	Abdomen soft, no tenderness, no distention.	<input type="checkbox"/>	
Extremities:	Extremities, no swelling, no deformities.	<input type="checkbox"/>	
Neuro:	Neurological, no weakness, no numbness.	<input type="checkbox"/>	
Other:	Other, no abnormalities.	<input type="checkbox"/>	

Physician/Examiner Print Name & Credentials:	Date:
Physician/Examiner Signature:	
Facility Name:	
Facility Address/Phone:	

2/2

- **Immunizations:**
 - TB QuantiFERON Blood Test (ANNUAL)
 - Hep B, MMR, Tdap, Varicella, & Flu (ANNUAL)

Upload to Castlebranch
By: August 1st, 2021

Checklist:

Nursing Program Checklist

BSN- Camarillo

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

Due July 30th, 2021

- ☐ Complete Transfer Orientation (transfer students only) (See [website](#))

Due August 1st, 2021

- ☐ Order Scrubs, Name Tag, White Coat and Stethoscope (See [website](#))
- ☐ Purchase Lippincott Book Bundle (See [website](#))
- ☐ Submit First Payment for ATI (See [website](#))

Due August 1st, 2021

***All documents noted below must be uploaded to CastleBranch.
Please refer to CastleBranch for details.**

- ☐ Background Check/ Drug Screening
- ☐ Physical Examination - signed by Medical Provider
- ☐ QuantiFERON TB blood test
- ☐ Proof of Immunizations
- ☐ BLS Certification
- ☐ Acknowledgment of Handbook
- ☐ Acknowledgment of Responsibility (Health Insurance)
- ☐ Acknowledgment of Social Media Policy
- ☐ Acknowledgment of Visual/Audio Image Release
- ☐ Emergency Contact Information

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

CSUCI Transfer Orientation

This University REQUIRED Orientation (TIVO) is for **Transfer students ONLY**.
Current CI students and post-baccalaureates do not need to attend.

TIVO will be available **in July** using the link below and
must be completed prior to July 30th.

onlineivo.csuci.edu

Nursing Program Website Introduction

[Nursing.csuci.edu](https://nursing.csuci.edu)

[Nursing.csuci.edu/incoming-students](https://nursing.csuci.edu/incoming-students)

Thanks and Good Luck!!!

- Q & A
- Contact Information:
 - Dr. Lynette Landry: Chair of Nursing Program
Lynette.Landry@csuci.edu
 - Dr. LaSonya Davis: Assistant Chair of Nursing Program
LaSonya.Davis@csuci.edu
 - Liege Ayub: Nursing Clinical Coordinator
Liege.Ayub@csuci.edu
 - Sarah Welch: Administrative Support Coordinator
Sarah.Welch@csuci.edu
 - Geri-Lyn Himebaugh: Academic Program Analyst
Geri-Lyn.Himebaugh@csuci.edu

