

### COMPLETE PRIOR TO FIRST CLINICAL

#### CastleBranch Critical Requirements

*While enrolled in your graduate program, with exception of the Accelerated Direct Entry MSN, the package code only needs to be purchased once. Situations such as change in specialty, relocation or gaps in enrollment can result in the need to purchase a new package code. If needed, consult a [CastleBranch administrator](#) to review your individual situation and obtain guidance.*

- ✓ I have purchased my CastleBranch critical requirements package on the first day of course instruction for my program.

Initials:

Date:

- ✓ I have followed the appropriate deadlines for my program and they have all been marked as complete within CastleBranch.. *Please note that different programs have varying deadlines; ensure you have read the [Critical Requirements](#) page fully to understand which deadline you should follow.*

Initials:

Date:

- ✓ If needed, I have contacted a [CastleBranch administrator](#) and my clinical site coordinator via email with any CastleBranch related issues.

Yes, I did need to contact a CastleBranch administrator No, I  
did not need to contact a CastleBranch administrator

#### Student ID/Badge

*If you do not attend classes on campus, you might not need a student ID; however, your clinical site could require you to have one. To order your ID/badge, do **one** of the following:*

- *Follow the instructions on the [Registration, Textbooks, IDs & Calendars](#) page to request one via email, or*
- *Visit the Public Safety Office (Four Edwards Center) any time Monday through Friday from 8 a.m. to 5 p.m. (ET)*
- ✓ I have ordered my student ID/badge

Initials:

Date:

### COMPLETE PRIOR TO EACH CLINICAL EXPERIENCE

These items must be completed prior to the start of each clinical course in your program.

#### Clinical Requirements

- ✓ I hold a current, active, unrestricted Registered Nurse (RN) license with no restriction(s) or disciplinary action(s) in the state where the clinical experiences (practicum and internships) I intend to complete will occur.

Initials:

Date:

- ✓ I have updated my CastleBranch account as necessary to ensure my profile is fully compliant.

Initials:

Date:

- ✓ I understand that I will not be permitted to attend clinical prior to completion of these requirements.

Initials:

Date:

#### Securing a Preceptor

- ✓ I have met or discussed with my preceptor and they have agreed to precept for me.

Initials:

Date:

- ✓ I have filled out the student portion of the preceptor application with accurate information and license.

Initials:

Date:

- ✓ My preceptor or I have emailed the preceptor application to my clinical site coordinator or [conprptr@ucmail.uc.edu](mailto:conprptr@ucmail.uc.edu) and I have received confirmation of receipt.

Initials:

Date:

- ✓ My preceptor and I have received the welcome email, indicating that my preceptor is qualified to precept for me and there may be further requirements for approval of clinical activity at the site.

Initials:

Date:

- ✓ If I am struggling to locate a preceptor, I have employed all techniques listed on the [networking suggestions document](#) and I have emailed my clinical site coordinator if I am still having trouble.

Initials:

Date:

### Site Agreement

- ✓ I ensured that the site agreement box on the preceptor application was accurately filled out.

Initials:

Date:

- ✓ Please choose one of the following:

I have been made aware that my clinical site requires an agreement

I have updated my clinical site coordinator via email accordingly.

Initials:

Date:

- ✓ I have received confirmation that the site agreement for my site has been fully executed.

Initials:

Date:

### Site Requirements

- ✓ I have checked with my preceptor and the clinical site regarding onboarding processes and updated my clinical site coordinator accordingly. (i.e.: required documents/pre-screenings, onboarding platform(s), student fees, etc.) Initials:  
Date:

- ✓ My site uses the following onboarding platform (select what applies):

ACEMAPP

Rotation Manager

CB Bridges

Shared Space 4 Learning

CPNW

TCCP

MyClinicalExchange

Other:

RedCarpet

### State Board of Nursing Requirements

- ✓ I have reviewed the following [information](#).

Initials:

Date:

- ✓ I live or plan to complete clinical activity in one of the listed states and have completed and submitted the required documentation to [constateauth@uc.edu](mailto:constateauth@uc.edu).

yes

no