

Request for Leave of Absence (LOA)

Upon completion of this form please submit by email to the BSN Academic Advisor

Student Name: _____

UTC Mocs Id: _____

Date: _____

Classification: ____ 1st Level ____ 2nd Level ____ 3rd Level ____ 4th Level ____ 5th Level

Date of Last Attendance: _____ Date LOA will Begin: _____ Expected Return Date: _____

Basis upon which leave is requested: ____ Personal ____ Medical (Must attached Medical Clinical Clearance form) ____ Military

Explanation: _____

The Academic Affairs Committee is a mandatory reporter under Title IX and reports of sexual harassment, sexual assault, sexual violence, or other sexual misconduct included in your appeal will be directed to the Title IX Coordinator (<http://www.utc.edu/sexual-misconduct/>).

Contact Information while on LOA:

Phone # _____

Email Address: _____

Student LOA Check List:

- ____ I have met with the Undergraduate Coordinator and/or BSN Academic Advisor.
- ____ I understand the Academic Affairs Committee must approve the LOA request to be valid.
- ____ I understand I must withdraw from all nursing courses.
- ____ I understand it is my responsibility to check with the Mocs One Center regarding continuation of financial aid and scholarship requirements during a leave of absence.
- ____ I understand that I will need to update immunization, drug screen, and background check requirements before I can re-enroll in the School of Nursing.
- ____ I understand that I need to submit the Return from Leave of Absence form and supporting documentation by May 1st for a fall return and September 1st for a spring return.
- ____ I understand if my program curriculum or plan of study change or cease during my Leave of Absence, I understand I will be required to follow the curriculum/plan of study offered at the time of my return.
- ____ I understand if the leave of absence is for medical reasons, I must have my healthcare provider complete the Medical Clinical Clearance form.
- ____ I understand if I have been on LOA for more than 1 semester I must complete the Nurs 1999 Clinical Refresher Course. If planning to return in the spring term, it would be completed in the fall partial term 2 semester or returning in the fall term, it would be completed in the summer partial term 2 semester.

Student Signature: _____

Date: _____

For School of Nursing use only:

Return from Leave of Absence: ____ Approved ____ Denied

Academic Affairs Chair signature: _____ Date: _____

Director signature: _____ Date: _____

Return from Leave of Absence (LOA)

Upon completion of this form please submit by email to the BSN Academic Advisor

Student Name: _____ UTC Mocs Id: _____

Date: _____

Classification: ____ 1st Level ____ 2nd Level ____ 3rd Level ____ 4th Level ____ 5th Level

Date of Last Attendance: _____ Date LOA Started: _____ Return Date: _____

How did you use your time during the leave of absence (if not medical or military related): _____

Why do you feel ready to return to the School of Nursing: _____

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Student LOA Check List:

- ☐ I have met with the Undergraduate Coordinator and/or BSN Academic Advisor to discuss my return.
- ☐ I understand the Academic Affairs Committee must approve the LOA return before I can register for nursing courses.
- ☐ I understand that I will need to update immunization, drug screen, and background check requirements before I can register for nursing courses.
- ☐ I understand it is my responsibility to check with the Mocs One Center regarding continuation of financial aid and scholarship requirements after a leave of absence.
- ☐ I understand that I need to arrange a meeting with the BSN Academic Advisor sixty days prior to re-entry to determine my course of study.
- ☐ I understand that I need to submit the Return from Leave of Absence form and supporting documentation by May 1st for a fall return and September 1st for a spring return.
- ☐ I understand if my program curriculum or plan of study has changed or ceased during my Leave of Absence, I understand I will be required to follow the curriculum/plan of study offered at the time of my return.
- ☐ I understand if the leave of absence is for medical reasons, I must have my healthcare provider complete the Medical Clinical Clearance form.
- ☐ I understand if I have been on LOA for more than 1 semester I must complete the Nurs 1999 Clinical Refresher Course. If planning to return in the spring term, it would be completed in the fall partial term 2 semester or returning in the fall term, it would be completed in the summer partial term 2 semester.

Student Signature: _____ Date: _____

For School of Nursing use only:

Return from Leave of Absence: ____ Approved ____ Denied

Academic Affairs Chair signature: _____ Date: _____

Director signature: _____ Date: _____

Medical Clinical Clearance Form

Student Name: _____ **UTC Mocs Id:** _____ **Date:** _____

In order to assure the health and well-being of both the student and patient, the School of Nursing has developed the following form for students to take a medical withdraw from the program or return to clinical after surgery or illness. This form will be secured in the student's nursing file.

Nursing is a practice discipline, with cognitive, sensory, affective, and psychomotor performance requirements. Therefore, there are core competencies that each student is expected to be able to perform. The following Core Performance Standards identify some of the essential eligibility requirements for participation in the nursing program.

ISSUE	AS EVIDENCED BY:
Gross and Fine Motor Skills STANDARD Gross and fine motor skills sufficient to provide safe and effective nursing care.	<ul style="list-style-type: none"> • Perform physical activities necessary to do basic fundamental nursing skills such as putting on sterile gloves, donning mask and gown, operating a manual and/or electronic blood pressure cuff, sterile technique and other essential fundamental nursing skills. • Perform correct hand washing technique and behaviors. • Provide or assist with activities of daily living such as bed bath, hygiene, toileting, positioning clients, making an occupied and unoccupied bed. • Manipulate instruments, supplies, and equipment with speed, dexterity, precision, and adequate eye-hand coordination. • Correctly administer oral, and parenteral medications to maintain client safety. • Perform electronic keyboarding/documentation and/or extensive writing with a pen and/or pencil. • Maintain and safely operate orthopedic device such as traction equipment, casts, and assistive devices. • Perform cardiopulmonary resuscitation procedures maintaining health teams and client safety. • Calibrate and use equipment (i.e. syringes, vials, ampoules and medication packages, manual blood pressure cuff, don sterile gloves, etc.). Grasp small objects with hands (e.g. IV tubing, pencil). Pinch/pick or otherwise work with fingers (e.g. manipulate a syringe, eye dropper, etc.). Twist (turn objects/knobs using hands).
Visual Ability STANDARD Visual ability sufficient for observation and assessment necessary for safe client care.	<ul style="list-style-type: none"> • Perform basic nursing skills such as insertion of a catheter, insertion of an IV, counting respirations, preparing and administering medications. • Observe client responses (level of consciousness, respirations patterns) and recognize subtle physical changes. • Read small print, gauges, thermometers, measuring cups, syringes, and other equipment. • Discriminate colors, changes in color, size, and continuity of body part. • Accurately identify, prepare, and administer medications. • Identify hazards in the environment (safety rails, restraints, water spills and harmful situations). • Correctly visualize written words and information on paper and on a computer screen.
Tactile Ability STANDARD Tactile ability sufficient for physical assessment	<ul style="list-style-type: none"> • Correctly perform palpation, functions of physical examination and/or those related to therapeutic intervention. • Don and wear gloves and other protective devices while accurately performing physical assessment. • Correctly perform skills that require tactile sensation. • Accurately palpate for pulses, temperature, texture, hardness or softness, landmarks, etc.
Emotional Stability STANDARD Emotional stability sufficient to tolerate rapidly changing conditions and environmental stress	<ul style="list-style-type: none"> • Establish therapeutic interpersonal boundaries. • Provide clients with emotional support. • Adapt to changing environment and stress while maintaining professional conduct and standards without displaying hostility, agitation, rudeness or belligerence. • Poses no threat to self or others. • Perform potentially stressful tasks concurrently.

Source: Southern Council on Collegiate Education for Nursing (2013) and Armstrong Atlantic State University (2012). For more information visit the SREB website at www.sreb.org/page/1390/the-americans-with-disabilities-act.html.

Please check your recommendation for this student:

_____ is able to perform the core competencies listed above to attend the clinical lab. Specify any restriction(s) and length of time that restriction(s) will be in place if student is returning after an injury or illness: _____

_____ is not able to perform the core competencies listed above to attend the clinical lab. It is recommended the student take a medical withdrawal at this time.