

Practical Nursing

Dear Practical Nursing Student,

Congratulations and welcome to Northern College! We are quite pleased to welcome you to the Practical Nursing Program.

An essential part of your nursing education consists of clinical placement, which you are introduced to in the second semester.

This package contains information related to the mandatory clinical requirements all students must have in order to participate in clinical placements/practicums:

- Submitting clinical requirements to Northern College
- Clinical requirements checklist
- Clinical requirements table
- Immunization and Communicable Disease Testing Requirements Form
- PN Annual Forms for Review and Agreement
- Criminal Record Check and Vulnerable Sector Check information

Students must complete and submit all mandatory clinical requirements by the due date of August 15th. Nursing department staff require time before the fall semester starts to process student documents.

You are responsible for reviewing and completing all of the clinical requirements included in this package and submitting required documents by the stated deadlines.

If you have any questions about the contents of this package. Please contact:

ClinicalRequirements@northern.on.ca

Submitting Clinical Requirements

- A. All documents must be either scanned or photographed and sent by email to the following email address for all campuses:

All Campuses: ClinicalRequirements@northern.on.ca

Keep original copies of required forms, reports, and documents in a safe place. You will need these documents for employment following the completion of your program. Students are required to maintain the original copy of all Communicable Disease Testing Requirements & Training Certificates. The college is not responsible to provide copies of requirements to students once submitted.

- B. **Documentation that will be accepted as proof of immunization and communicable disease testing includes:**
- a copy of your Ontario Public Health Immunization Record, or other Health Care Provider immunization record (stamped and signed by the HCP)
 - copies of your laboratory testing results (report)
 - all documents must be provided in English
- C. Students are guests in the Health Care agencies in which clinical placements occur. These agencies have the right to require mandatory immunizations and communicable disease testing from students. **Failure to comply will result in denial of access to clinical attendance. This will jeopardize your success in the program. Students who are unable to attend clinical cannot pass the course to which clinical practice is attached.**
- D. Immunizations and communicable disease testing are not subject to accommodations for philosophical or religious reasons and only a medical exemption will be accepted.
- E. **NOTE: It is your responsibility** to inform program personnel of health information that may need to be considered in order to protect you and/or the clients in the clinical setting. **Please review the College of Nurses of Ontario's *Requisite Skills and Abilities for Nursing Practice in Ontario*, Fact Sheet at:**
- <http://www.cno.org/globalassets/docs/reg/41078-skillabilities-4pager-final.pdf>
- F. Students will also need to purchase some additional items required for laboratory and clinical attendance as outlined below. **Please do not purchase these items** until after the program orientation in September, as additional details will be presented at that time.

Uniform	Lab Shirt	Shoes	Stethoscope	Lab Kit	Approximate Total Cost for All Items
X	X	X	X	X	\$300 - \$500

Examples of Immunization Records

Example 1 – Acceptable

Requirements met for the following vaccinations:

- Varicella (Chicken Pox), Diphtheria /Tetanus, Measles/ Mumps/ Rubella, and Hepatitis B

Missing Requirements:

- Pertussis, student will need to have a Diphtheria, Tetanus, Pertussis vaccination (within the last 10 years) to meet this requirement.
- 2 Step Tuberculosis Testing must be completed
- Hepatitis B level of immunity with laboratory testing results must be completed



**SHRADDHA CHILDREN HOSPITAL
& NEONATAL CARE CENTRE**

D. Ped., M. D. (Pediatrics)
F.I.A.M.S

CONSULTING PAEDIATRICIAN & NEONATOLOGIST

Arogyanagar, Nr. Bus Stand, Himatnagar - 383 001, Dist. S. K. (Gujarat) - INDIA

VACCINATION RECORD

NAME _____

BIRTH DATE : 3rd May, 2000

S.N	Name of Vaccine	Dose	Date When given
1	B.C.G		04/05/2000
2	Triple/Polio	1 st Dose	19/06/2000
		2 nd Dose	17/07/2000
		3 rd Dose	17/08/2000
3	Triple/Polio	1 st Booster Dose	04/10/2001
		2 nd Booster Dose	01/05/2005
4	D.T.(Diphtheria + Tetanus)		05/05/2010
5	Tetanus Toxoid		10/05/2015
6	Measles Vaccine		18/01/2001
7	M.M.R	1 st Dose	20/07/2001
		2 nd Dose	05/05/2010
8	Hib Vaccine	1 st Dose	19/06/2000
		2 nd Dose	17/07/2000
		3 rd Dose	17/08/2000
		Booster Dose	04/10/2001
9	Hepatitis B Vaccine	1 st Dose	19/06/2000
		2 nd Dose	17/07/2000
		3 rd Dose	17/12/2000
10	Hepatitis A Vaccine	1 st Dose	20/07/2001
		2 nd Dose	20/01/2002
11	Chickenpox Vaccine	1 st Dose	20/01/2002
		2 nd Dose	01/05/2005
12	Typhoid Vaccine	1 st Dose	04/05/2002
		2 nd Dose	01/05/2005
		Last Dose : TCV	05/05/2010

Dr.'s signature and stamp →

DR.

D. Ped., M. D. (Pediatric)
F.I.A.M.S.

Consulting Paediatrician & Neonatologist
SHRADDHA CHILDREN HOSPITAL

Residence : Second Floor of the Hospital & NEONATAL CARE CENTRE

Ph. : (H) (02772) 245532, 241707, (R) (02772) 240533, (M) Arogyanagar, Himatnagar-383001
DIST. S.K. (GUJ.) INDIA. Reg No G-6497

Example 2 - Not Acceptable

Immunizations are listed, but all documents must be submitted in **English**. The document **has not been stamped or signed by the Health Care Provider**.

गर्भावस्था में जाँच और टीकाकरण का ब्यौरा

स्थिति	स्थिति	स्थिति
जाँच-1	जाँच-2	जाँच-3
तिथि	तिथि	तिथि
आपन	आपन	आपन
टीकस-1	टीकस-2 (बुटर)	
तिथि	तिथि	

- गर्भवती महिला को स्वास्थ्य कार्यकर्ता से मिलकर अपने स्वास्थ्य की निगरानी जाँच कराते रहना चाहिए।
- याद रहे, गर्भावस्था में, टेडनस के दो टीके आख़ल टेडनस का 1 बुटर टीका लगवाना और तीन महीनों में आपन को 100 गोतिरिया लेना बहुत जरूरी है।
- याद रखिए कि टेडनस-2 (बुटर) का टीका गिरा होने की सम्भावित तिथि से कम से कम 1 माह पहले दिया जाना चाहिए।



राष्ट्रीय टीकाकरण मिशन
भारत सरकार

शिशु रक्षक टीकों का ब्यौरा

1 पहले साल में (0-12 महीने)

बी. सी. टी.	डी. पी. टी.-1	डी. पी. टी.-2	डी. पी. टी.-3
तिथि	तिथि	तिथि	तिथि
आपन	आपन	आपन	आपन
पोलियो-1	पोलियो-2	पोलियो-3	
तिथि	तिथि	तिथि	

T.T. 16/12/20
15/10

- सभी टीके सही समय पर लगवाएँ और उन्हें यहाँ दर्ज करवाएँ।
- याद रखिए, डी.पी.टी. और पोलियो के हर टीका/बुटाक के बीच में एक महीने का अंतर होना चाहिए।



स्वास्थ्य परामर्शदाता के इम्बल



राष्ट्रीय टीकाकरण मिशन
भारत सरकार

Practical Nursing 1st Year International Student Clinical Requirements Checklist

Name: _____

Phone Number: _____ Email Address: _____

Documents to Complete in Home Country (to be submitted by August 15th):

_____ Immunization and Communicable Disease Testing Requirements

_____ WHMIS Certificate

_____ AODA Certificate

_____ Worker Health & Safety Awareness Training in 4 Steps

_____ Respectful College Community Training (Workplace Harassment,
Violence & Discrimination Training)

_____ PN Annual Forms for Review and Agreement

_____ Mask Fit Testing (Review note below table regarding this testing requirement)

Documents to Complete in Canada (to be submitted by September 30th):

_____ Canadian Criminal Reference Check **with Vulnerable Sector Screen**
(**1 ORIGINAL CANADIAN electronic or hard-copy required**. Must be applied for
in Canada.)

_____ First Aid/CPR (Cardiopulmonary Resuscitation) - HCP Level - Certificates
(course must be attended in Canada and must have an in-person component,
training completed fully online will not be accepted)

**Refer to the table on the following page for information about how to obtain each of
these requirements.**

Practical Nursing 1st Year International Student Clinical Requirements

Requirements	Due Date	What to Submit by Email	Important to Note	Where Can I Obtain This?
TO BE COMPLETED IN HOME COUNTRY				
Completed <i>Immunization and Communicable Disease Testing Requirements Form</i>	August 15	Scans of, immunization records and laboratory reports	Include supporting documents with the completed form. Keep original documents	The form is enclosed in this package. The information needed to complete the form can be obtained from your Health Care Practitioner (Doctor/Physician). Must be submitted in English.
WHMIS Certificate (Workplace Hazardous Material Information System)	August 31	Tracked on Blackboard or Scan of certificate	Certification must have been obtained within the current year , and recertification must be completed annually	A free course is available to students on our Blackboard site. Students can access this site in mid-August (completion will be tracked). or WHMIS certificate obtained through employment is acceptable; copy of certificate required
AODA Certificate (Accessibility for Ontarians with Disabilities Act)	August 15	Scan of certificate	Once you complete the training, enter name, date and print your certificate for submission.	The free online training module link "AODA" is accessible at the top of the Northern College homepage: https://www.northerncollege.ca/aoda-training/
Worker Health & Safety Awareness Training in 4 Steps	August 15	Scan of certificate	Once you complete the training, print your certificate for submission.	The free eLearning online module is available at: https://www.labour.gov.on.ca/english/hs/elearn/worker/oursteps.php Please follow the link: <ul style="list-style-type: none"> • Click the play button to begin the training module
Respectful College Community Training (Workplace Harassment, Violence & Discrimination Training)	August 31	Tracked on Blackboard or scan of certificate	Completion will be tracked on Blackboard. If completed for employment, scan of certificate required.	Course will be offered to students on Blackboard site in mid-August, OR Certificate obtained through employment is also acceptable; submit certificate.
PN Annual Forms for Review and Agreement	August 31	Review and Submit confirmations on Blackboard Course	Please open the course on Blackboard - "PN-Annual Forms: PN Annual Forms for Review and Agreement"	Review all items listed in the left-hand column, under "PN Annual Forms for Review and Agreement" , and submit your confirmation for having read, understood and agree to abide by the criteria outlined. Your submission will be taken as your signed agreement.

Requirements	Due Date	What to Submit by Email	Important to Note	Where Can I Obtain This?
TO BE COMPLETED UPON ARRIVAL IN CANADA				
First Aid & CPR (HCP Level) Certificates	September 30	Scan of certificates	Certification must have been obtained <u>within the current year</u> , and recertification of CPR, must be completed annually (Must be at the Health Care Provider Level, HCP)	Courses are offered through Northern Training Division https://www.northerncollege.ca/program/first-aid-cpr/ Other course providers: St. Johns Ambulance, Heart & Stroke Foundation, Emergency Medical Training Canada, and Canadian Red Cross Courses must include a hands-on, in-person component. Training completed online only, will not be accepted
Canadian Criminal Reference Check with Vulnerable Sector Check	September 30	Forward the original email received, with completed check If a hard-copy is received, the original hard-copy must be submitted.	Please refer to the information enclosed in this package and review carefully <u>before</u> applying Vulnerable Sector Check must be included (NOT ACCEPTED -Scanned copies, photos, or photocopies)	At any Canadian police station, preferably in the town in which you will be staying for the duration of your program. See enclosed information sheet in this package.
Mask Fit testing	September 30	Scan of document if not completed at Northern	Fit testing must have been obtained <u>within the current year</u> , and retesting must be completed every year .	Will be offered in August/September, <u>on campus by the Nursing Department</u> . ** see information below regarding Mask Fit testing requirements
Influenza Vaccination	November 30	Scan of immunization document	Vaccine available in late October	The free vaccine becomes available in late October at all Public Health Units in Ontario and local pharmacies

**The Practical Nursing program requires that students wear a full-face self-contained breathing air (SCBA) mask and an approved N95 particulate respirator during certain learning situations reflective of safe workplace practice and standards. To successfully complete Mask Fit Testing to wear an SCBA mask and N95 mask, students shall present themselves for fit testing free from interference of hair where the respirator seals to the skin or neck. Students are required to be clean-shaven or have no hair where the mask seals to the skin.

Immunizations and communicable disease testing are not subject to accommodations for philosophical or religious reasons and only a medical exemption will be accepted.

IMMUNIZATION AND COMMUNICABLE DISEASE TESTING REQUIREMENTS

THIS FORM IS TO BE COMPLETED IN FULL. It must be COMPLETED BY THE STUDENT and submitted by AUGUST 15th.

COPIES OF IMMUNIZATION RECORDS & LABORATORY REPORTS MUST BE ATTACHED TO VALIDATE ALL VACCINATIONS AND TESTING REQUIREMENTS

ALL IMMUNIZATIONS AND TESTS LISTED ARE MANDATORY AND ALL MUST BE COMPLETED AND SUBMITTED IN ORDER TO ATTEND CLINICAL PLACEMENT HOURS

Documentation that will be accepted as proof of immunization and communicable disease testing include:

- Immunization record with dates of vaccinations received and Health Care Provider signature and stamp (as per the examples provided in this package)
- Copies of your laboratory testing results (reports)
- Copies of certificates
- All documents must be provided in English

Students are responsible for any related costs/fees in meeting the required immunizations and laboratory testing.

Immunizations and communicable disease testing are not subject to accommodations for philosophical or religious reasons and only a medical exemption will be accepted

STUDENT CONTACT INFORMATION

NAME: (Last Name / First Name) _____

DATE OF BIRTH: (Month / Day / Year) _____

PROGRAM: _____

HOME OR PERMANENT ADDRESS: _____

HOME TELEPHONE #: _____ CELL PHONE#: _____

The statements given in this form are true to the best of my knowledge. I understand that falsifying information may result in my removal from the Practical Nursing program and/or clinical placement/practicum.

Student Signature

Date

IMMUNIZATION AND COMMUNICABLE DISEASE TESTING REQUIREMENTS

A. Varicella (Chicken Pox) Vaccinations

Completed Primary Series (given in childhood):

Vaccine #1 Date (mm/dd/yy): _____, **Vaccine #2** Date (mm/dd/yy): _____ If 2 vaccines are documented, Titre level is not required.

OR Laboratory Result indicating immunity to Varicella (titre level):

Date (mm/dd/yy): _____ Reactive/Immune (+) Non-reactive/Non-immune (-)

If results show Non-reactive/Non-immune – must have the **Series** of 2 vaccines 6 weeks apart and submit.

****ATTACH COPY OF IMMUNIZATION RECORD AND/OR LABORATORY REPORT IN ENGLISH**

B. Measles/Mumps/Rubella (MMR) Vaccinations

Primary Series (given in childhood):

Vaccine #1 Date (mm/dd/yy): _____ **Vaccine #2** Date (mm/dd/yy): _____ (1 month after #1)

If the primary series has not been completed in full a booster vaccination is required.

IF THE PRIMARY SERIES IS DOCUMENTED ABOVE, LABORATORY TESTING IS NOT REQUIRED

If you do not have documentation for receiving the Primary Series, MMR titre levels required:

Measles Immunity Laboratory Testing Result:

Date (mm/dd/yy): _____ Reactive/Immune (+) Non-reactive/Non-immune (-)

Mumps Immunity Laboratory Testing Result:

Date (mm/dd/yy): _____ Reactive/Immune (+) Non-reactive/Non-immune (-)

Rubella Immunity Laboratory Testing Result:

Date (mm/dd/yy): _____ Reactive/Immune (+) Non-reactive/Non-immune (-)

If no vaccinations were completed as a child, or there is no documentation, the Adult Series must be completed.

Adult Series:

Vaccine #1 Date (mm/dd/yy): _____

Vaccine #2 Date (mm/dd/yy): _____ (1 month after 1st dose)

****ATTACH COPY OF IMMUNIZATION RECORD AND/OR LABORATORY REPORT IN ENGLISH**

C. Diphtheria/Pertussis/Tetanus vaccination

Diphtheria/Pertussis/Tetanus vaccination (**within last 10 years**) Date (mm/dd/yy): _____

****ATTACH COPY OF IMMUNIZATION RECORD IN ENGLISH**

D. Hepatitis B vaccinations

Primary Series (given in childhood):

Vaccine #1 Date (mm/dd/yy): _____

Vaccine #2 Date (mm/dd/yy): _____

Vaccine #3 (if applicable) Date (mm/dd/yy): _____

AND ALL STUDENTS MUST PROVIDE SURFACE ANTIBODY LEVEL (ANTI-HBS) (Titre Level)

Hepatitis B Laboratory Immunity Testing:

Date (mm/dd/yy): _____ Reactive/Immune (+) Non-reactive/Non-immune (-)

If Non-reactive/Non-immune – Series of vaccines must be repeated

Vaccine #1 Date (mm/dd/yy): _____

Vaccine #2 Date (mm/dd/yy): _____ (1 month after 1st dose)

Vaccine #3 (if applicable) Date (mm/dd/yy): _____ (6 months after 1st dose)

AND a Hepatitis B Laboratory Titre must be repeated, one month after completion of series.

Hepatitis B Laboratory Immunity Testing:

Date (mm/dd/yy): _____ Reactive/Immune (+) Non-reactive/Non-immune (-)

****ATTACH COPY IMMUNIZATION RECORD AND LABORATORY REPORT IN ENGLISH**

E. Tuberculosis – Tuberculin (TB) Skin Test (TST or Mantoux)

** Note: Chest X-rays are costly for international students in Canada. TB testing should be completed in full prior to coming to Canada.

Initial 2-Step Testing

Step 1 Date received (mm/dd/yy): _____ Date Read – 48-72 hours after receipt (mm/dd/yy): _____

Result: _____ mm of skin induration **If skin induration is ≥ 10 mm (positive), a chest x-ray is required**

AND

Step 2 (2nd step must be given 7 to 28 days after 1st test, in opposite arm, only if 1st test is less than 10mm induration.)

Date received (mm/dd/yy): _____ Date Read – 48-72 hours after receipt (mm/dd/yy): _____

Result: _____ mm of induration **If induration is ≥ 10 mm (positive), a chest x-ray is required**

If Results are Positive - Chest X-ray Date (mm/dd/yy): _____ Results: _____

If an initial negative 2 Step Test has been previously completed, a 1-Step TB Test, within the current year, is required (documentation of the 2 Step test above is also required)

1 Step TB Test - Date received (mm/dd/yy): _____ Date Read – 48-72 hours after receipt (mm/dd/yy): _____
Result: _____mm of induration

****ATTACH COPY OF IMMUNIZATION RECORD and/or XRAY REPORT IN ENGLISH**

F. COVID-19 – Vaccination

COVID-19 vaccination is strongly recommended for all health care workers. This includes staff who work in, and students who study in a hospital, LTC agency, and any other health care delivery agency.

- Clinical partner agencies may choose to create their own policies regarding mandatory student immunization against COVID-19 as a protective measure for residents and patients. Northern College is required to adhere to these policies as a requirement for staff and students attending clinical.
- **All Students are required to submit documentation for having received the approved primary series of COVID-19 vaccine(s) prior to attendance at our partner health care agencies.**
- The health care agencies have confirmed their policies stating that all students are required to be immunized for COVID-19 in order to care for residents and patients. **Students who do not meet this requirement will not be permitted to attend clinical hours and will not meet the expectations for the practical component of the program course, which will result in course failure.** There will be no exceptions for this requirement.
- Students must submit a copy of the official receipt(s) for having received the primary series, **1 or 2 Canadian approved vaccinations**. **If you have not had previous vaccination for COVID-19, 1 dose of XBB.1.5 vaccine is authorized as a primary series for adults who are not moderately or severely immunocompromised.**

Vaccine #1 Date (mm/dd/yy): _____

Vaccine #2 Date (mm/dd/yy): _____ (2 months or 56 days after 1st vaccine if required)

Vaccine #3 Recommended Booster Date (mm/dd/yy): _____ (3 months or 84 days or more)

***Note: vaccinations are only effective for 6 months after receipt**

****SUBMIT COPY OF IMMUNIZATION RECEIPT(S) RECEIVED WHEN VACCINATION COMPLETED**

G. Influenza – Flu Vaccination (available free of charge in Ontario in late October)

The annual Influenza vaccination becomes available in late October.

****SUBMIT COPY OF IMMUNIZATION RECORD FOR INFLUENZA VACCINE WHEN RECEIVED DUE BY NOVEMBER 30TH**

Most Health Care and Emergency Services agencies have mandatory requirements for immunizations and communicable disease testing, prior to employment. Since clinical placements necessitate that students have the same immunization and occupational abilities as agency employees, failure to comply with immunization standards may preclude students from participating in clinical placements and will jeopardize success in the program.

Immunizations and communicable disease testing are not subject to accommodations for philosophical or religious reasons and only a medical exemption will be accepted



PN Annual Forms for Review and Agreement

All Students enrolled in the PN Program are required to read, understand and agree to abide by the criteria outlined on the following forms:

- **Current Student Contact Information**
- **PN Acknowledgement of Student Manual**
- **Code of Conduct/Student Behavioural Agreement**
- **Academic Integrity and Statement of Confidentiality**
- **Nursing Laboratory Contract**
- **Freedom of Information and Protection of Personal Privacy**
- **Timmins & District Hospital Healthcare Team Privacy & Confidentiality Agreement**
- **Acknowledgement of Risk for Clinical Settings Statement**

Your submission will be taken as your signed agreement.

All PN-Annual Forms may be accessed on the Blackboard Course called **"PN-Annual Forms: PN Annual Forms for Review and Agreement"** on the Northern College Blackboard site. Once you have registered in the program you will be provided a username and password to access this site.

Canadian Criminal Record Check with Vulnerable Sector Check

The Schools of Health Sciences and Emergency Services require successful completion of placements and/or visits in a variety of agencies that may include schools, health, community, and social agencies. Students will be working with or have unsupervised access to, **vulnerable persons*** while on placement, and therefore must complete a satisfactory Criminal Record Check and Vulnerable Person Sector Check prior to having direct contact with vulnerable persons.

***Vulnerable persons** are defined by the Criminal Records Act as: “persons who because of their age, disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or who are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.”

Without a clear Canadian Criminal Record Check and Vulnerable Person Sector Check, **a placement agency will deny a student access to their premises.**

Health Sciences students must provide **1 ORIGINAL electronic or hard-copy** of their Canadian Criminal Record Check with Vulnerable Person Sector Screening (**photocopies of hard-copies will not be accepted and printed copies of electronic copies will not be accepted**). **Checks submitted without the Vulnerable Sector Screen completed will not be accepted and students are responsible for the cost to reapply.**

To Apply for a Vulnerable Sector Check:

Applications **must be completed at your local Police Service’s website (or in person in some areas).** If you do not live in the Timmins area, you must apply prior to moving or you will need to complete a change of address prior to applying in the Timmins area.

If you are not yet 18 years of age, you can not apply. This will not affect your ability to attend clinical hours. You must apply after your 18th birthday and submit your Check at that time.

You must upload or bring with you:

- 1) **2 pieces of identification** - One photo ID and one document that states your full name and current address.
- 2) **A letter from the college** stating your name, date of birth, program of study and why you require a Vulnerable Sector Screen. (Please see information below)
- 3) A **completed application form** - follow the links below for more information or contact your local police service for application forms

Letter from the College: In order to apply for your Vulnerable Sector Screening, Police Services require a letter from the college, stating that the student is enrolled in their program, and must be signed by the Dean of Health Sciences and Emergency Services. This letter will be prepared by the college and emailed to each student. If you do not receive a letter, please contact the **Program Assistant, Merranda Rivers at extension 2187** or by email at riversm@northern.on.ca, to provide your name date of birth and full address. A letter can then be produced and sent to you, or you may pick up the letter at the college.

Application Forms: Go to your local police service’s website to apply (or obtain a form to complete to apply). In the Timmins area, please follow the instructions on the following page to apply.

Ontario Provincial Police: <https://www.opp.ca/index.php?id=115&entryid=56a1276d8f94acdb5824a3d7>

Any cost incurred when obtaining the Criminal Record Check and Vulnerable Person Sector Check is the student’s responsibility.

International students must apply for a Canadian Criminal Reference check.



TIMMINS POLICE SERVICE CRIMINAL RECORD CHECK TIP SHEET

Before you apply for a criminal record check make sure of the following:

1. You have a Timmins address and live in the Timmins Police Service area for a record check with our service. P.O. Box addresses are not acceptable.
2. The organization asking for the record check will tell you what type of record check you need. (re: Northern College)
 - Criminal Record Check (CRC)
 - Criminal Record and Judicial Matters Check (CRJMC)
 - **Vulnerable Sector Check (PVS) - Required** for all Health Sciences & Emergency Services Programs (BScN, PN, PSW, Medical Laboratory Technician, Paramedic, Pre-Service Firefighter & Police Foundations)
3. **Gather what you need.**
 - a) If you are applying for a vulnerable sector check or it is for a volunteer position, you will need a letter from the organization. **If it is for a school placement, you still need a letter from the school indicating you need a vulnerable sector check. Contact your Program Assistant with your full name, local address, date of birth and program to obtain the letter.**
 - b) All addresses where you have lived in the last 5 years. You must include your current address but also every address you have had over the last 5 years, even if the address is from another city, province or country.
 - c) Be prepared to answer financial questions in order to verify your identification. This is part of the electronic identification verification; **DO NOT** upload copies of your identification.
 - d) If your identity cannot be verified through this process, you will have an option to confirm your identity through facial recognition, but you will require a driver's license or Canadian passport to do so. **If you do not have a driver's license or Canadian passport,** you can either attend a Canada Post location with 2 pieces of ID where they will verify your identity for \$15.00 or you can attend the Timmins Police station for free with 2 pieces of ID and the Confirmation ID that you are provided and we can verify your identity.

*****ID must include one photo ID such as passport, student card, driver's license and the other must prove you live in Timmins such as lease agreement, banking profile, rent receipt with the address.**

MAKE SURE THAT YOU ARE APPLYING TO THE TIMMINS POLICE SERVICE USING OUR LINK AT:

<http://www.timminspolice.ca/non-policing-services/police-record-checks-forms-available-download/>

Or use our QR code and click on the "APPLY HERE" link:

