

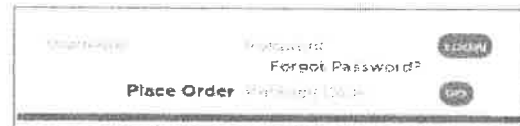
Wilkes University – Nurse Executive  
Instructions for Order Placement

## Welcome to CertifiedProfile!

When you place your initial order, you will be prompted to create your secure CertifiedProfile account. From within your CertifiedProfile, you will be able to:

- ✓ View your order results
- ✓ Manage the requirements specific to your program
- ✓ Complete tasks as directed to meet deadlines
- ✓ Upload and store important documents and records
- ✓ Place additional orders as needed

to place your order, go to [www.certifiedprofile.com](http://www.certifiedprofile.com)



In the "Place Order" field, enter the following package code specific to your school and program:

**WJ47\_\_** Please include State of Residence Abbreviation when entering  
(Examples: WJ47pa, WJ47ny, WJ47de, WJ47ca, WJ47fl, etc)

during order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

the email address you use when placing your order will become your username for your CertifiedProfile and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

### TO-DO LISTS

You can respond to any active alerts or To-Do List items now, or return later by logging into your CertifiedProfile. You will receive alerts if information is needed to process your order and as requirements approach their due dates. Access your CertifiedProfile anytime to view order status and completed results. Authorized users at your school will have access to view your requirements and compliance status from a separate CertifiedBackground portal.

Your CertifiedProfile Service Desk is available to assist you via phone, chat and email  
Monday-Friday 8am-8pm & Sunday 10am- 6:30pm EST  
888-914-7279 or [opservicedesk@certifiedprofile.com](mailto:opservicedesk@certifiedprofile.com)

## Medical Document Manager Requirements

### Measles and Mumps

-One of the following is required:

- ✓ Documentation of 2 doses live vaccine OR
- ✓ Positive antibody titers for both components (lab report or physician verification required) OR
- ✓ Medically documented history of disease (physician verification and date required)

### Rubella

-One of the following is required:

- ✓ Documentation of one dose of rubella containing vaccine OR
- ✓ Positive antibody titer for Rubella (lab report or physician verification required)

### Varicella (Chicken Pox)

-One of the following is required:

- ✓ Documentation of 2 doses of the vaccine at least 28 days apart OR
- ✓ Positive antibody titer (lab report or physician verification required) OR
- ✓ Lab confirmation of diagnosis OR
- ✓ Health care provider verification of history of disease for Varicella (Chicken Pox) or Shingles (date of disease required)

### Hepatitis B

-One of the following is required:

- ✓ Documentation of 3 vaccines OR
- ✓ Positive antibody titer (lab report or physician verification required) OR
- ✓ Signed declination waiver for hepatitis B immunization (must be submitted on form available for download)

### TB Skin Test

-One of the following is required:

- ✓ Negative one-step PPD test OR
- ✓ If positive, submit a clear chest x-ray report (lab report required) AND a TB Questionnaire on the school form.

### Tetanus, Diphtheria & Pertussis (Tdap)

-Documentation of a Tetanus, Diphtheria & Pertussis (Tdap) booster within the past 10 years.

### CPR Certification

-Please submit your American Heart Association Healthcare Provider CPR certification. Copy must be front & back of the card, it has to be signed. Certificates OR letters from provider are accepted temporarily until card arrives with a renewal date of 30 days.

### Influenza or Declination

-One of the following is required:

- ✓ Documentation of a flu shot administered during the current flu season OR
- ✓ Declination waiver.

### Physical Examination

-Submit the physical examination form required by the School of Nursing (attached to this requirement). No other physical examination form can be accepted.

### Professional Liability Insurance

-Are you enrolled in the Nurse Practitioner program? If yes, you will be required to submit your NP student Professional Liability Insurance.

### RN License

- Submit a copy of your current RN license or verification from the state website.

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### **National Specialty Nursing Certification**

-Do you have a National Specialty Nursing Certification? If yes, you will be required to submit your National Specialty Nursing Certification.

### **Advanced Practice License**

-Do you have a National Specialty Nursing Certification (NP, CNS, CRNA, or Nurse Midwife)? If yes, you will be required to submit your Advanced Practice License.

### **Additional Clinical Affiliation Agreement Requirements**

-Are you required to submit any additional Clinical Affiliation Agreement Requirements? If yes, you will be required to submit your Additional Clinical Affiliation Agreement requirements.

## **eLearning Requirements**

### **OSHA**

- Understanding Your Organization's Exposure Control Plan
- Why Emergency Communication Plans Matter
- Patient and Workplace Safety Measures
- Steps to Minimize Workplace-Related Injuries

### **HIPAA**

- HIPAA Privacy & Security Overview
- HIPAA Privacy Scenarios for Hospital Nurses
- HIPAA Security Scenarios for Clinics

**\*\*In addition to these requirements, drug testing, FBI Fingerprinting, and statewide abuse checks will be required of students entering the program. Instructions for completing these items will be provided on the CertifiedProfile website.**

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