HEALTH ASSESSMENT
COMPETENCY DEVELOPMENT PROGRAM

Course Information
for 2014 – 2015
http://dph.georgia.gov/health-assessment

Office of Nursing
Division of District and County Operations
Department of Public Health
# Health Assessment Competency Development Program for 2014-2015
*(Revised August 2014)*

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**“QUICK START” REFERENCE SHEET**

Do you have a nurse who needs the health assessment course?  
Don’t know or remember the steps to get it done?  
In a hurry? Feeling rushed for time?  
Here you go…

<table>
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<td>1. Check the Approved Schools listing for 2014 - 2015 (p. 21).</td>
<td>▪ Establish/maintain relationships with nursing schools/faculty whenever possible.</td>
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| 2. Select a school; check school schedule for the upcoming term or session. | ▪ Use school’s website or call the school’s Nursing Department.  
▪ Check the class location (is it on campus or at a satellite location?).  
▪ Check the course format; is it face-to-face, online or a hybrid course? |
| 3.a. If the preferred school is offering the course, direct the nurse to apply to the school. | ▪ Be sure nurse applies in “Non-Degreed” or “Transient” status unless she/he is in the school’s Nursing Program.  
▪ Follow District policy regarding payment of application fee.  
▪ If nurse is eligible for Hope/Pell funds, complete paperwork to secure them.  
▪ Obtaining/sending transcripts can take a long time; start early! |
| 3.b. If the preferred school is not offering the course, check other approved schools that may be accessible to the nurse. | ▪ If none are available, see if any other school (not on approved schools list) is offering the course; if so, contact Office of Nursing (OON) for approval. |
| 4. Send notification form to Office of Nursing (OON) (p. 17). | ▪ If nurse is not accepted to the school, notify OON to remove nurse from roster.  
▪ If funds may not be available for tuition and fees, districts will be notified of this as soon as it is known. |
| 5. Upon nurse’s acceptance to the school, send Letter of Intent to Pay (see templates, pp. 28-29) to the school’s financial contact (p. 25); give copy of letter to nurse taking course to take to registration. | ▪ Follow District policy regarding ordering books/supplies.  
▪ Have nurse obtain and start reading the text… yes, ahead of time. |
| 6. Pay the school’s invoice upon receipt. | ▪ Save a copy of the invoice to send to the OON. |
| 7. When the course is completed, get from the nurse an official transcript; it will show credit hours and grade. | ▪ Save a copy to send to the OON. |
| 8. Have the nurse complete a course evaluation (p. 19). | ▪ Save a copy to send to the OON. |
| 9. Nurse should complete preceptorship in about 3 months; complete Competency Demonstration Form (p. 18). | ▪ Save a copy of the Competency Demonstration Form to send to the OON. |
| 10. Send a letter requesting reimbursement, copy of invoice, transcript, Health Assessment Preceptorship competency demonstration form (p.9), and course evaluation to OON. | ▪ Provide OON with instructions regarding reimbursement (pay District or county and amount of reimbursement request).  
▪ Place these documents in nurse’s training or personnel file. |
| 11. If the nurse received a “C” or higher and satisfactorily completed the preceptorship, give a certificate of completion (p. 31). | ▪ Place copy of certificate in nurse’s training or personnel file. |
HEALTH ASSESSMENT COMPETENCY DEVELOPMENT PROGRAM
OVERVIEW

PURPOSE
The Health Assessment Competency Development Program is designed to prepare public health nurses to perform health assessments on individuals served by public health. Health assessment competencies form the foundation required for public health nurses to practice and utilize nurse protocols in public health.

The health assessment course content focuses on techniques of health assessment and communication skills. Although developmental and nutritional assessments, anthropometric measurements (use of growth charts), assessment of immunization status and screenings for hearing, vision, speech and oral cavity/dental problems may be mentioned in the course, it is expected that these will be formally taught at the district level. The need for additional training and clinical practice in health assessment of children at various ages as well as pelvic examination may also be expected.

A preceptorship is to be completed within three months following the didactic part of the course. During the preceptorship, the public health nurse gains clinical experience by performing specific assessments on clients of different ages. The preceptorship phase is completed when the nurse demonstrates competency in all required areas of health assessment.

The Department of Community Health requires public health nurses to have written documentation of completion of a Health Assessment course through a baccalaureate nursing education program, documentation of completion of training to administer a standardized developmental/behavioral assessment, and completion of a preceptorship before Health Check services are billed (Part II, Policies and Procedures for Health Check Services [EPSDT], revised January 1, 2014).

To develop competency in Women’s Health, Women’s Health training courses (commonly referred to as Women’s Health Expanded Role Training) are necessary. Clinical/lab experience in doing pelvic exams is seldom included in baccalaureate-level health assessment courses or in the Women’s Health courses so active involvement of a preceptor is indicated.

PREPARATION FOR THE COURSE
It is important that nurses be informed during the interview process of expectations and requirements related to the health assessment course. A copy of the Health Assessment Competency Repayment Policy should be provided to the nurse for perusal. This will give them the opportunity to ask questions and prepare for the course.

Adequate orientation to the work environment (approximately 2-4 months) should also occur prior to sending a nurse to the health assessment course; during this time, supervisors should try to assure that public health will be a good “fit” for the nurse. In
addition, during the orientation period, it is recommended that new nurses remain productively occupied in the performance of duties that they are able to perform; this will assist in assessing their interest in public health nursing, providing a stimulating environment, maintaining their engagement and retaining nurses who later complete the course.

Clarifying work time that will be allowed for study during the course should be clarified prior to the start of the course; most districts feel that study time should be mutually shared by the employer and the nurse/student.

**HEALTH ASSESSMENT COMPETENCIES**

Health assessment competencies that are to be developed during the course and preceptorship are:

1. Evidence-based knowledge of and ability to perform health assessments for designated or assigned ages, sexes and populations.
2. Ability to communicate effectively via written, oral, electronic and other means with various, diverse individuals and populations.
3. Ability to elicit data for a health history that includes physical, cultural, social, nutritional, mental, developmental and environmental information.
4. Ability to differentiate normal/abnormal findings.
5. Ability to interpret and apply findings to develop an appropriate plan of care to improve health.

**PROGRAM REQUIREMENTS**

Meeting the following four requirements signifies satisfactory completion of the Health Assessment Competency Development Program:

1. Payment of tuition/fees to approved school for health assessment course.
   Evidence: copy of school’s invoice listing student’s name, tuition and fees.
2. Earn academic credit with a letter grade of ‘C’ or higher in a health assessment course from an approved school of nursing.
   Evidence: copy of the official transcript with school seal or official grade report.
3. Documentation, through assigned preceptor(s), of demonstrated competency in required age groups (birth-3, 3-12, 12-21, and adult) and areas of practice (e.g., male genitourinary, male and female breast exam, pelvic).
   Evidence: Competency Demonstration Form(s) signed by nurse and preceptor(s).
4. Course evaluation.
   Evidence: receipt of course evaluation in Office of Nursing.

NOTE: To practice under nurse protocol in Women’s Health, satisfactory completion of all Women’s Health training courses (Documentation, Breast Exam, Contraceptive Technology 1 and 2, and Gynecological Problems) is required. This requirement may be met in various ways. Documentation training is available via DVD self-study. Breast Exam is included in all baccalaureate-level health assessment courses. For those nurses needing a refresher “how to” training in breast and pelvic exam, this can be provided by contacting the Family Planning Program. Contraceptive Technology 1 and
2 can be accessed at any time on the Learning Management System (LMS), known as SABA. This course is also provided by the Family Planning Program. Gynecological Problems is offered once annually through the Family Planning Program. Alternately, this training requirement may be met through getting the didactic gynecological content in the health assessment course and taking STD 101 where gynecological management is addressed. Additionally, for someone with recent Women’s Health experience, competency demonstration through a preceptor, with appropriate documentation, is acceptable.

**CRITERIA FOR HEALTH ASSESSMENT COURSE**

A nurse **must** take the course if any of the following apply:

- She/he does not have written documentation of having taken/passed a course in health assessment at or above the baccalaureate level (official transcript with school seal).
- She/he has no or limited clinical experience in health assessment.
- She/he has been out of clinical practice for an extended time and has not demonstrated competency in required areas of practice.
- Her/his district nursing director deems it to be appropriate for the role in which the nurse is expected to function.

A nurse **may exempt** the course if:

- She/he transfers from another public health clinical practice setting and has satisfactorily completed the course requirements.
- She/he has provided written documentation (official transcript with school seal) of having taken/passed the course with baccalaureate or higher credit.
- She/he has requested credit by exam in health assessment through a school of nursing approved by the Office of Nursing and has passed the exam.

**NOTE:** If a nurse exempts the course, documentation of this, as well as demonstration of competency, should be maintained in her/his training or personnel file.
COURSE INFORMATION

PROCEDURE FOR ENROLLING IN THE HEALTH ASSESSMENT COURSE
When it has been determined that a nurse is to take the Health Assessment course, a
school should be selected from the current list of approved schools. The Office of
Nursing sends this list at least annually to the district point of contact (POC) for health
assessment (see listing on p. 16).

1. The nurse submits an application, including necessary transcripts, to the selected
school well in advance of the application deadline set by the school. It is
advisable for the nurse and/or district POC for health assessment to contact the
school directly to confirm the application deadline, the appropriate application
category (non-degreed, transient or degreed) and course specifics (see
Approved Schools List on p. 21 for school contact information).

2. The district POC identifies qualified preceptor(s) for the nurse and submits the
Health Assessment Competency Development Notification Form, signed by the
District Nursing and Clinical Director (DND) or designee, to the Assistant Chief
Nurse, Office of Nursing.

3. The Assistant Chief Nurse or designee will acknowledge receipt of the Health
Assessment Competency Development Notification Form by email to the district
POC.

4. The Assistant Chief Nurse, if funds are available, places the nurse on that
semester's roster and notifies the POC. If funds are not available, the POC is
notified. If the nurse is not accepted to the school, the POC notifies the Office of
Nursing.

5. The POC or designee submits a letter of intent to pay to the selected school of
nursing.

6. Any questions should be directed to the district POC; the district POC may
contact the Assistant Chief Nurse, Office of Nursing, for additional assistance.

COURSE FORMAT/METHOD, LOCATION AND LENGTH
Georgia schools of nursing are offering health assessment courses in a variety of
formats and locations:
- Face-to-face (in a classroom setting on campus or at a satellite location).
- Online or hybrid (primarily online but with required on-campus sessions during
  which skill development is assessed).

NOTE: Face-to-face courses may be “web enhanced,” i.e., syllabus and some
materials/assignments are placed online. Hybrid courses are commonly defined as
51-95% online and online courses as >95% online.

The length of the health assessment course also varies; compressed and extended
courses are available. It ranges from 1 – 16 weeks. Most courses are a full semester
(approximately 15 weeks) in length. Some schools have also begun to schedule
courses on evenings and weekend days.

Consultation with the nurse needing the health assessment course can help determine
the course format and length that is most suitable. If the nurse questions whether
she/he has adequate technology skills to succeed in an online or hybrid course, consult with the school; each school offers an orientation to use of the computer for course work and technical assistance is readily available.

For online and hybrid courses, viewing online videos is common. This may require that the district or county Information Technology (IT) staff be prepared to adjust settings on a computer so that these may be viewed. Availability of IT staff for troubleshooting will always be appreciated; letting them know ahead of time that this may be needed is advisable.

ACADEMIC CREDIT
In order for the Department of Public Health to reimburse the tuition for the health assessment course, the nurse must receive academic credit for the course. Baccalaureate and graduate-level nursing programs in Georgia offer academic credit, ranging from 2-6 hours, for the health assessment course.

PAYMENT
Payment for the health assessment course is paid by the district, county or state office program and reimbursed, when funds are available and the Office of Nursing approves the nurse to take the course, after requirements are met, by the Department of Public Health.
INTRODUCTION
The Health Assessment Competency Development Program is designed to prepare public health nurses to conduct comprehensive health assessments for public health clients. Georgia public health nurses are required to demonstrate mastery of five health assessment competencies in order to improve the health and safety of all Georgians.

PURPOSE
The purpose of the following reimbursement guidelines is to provide a systematic process to ensure that funds allocated by the Department of Public Health for health assessment training are utilized appropriately and in accordance with current policies and procedures.

GUIDELINES
Upon successful completion of the health assessment course, clinical preceptorship, and competency demonstration, the District Point of Contact should forward the following documents to the Office of Nursing, Assistant Chief Nurse:

- Copy of invoice for tuition or fees paid by County or District
- Copy of official grade report or copy of official transcript
- Completed Health Assessment Preceptorship Competency Demonstration Form signed by nurse and preceptor. (p. 18)
- Completed health assessment course evaluation
- Letter addressed to the Office of Nursing requesting reimbursement for tuition or fees paid on behalf of the public health nurse

Upon receipt of all documents listed above, the Office of Nursing will submit a request for reimbursement to the Division of Finance. Reimbursement will be forwarded directly to the District or County within 60 days. Please notify the Office of Nursing, Assistant Chief Nurse when reimbursement funds are received from the Division of Finance.
RESPONSIBILITIES OF NURSE/STUDENT

1. Before the course, the public health nurse is to:
   - Apply to the college/university within the timeframe established by the academic institution and be accepted to take the health assessment course.
   - Clarify work schedule with supervisor to address the work time that will be allotted to the course and how it will be scheduled throughout the course.
     - Go to https://www.mmis.georgia.gov/portal/default.aspx; click on Provider Information tab, then click on Provider Manual, scroll down to Health Check Services Manual (2659.90).
   - Review a textbook of basic anatomy and physiology.
   - Register for the course (taking a copy of the intent to pay letter that was sent to the school) and obtain the required textbook(s), including a notebook.
   - Plan the preceptorship with pre-assigned clinical preceptor(s); if taking an online/hybrid course, work with the preceptor may need to begin soon after the start of the course in order to assess and validate newly-learned skills. Be prepared!
   - Review the Health Assessment Reimbursement and Repayment policies; and then sign the Health Assessment Continued Service Agreement form.

2. During the didactic portion of the course, the public health nurse is to:
   - Attend all classroom, laboratory and practice sessions. The college assigns the class and lab hours; if the course is online, participate as directed by nursing faculty.
   - Complete all course objectives and assignments.
   - Work with assigned preceptor, if needed, to begin validation of newly-learned skills; competency should be documented on the competency demonstration form after work with the preceptor begins.
   - Complete all examinations with a passing grade of C or better.
   - Participate in all classroom/online activities. If not observed by the college or university, holidays are postponed.

3. After the course, the public health nurse is to complete the preceptorship. Within three months, the public health nurse is to demonstrate competency in the following age groups and types of assessments:
   Complete physical assessment including standardized developmental assessment of both male and female children with two (2) document appraisals of children whose ages are from birth to three (3) years of age; 2 documented appraisals of male and female children whose ages are three (3) to twelve (12) years; four documented appraisals of male and female children whose ages are twelve (12) to twenty-one (21).
   - Five (5) female breast exams.
• Five (5) adult male genitourinary examination on males fourteen (14) years or older.
• Submit documentation of completion of preceptorship requirements must be certified, signed and submitted with enrollment application.
• adult (if assigned)

Types of Assessments (if not demonstrated in assessments above):
• Male genitourinary (on male clients 14 years of age and older)
  NOTE: These are to be G/U exams but do not have to be STD exams.
• Male and female breast
• Pelvic (if assigned)

When competency has been demonstrated, the nurse and preceptor(s) are to sign the Competency Demonstration Form.
NOTE: It may take longer than 3 months for competency to be demonstrated in all required areas.

4. Upon completion of all requirements for the health assessment competency development program, the Nurse/Student must submit the following documents to the District Point of Contact, within three months of the course ending date if possible:
• Copy of invoice for tuition or fees paid by County or District
• Copy of official grade report or copy of official transcript with credit hours noted
• Completed Competency Demonstration Form signed by nurse and preceptor(s)
• Completed health assessment course evaluation

A certificate acknowledging completion of requirements may be obtained from the District POC or designee upon submission of the four items listed above.

5. After completion of the preceptorship, it is recommended that a feedback session be held between the nurse and preceptor to discuss areas of strength and areas for improvement for the nurse, preceptor and health assessment competency development program.

RESPONSIBILITIES OF PRECEPTOR
The preceptor is an integral component of the Health Assessment course. She/he guides the public health nurse in incorporating the learned techniques of health assessment into clinical practice and in development of the health assessment competencies. Each assigned preceptor must have completed a health assessment course, be a skilled practitioner (e.g., Women’s Health Nurse Practitioner, Pediatric Nurse Practitioner, BSN prepared RN who has successfully completed a baccalaureate level health assessment course), and be familiar with the competencies and content of the health assessment course and is enthusiastic about the nursing profession and has a desire to teach. It is preferred that APRNs serve as preceptors for the Child Health and Women’s Health Preceptorships, but if
this is not possible then a BSN prepared RN who has successfully completed a baccalaureate level health assessment course and has a pediatric or women’s health’s nursing background/experience should serve as the respective Preceptors. During the didactic sessions and for the three-month (or longer) preceptorship period, the preceptor:

- Is available to their assigned public health nurse by phone or in person (from the beginning of the course).
- Observes the public health nurse’s performance on each of the required physical assessments, utilizing the Health Assessment Guide for Preceptors as indicated (see form on p. 35).
- Reviews each completed and written assessment for content and accuracy.
- Completes a Health Assessment Evaluation Tool for each assessment observed (see form on p. 32).
- Discusses each of the assessment tools with the public health nurse. The public health nurse and her/his preceptor sign each completed assessment form.
- Provides feedback on nurse’s assessment skills and assesses competency.
- Signs the competency demonstration form when all assessments are complete and competency has been demonstrated.
- Discusses each of the assessment tools with the public health nurse. The public health nurse and her/his preceptor sign each completed assessment form.
- Solicits feedback from the nurse regarding her level of confidence in each of the required areas of competency demonstration.
- Participates in feedback session with nurse to discuss areas of strength and improvement for the nurse, preceptor and health assessment competency development program.

RESPONSIBILITIES OF SUPERVISOR/MANAGER
The supervisor of the nurse, regardless of title, plays an important role in assuring that the nurse has a successful academic experience in the health assessment course.

- Discusses nurses’ need for health assessment course with district POC as indicated.
- Provides support for nurse during health assessment course as needed.
- Assures that nurse’s schedule includes time each week during the course for study.
- Facilitates preceptorship and skill development of nurse.
- Monitors progress of nurse and communicates with district POC to assure competency development during the course and preceptorship.
- **Signs the Health Assessment Continued Service Agreement form.**

RESPONSIBILITIES OF DISTRICT/DISTRICT POINT OF CONTACT (POC)
- Selects public health nurse who is in need of health assessment competency development to attend a health assessment course.
- Directs nurse to apply to currently approved academic institution within timeframe required by school.
• Submits Health Assessment Competency Development Notification Form to Assistant Chief Nurse, Office of Nursing.
• Provides nurse, supervisor, and preceptor with copy of Health Assessment Competency Development Program Course Information.
• Assures that, prior to course registration date, letter of intent to pay is sent to the school at which the nurse is admitted to take health assessment.
• Provides nurse with copy of intent to pay letter and directs her/him to take the letter to school registration.
• Identifies preceptor(s) for each public health nurse in advance of the course.
• Assures that nurse’s schedule includes time each week during the course for study.
• Provides for preceptorship time during the three-month period following course completion for each public health nurse.
• Clarifies the roles and expectations of the preceptor and the public health nurse and communicates this to public health nurse’s supervisor, preceptor(s) and nurse.
• A certificate of completion may be issued to the public health nurse upon completion of all requirements for the health assessment competency development program.
• Upon successful completion of the health assessment course, clinical preceptorship, and competency demonstration, the following documents should be forwarded to the Office of Nursing, Assistant Chief Nurse:
  o Copy of invoice for tuition or fees paid by County or District
  o Copy of official grade report or copy of official transcript (an official transcript with school seal must be kept in nurse’s local file; a copy of this may be sent to the Office of Nursing)
  o Completed Competency Demonstration Form signed by nurse and preceptor (Assessment Evaluation Tools for each assessment are to be kept in public health nurse’s personnel or training file; please only submit Competency Demonstration Form to Office of Nursing)
  o Completed health assessment course evaluation (this will be used to assess and improve the course)
  o Letter addressed to the Office of Nursing requesting reimbursement for tuition or fees paid on behalf of the public health nurse

LEARNING OBJECTIVES TO BE CLARIFIED AND ARRANGED BY DISTRICT STAFF:
• Competency demonstration of health assessment of required ages and types; this includes pelvic exams if assigned.
• Nutritional assessment, including nutrition history and counseling.
• Anthropometric measurements, including the use of growth charts.
• Developmental assessment, including use of ASQ-3 or other developmental assessment tool.
• Vision and hearing screening techniques, including the proper use of the appropriate equipment.
- Dental screening and screening of the oral cavity and its structures.
- Assessment of immunization status.
SUPPORTING DOCUMENTS AND FORMS
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<tr>
<th>DISTRICT</th>
<th>POC (DND or Designee)</th>
<th>CONTACT INFO (phone &amp; email)</th>
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<td>6</td>
<td>Tammy Burdeaux</td>
<td><a href="mailto:706-667-4296Tammy.Burdeaux@dph.ga.govJohn.Robinson">706-667-4296Tammy.Burdeaux@dph.ga.govJohn.Robinson</a>@dph.ga.gov</td>
</tr>
<tr>
<td>7</td>
<td>Karon Bush</td>
<td><a href="mailto:706-321-6120Karon.Bush@dph.ga.gov">706-321-6120Karon.Bush@dph.ga.gov</a></td>
</tr>
<tr>
<td>8-1</td>
<td>Lisa Thomas</td>
<td><a href="mailto:229-245-6433Lisa.Thomas@dph.ga.gov">229-245-6433Lisa.Thomas@dph.ga.gov</a></td>
</tr>
<tr>
<td>8-2</td>
<td>Kitty Bishop</td>
<td><a href="mailto:229-430-4599Kitty.Bishop@dph.ga.gov">229-430-4599Kitty.Bishop@dph.ga.gov</a></td>
</tr>
<tr>
<td>9-1</td>
<td>Betty Dixon</td>
<td><a href="mailto:912-356-2241Betty.Dixon@dph.ga.gov">912-356-2241Betty.Dixon@dph.ga.gov</a></td>
</tr>
<tr>
<td>9-2</td>
<td>Scarlett Conner, Asst.</td>
<td><a href="mailto:912-557-7193Scarlett.Conner@dph.ga.govKay.Davis">912-557-7193Scarlett.Conner@dph.ga.govKay.Davis</a>@<a href="mailto:dph.ga.govCindi.Hart@dph.ga.gov">dph.ga.govCindi.Hart@dph.ga.gov</a></td>
</tr>
<tr>
<td>10</td>
<td>Pam Smith</td>
<td><a href="mailto:706-583-2777Pam.Smith@dph.ga.gov">706-583-2777Pam.Smith@dph.ga.gov</a></td>
</tr>
</tbody>
</table>
# Health Assessment Competency Development Notification Form

**NAME & TITLE:** __________________________________________________________________________ DATE: __________

**HOME ADDRESS:** __________________________________________________________________________

**WORK ADDRESS:** __________________________________________________________________________

**WORK PHONE #:** ______________________ FAX #: ______________________ EMAIL: ______________________

**DISTRICT #/COUNTY:** ______________________ **DOB (MO/DAY/YR):** ______________________

**Gender:** __Female __Male

<table>
<thead>
<tr>
<th>ENROLLMENT CRITERIA (please check)</th>
<th>EXEMPTION CRITERIA (please check)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ DND determines enrollment necessary for optimal performance.</td>
<td>☐ Transfer from other PH clinical practice setting and has documentation of successful completion of course requirements.</td>
</tr>
<tr>
<td>No documentation of successful completion of a baccalaureate or higher level health assessment course.</td>
<td>Successful completion of a baccalaureate or higher level health assessment course AND documentation of preceptorship and competency demonstration.</td>
</tr>
<tr>
<td>Limited or no clinical experience in health assessment OR has been out of clinical practice for extended time.</td>
<td>Requested and received credit by exam through school of nursing AND has documentation of preceptorship and competency demonstration.</td>
</tr>
</tbody>
</table>

What is your highest nursing degree?
- [ ] Diploma
- [ ] ADN
- [ ] BSN
- [ ] MSN
- Other: __________________________________________________________________

Approved School for Enrollment __________________________________________________________________________

Planned Term and Year of Enrollment: (e.g., Fall 2014): __________________________________________________________________________

Type of Course:  
- [ ] In-classroom (primarily face to face; may be “web enhanced,” i.e., syllabus and some materials/assignments online))  
- [ ] Hybrid (51%-95% online)  
- [ ] Online (>95% online)  

Please consult with your supervisor to identify your preceptor(s) for this course.

Preceptor Name for Child Health: ______________________ Title: __________
Phone: ______________________ E-mail: ______________________

and, if applicable:
Preceptor Name for Women’s Health: ______________________ Title: __________
Phone: ______________________ E-mail: ______________________

Signature of Supervisor: ______________________ Email: ______________________
Signature of District PHN/CLIN Director or Designee: ______________________

Send completed form before term begins to: Meshell McCloud, Fax # 404-657-4457, mymccloud@dhr.state.ga.us, Peachtree Street, NW, Suite 9-280, Atlanta, GA 30303

Tuition payment by DPH is contingent upon available funds and will be reviewed each semester.
HEALTH ASSESSMENT PRECEPTORSHIP
COMPETENCY DEMONSTRATION FORM

Nurse’s Name:________________________________________________ District #/County:________________________

Date of Health Assessment Course (month/year): _______________ to _______________

Name of Preceptor(s):

Child Health _________________________________

Women’s Health, if applicable _________________________________

PHYSICAL ASSESSMENTS

Requirement: A complete appraisal for each area of assignment until competency is demonstrated. Document (date and initials of preceptor in box) each appraisal completed. Appraisals of children from birth to twenty-one (21) must include required assessments of both male and female children as denoted by asterisk (*). (See pages 10-11)

<table>
<thead>
<tr>
<th>BIRTH TO 3 YRS</th>
<th>3 YRS TO 12 YRS</th>
<th>12 YRS TO 21 YRS</th>
<th>ADULT MALE</th>
<th>MALE BREAST EXAMS (14 yrs and older)</th>
<th>FEMALE BREAST EXAMS</th>
<th>PELVIC EXAMS (total 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*(male)</td>
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<td>*</td>
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<tr>
<td>*(female)</td>
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<td>*(male)</td>
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<td>*(female)</td>
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<td>*(male)</td>
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</tr>
</tbody>
</table>

Preceptor to determine number of assessments required in each category based on individual nurse’s competency; if additional space is needed for documentation, use reverse side.

When competency has been demonstrated in each of the areas listed above, the public health nurse and preceptor(s) sign and date the Competency Demonstration Form.

Public Health Nurse:_________________________________________ Date:________________________

(Signature)

Preceptor (Child Health):____________________________________ Date:________________________

(Signature)

Preceptor (Women’s Health):__________________________________ Date:________________________

(Signature)
The health assessment competencies identified for Georgia public health nurses are:
1) Evidence-based knowledge of and ability to perform health assessments for designated or assigned ages, sexes and populations
2) Ability to communicate effectively via written, oral, electronic and other means with various, diverse individuals and populations
3) Ability to elicit data for a health history that includes physical, cultural, social, nutritional, mental and developmental information
4) Ability to differentiate normal/abnormal findings
5) Ability to interpret and apply findings to develop an appropriate plan of care

In an effort to evaluate the Health Assessment course you have just completed and its appropriateness for other public health nurses, please take a moment to complete the following:

<table>
<thead>
<tr>
<th>Evaluation Criteria:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please check the box that reflects your opinion.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1. I had the information I felt I needed prior to the start of the course.</td>
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<tr>
<td>2. I knew my preceptor’s name and understood the role of my preceptor before I started the course.</td>
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<tr>
<td>3. This course helped me to develop the above listed health assessment competencies.</td>
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<tr>
<td>4. I feel that the course adequately prepared me to begin doing health assessments in my work setting with my preceptor.</td>
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<tr>
<td>5. The course content was appropriate for the development of the health assessment competencies.</td>
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<tr>
<td>6. I would recommend this course to other public health nurses.</td>
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<tr>
<td>7. I feel competent in the technology used in the course (e.g., computer, web, video, simulation).</td>
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<tr>
<td>8. I plan to use this college credit to work toward my BSN or higher nursing degree.</td>
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</tr>
</tbody>
</table>

Please answer the following:
9. The number of hours per week I spent on the course (in class, online, studying, doing assignments, etc.) was:
   - < 10 hrs/wk
   - 11 – 15 hrs/wk
   - 16 – 20 hrs/wk
   - > 20 hrs/wk

10. The number of hours per week of work time I was scheduled to work on the course was:
    - None
    - 1 – 4 hrs/wk
    - 5 – 8 hrs/wk
    - 9 – 12 hrs/wk
    - 13 – 16 hrs/wk
    - > 16 hrs/wk

11. College/university at which course was taken: ________________________________

12. Dates of course (starting month/year – ending month/year): ____________________
13. Type of course taken:
   □ Face-to-face (in classroom, possibly with web-enhanced features)
   □ Hybrid (51 – 75% online, with some on-campus sessions required)
   □ Online (>95% online)

14. What I liked most about the course was:

15. What I liked least about the course was:

16. What I would change about the course is:

Additional Comments – Please provide additional feedback and suggestions to improve or enhance this course:

Email, fax or mail to: Office of Nursing
Department of Public Health
2 Peachtree St, NW, Suite 9-280
Atlanta, GA 30303
404-463-0801
FAX: 404-656-4457
PHN@dph.ga.gov
### HEALTH ASSESSMENT COURSE
### APPROVED SCHOOLS FOR 2014-2015

<table>
<thead>
<tr>
<th>School Information</th>
<th>Course #/Format/Hours</th>
<th>Course Begin/End Date</th>
<th>Schedule (day/time of class &amp; lab)</th>
<th>Location and Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Albany State University (Adult Only)</strong></td>
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<tr>
<td><a href="http://www.asurams.edu">http://www.asurams.edu</a></td>
<td>NURS 3510/3 hours</td>
<td>TBD</td>
<td>Call or email for information on Fall semester.</td>
<td></td>
</tr>
<tr>
<td>Nursing: 229-430-4724</td>
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<tr>
<td>Registrar: 229-430-4638</td>
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<tr>
<td>Dr. Cathy Williams, Chair, Dept. of Nursing</td>
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<tr>
<td>Catherine Hall, Coordinator, BSN Program</td>
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<tr>
<td>Please call Dr. Cathy Williams before enrolling in health assessment course.</td>
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<tr>
<td><strong>Armstrong State University (Life Span)</strong></td>
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<tr>
<td><a href="http://www.armstrong.edu/">http://www.armstrong.edu/</a></td>
<td>NUR 3320/Class/4 hours</td>
<td>TBD</td>
<td>Call or email for information on Fall semester.</td>
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<tr>
<td>NUR 3320L (lab)</td>
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<tr>
<td>Labs will be assigned during class</td>
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<tr>
<td><a href="http://www.armstrong.edu/">http://www.armstrong.edu/</a></td>
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<tr>
<td>Nursing: 912-344-2575</td>
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<tr>
<td>Registrar: 912-344-2503</td>
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<tr>
<td>Dr. Catherine Gilbert, Dept Head, Nursing</td>
<td></td>
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<tr>
<td><a href="mailto:nursing@armstrong.edu">nursing@armstrong.edu</a></td>
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<tr>
<td><strong>Clayton State University (Adult Only)</strong></td>
<td></td>
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</tr>
<tr>
<td><a href="http://www.clayton.edu/">http://www.clayton.edu/</a></td>
<td>NURS 3201/Class &amp; Online/2 hrs</td>
<td>Spring 2015 TBD</td>
<td>Call or email for additional information on Summer and Fall semesters.</td>
<td></td>
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<tr>
<td>NURS 3201L/Lab/1 hr</td>
<td></td>
<td>Fall 2014 TBD</td>
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<tr>
<td>*Class and online courses offered.</td>
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<tr>
<td><a href="http://www.clayton.edu/">http://www.clayton.edu/</a></td>
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<tr>
<td>Nursing: 678-466-4900</td>
<td></td>
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<tr>
<td>Registrar: 678-466-4145</td>
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<tr>
<td>Lisa Eichelberger, DSN, RN, Dean</td>
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<tr>
<td>Christi Hicks, 678-466-4995</td>
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<tr>
<td><strong>Columbus State University (Life Span)</strong></td>
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<tr>
<td><a href="http://www.columbusstate.edu/">http://www.columbusstate.edu/</a></td>
<td>NURS 3276/Class</td>
<td>Fall 2014 Spring 2015</td>
<td>Call or email for information on Fall semester.</td>
<td></td>
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<tr>
<td>Nursing: 706-507-8578</td>
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<tr>
<td>Registrar: 706-507-8800</td>
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<tr>
<td>Dr. Cheryl Smith, Director of Nursing</td>
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<tr>
<td>Ms. Betrophia Holt, Administrative Assistant 706-507-8576</td>
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</tr>
<tr>
<td>School Information</td>
<td>Course #/Format/Hours</td>
<td>Course Begin/End Date</td>
<td>Schedule (day/time of class &amp; lab) Location and Instructor</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Georgia College &amp; State University (Lifespan)</strong></td>
<td>NRSG 3140/Class/3 hours NRSG 3140L (lab)</td>
<td>Summer 2015</td>
<td>Please contact Michelle Marks, 478-445-1076, <a href="mailto:michelle.marks@gcsu.edu">michelle.marks@gcsu.edu</a>, prior to enrolling into course.</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.gcsu.edu/nursing/">http://www.gcsu.edu/nursing/</a></td>
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<tr>
<td>Nursing: 478-445-1076</td>
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<tr>
<td>Registrar: 478-445-6286</td>
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</tr>
<tr>
<td>Debby MacMillan (Interim Director of School of Nursing; Assistant Director, Graduate Programs), <a href="mailto:debbymacmillan@gcsu.edu">debbymacmillan@gcsu.edu</a></td>
<td></td>
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</tr>
<tr>
<td>Debbie Green (Assistant Director of School of Nursing, Undergraduate Programs) <a href="mailto:Debbie.greene@gcsu.edu">Debbie.greene@gcsu.edu</a></td>
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<tr>
<td>478-445-5152</td>
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<tr>
<td>Tracy Fathi, Administrative Assistant to the Director, Nursing <a href="mailto:Tracy.fathi@gcsu.edu">Tracy.fathi@gcsu.edu</a></td>
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<tr>
<td>478-445-5122</td>
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<tr>
<td><strong>Georgia Southern University (Lifespan)</strong></td>
<td>NURS 3230A/ 3230 AA /Online w/ Classroom Enhancement/Didactic/4 hrs</td>
<td>Fall 2014 Spring 2015</td>
<td>Course not offered in Summer</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.georgiasouthern.edu/registrar">www.georgiasouthern.edu/registrar</a></td>
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<tr>
<td>Nursing: 912-478-5479</td>
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<tr>
<td>Registrar: 912-478-5152</td>
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<tr>
<td>Sharon G. Radzyminski, PhD, RN, JD5</td>
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<tr>
<td>Chair and Professor of Nursing Debra Allen, Graduate Program Director</td>
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<tr>
<td><strong>Georgia Southwestern State University (Lifespan)</strong></td>
<td>NURS 3200/Online or In Classroom/4 hrs</td>
<td>Fall 2014 Spring 2015</td>
<td>Course not offered in Summer</td>
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<tr>
<td><a href="http://www.gsw.edu/academics/schedule">http://www.gsw.edu/academics/schedule</a></td>
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<tr>
<td>Nursing: 229-931-2275</td>
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<tr>
<td>Sandra Daniel, PhD, RN, PNP, Dean and Professor <a href="mailto:sandra.daniel@gsw.edu">sandra.daniel@gsw.edu</a></td>
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<tr>
<td>Registrar: 229-928-1331</td>
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<tr>
<td>Janet Wheel: 229-931-2662</td>
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<tr>
<td>School Information</td>
<td>Course #/Format/Hours</td>
<td>Course Begin/End Date</td>
<td>Schedule (day/time of class &amp; lab) Location and Instructor</td>
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<tr>
<td><strong>Kennesaw State University (Adult Only)</strong></td>
<td>NURS 3309/Class &amp; Lab/3 hours</td>
<td>Fall 2014 / Spring 2015</td>
<td>Please contact Cynthia Elery, Administrative Associate II, at (471) 578-3080, <a href="mailto:celery@kennesaw.edu">celery@kennesaw.edu</a>, if you have any questions.</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.kennesaw.edu/chns/schoolofnursing/">www.kennesaw.edu/chns/schoolofnursing/</a></td>
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<tr>
<td>Nursing: 470-578-3211</td>
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<tr>
<td>Cynthia Elery, Administrative Associate II</td>
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<tr>
<td><a href="mailto:celery@kennesaw.edu">celery@kennesaw.edu</a></td>
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<tr>
<td>470-578-3080</td>
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<tr>
<td>Dr. Jan Flynn: 471-578-6093</td>
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<tr>
<td>Associate Director of Undergraduate Nursing Program</td>
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<tr>
<td><strong>Middle Georgia State College (Lifespan)</strong></td>
<td>NURS 3200/Online &amp; Lab on Campus/3 hrs</td>
<td>Fall 2014</td>
<td>Call or email for more information</td>
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<tr>
<td><a href="http://www.mga.edu">www.mga.edu</a></td>
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<tr>
<td>Nursing: 478-471-2761 (Primary Number) or 478-471-2762</td>
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<tr>
<td>Macon Campus – 478-471-2761</td>
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<tr>
<td>Cochran Campus – 478-934-3057</td>
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<td>Dublin Campus – 478-275-6808</td>
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<td>Registrar: 478-471-2853</td>
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<tr>
<td>Donna Ingram, DNP. MSN, RN, Chair, Department of Nursing</td>
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<tr>
<td><strong>University of North Georgia (Lifespan)</strong></td>
<td>NUR 3330/Class/6 hrs</td>
<td>TBD</td>
<td>*NOTE: If PHN wants to enroll in course, please call Nursing Dept at 706-864-1930 to obtain approval to enroll in this course; PHNs must obtain approval prior to enrolling in the health assessment course.</td>
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<td><a href="http://www.ung.edu">www.ung.edu</a></td>
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<td>Nursing: 706-864-1400 or 706-864-1930</td>
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<td>Registrar: 706-864-1760</td>
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<tr>
<td>Toni Barnett, PhD, APRN, BC, FNP, Dept Head</td>
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<td><strong>University of South Carolina – Aiken (Lifespan)</strong></td>
<td>ANRS A307/3 hrs</td>
<td>Spring 2015 3</td>
<td>Call or email for additional information. If RN wants to enroll into the RN-BSN program track health assessment course, please contact Dr. Karen Morgan at 803-641-3277 to obtain approval to enroll in this course; PHNs must obtain approval prior to enrolling in the health assessment course.</td>
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<td><a href="http://www.usca.edu">www.usca.edu</a></td>
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<td>Nursing: 803-641-3392</td>
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<td>Registrar: 803-641-3550</td>
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<tr>
<td>Jeannette O. Andrews, PhD, RN,FNP, FAAN, Dean and Professor</td>
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<tr>
<td><a href="mailto:j.andrews@sc.edu">j.andrews@sc.edu</a></td>
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<tr>
<td>School Information</td>
<td>Course #/Format/Hours</td>
<td>Course Begin/End Date</td>
<td>Schedule (day/time of class &amp; lab) Location and Instructor</td>
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<tr>
<td><strong>University of West Georgia (Lifespan)</strong></td>
<td>NUR 3172/Class/2 hrs</td>
<td>Fall 2014/ Spring 2015</td>
<td>If interested in Carrollton or Newnan options, call Dr. Kathryn Grams directly at 678-839-6552 ASAP to request/assess availability; these classes usually fill up with school’s pre-licensure and RN-BSN degree students. The Rome class, if offered, usually has room for public health nurses.</td>
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<td><a href="http://www.westga.edu/~nurs">www.westga.edu/~nurs</a></td>
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<td>Nursing: 678-839-6552</td>
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<td>Registrar: 678-839-6438</td>
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<tr>
<td>Dr. Jenny Schuessler, Dean, School of Nursing</td>
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<tr>
<td><strong>Valdosta State University (Lifespan)</strong></td>
<td>NURS 4060 4 hrs/class (web-enhanced)</td>
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<td>Please contact Brenda Dyal at <a href="mailto:bsdyal@valdosta.edu">bsdyal@valdosta.edu</a> Call or email for additional information.</td>
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<td><a href="http://www.valdosta.edu">www.valdosta.edu</a></td>
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<tr>
<td>Nursing: 229-333-5959</td>
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<td>Registrar: 229-333-5727</td>
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<tr>
<td>Dr. Sheri Noviello, Interim Dean</td>
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<td><a href="mailto:smoviello@valdosta.edu">smoviello@valdosta.edu</a></td>
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<tr>
<td>Dr. Benda Dyal, Assistant Dean</td>
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<td><a href="mailto:bsdyal@valdosta.edu">bsdyal@valdosta.edu</a></td>
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FINANCIAL CONTACTS FOR THIRD PARTY PAYMENT
SCHOOLS OF NURSING

*NOTE: The Letter of Intent (LOI) should be sent to the school’s contact for third party payment. The LOI requests that the school waive fees other than the technology fee, e.g., health fee, activity fee, athletic fee, activity center fee, orientation fee, postal fee, ID card fee, enrollment services fee, nurse/health course fee. It states that the student (or employer) is to pay the parking fee. Some schools are able to waive the requested fees and some are not; tuition and fees charged by the school will be reimbursed as per the department's policy.

Approved Schools:

Albany State  Stacey Smith, Accounting Professional, Financial Operations
229-430-4615
Fax 229-430-4696
stacey.smith@asurams.edu

Armstrong State  Kamilah Bennett Bursar Office
11935 Abercorn St
Savannah, GA 31419
Kamilah.bennett@armstrong.edu
912-344-3243
Fax 912-344-3473
(unable to waive fees)

Clayton State  Ava Pugh, Student Accounts/Third Party Coordinator
2000 Clayton State Blvd
Morrow, GA 30260
avanelipugh@clayton.edu
678-466-4290
Fax 678-466-4299
Alternate Contact: Linda Stanford, Bursar’s Office
lindastanford@mail.clayton.edu
(unable to waive fees)

Columbus State  Student Accounts
4225 University Avenue.
University Hall, First Floor
Columbus, GA 31907
706-507-8800
Fax 706-568-2462

Ga College  Jaclyn Wilson
CBX 022
Milledgeville, GA 31061
Jaclyn.wilson@gcsu.edu
478-445-6094
Fax 478-445-1213

Ga Southern Univ  Angela Lang, Office of Student Fees
P.O. Box 8155
Statesboro, GA 30460
arlang@georgiasouthern.edu
912-478-0727
Fax 912-478-7887 or 912-478-1724
Ga Southwestern  
Jan Rogers, Dir of Student Accounts  
800 Ga Southwestern State Univ Dr  
Americus GA 31709-4379  
jrogers@gsu.edu  
229-931-2013  
Fax 229-931-2768

Kennesaw  
Donna Adams, Bursar’s Office  
1000 Chastain Rd  
Mailbox #: 0503  
Kennesaw, GA 30744  
dadams32@kennesaw.edu  
Bursars@kennesaw.edu  
770-499-3458  
Fax 770-499-3573

Middle Georgia  
Bernice Hart, Accounting Assistant  
100 College Station Dr  
Macon, GA 31206  
bernice.hart@maconstate.edu  
478-471-2727 or 478-471-2705  
Fax 478-471-2097

No Ga College  
Brenda Gaddis, Assistant Bursar  
Controller’s Office  
82 College Circle  
Dahlonega, GA 30597  
bggaddis@northgeorgia.edu  
706-867-2839  
Fax 706-864-1878  
Alternate Contact: Charlotte L. Wade, Bursar  
706-864-1408, fax 706-864-1878, email clwade@ngcsu.edu

USC Aiken  
Sue Boatwright, Finance Office (in-state tuition for residents of Richmond and Columbia counties only)  
471 University Pkwy  
Aiken SC 29801  
SueB@usca.edu  
803-641-3419  
Fax 803-641-3693

Univ of W Ga  
Doug Jenkins, Bursar’s Office  
1600 Maple St  
Carrollton, GA 30118  
douglasj@westga.edu  
678-839-5648  
Fax 678-839-5649

VSU  
Katrina Whitmore, Student Financial Services  
1500 N Patterson St  
Valdosta, GA 31698-0187  
kpwhitmore@valdosta.edu  
229-333-5725  
Fax 229-259-2051
Other Schools (use only if approved in advance by Office of Nursing):

### Brenau University
- Lisa Scroggs, Student Accounts Manager, Accounting Office
- 500 Washington St
- Gainesville GA 30501
- lscroggs@brenau.edu
- 770-531-3138
- Fax 770-538-4665

### Ga State Univ
- Tori Williams, Student Accts Specialist, Of Student Accounts
- P.O. Box 4029
- Atlanta, GA 30302-4029
- tywilliams@gsu.edu
- 404-413-2147
- Fax 404-413-2144

### Georgia Regents
- Amanda Johnston, Accounting Assistant II (for all campuses)
- 1459 Laney Walker Blvd, AA-2004
- Augusta GA 30912
- amjohnston@gru.edu
- 706-737-1767
- Fax 706-434-7457

### Piedmont
- Linda Pitts, Business Office
- P.O. Box 10
- Demorest, GA 30535
- lpitts@piedmont.edu
- 706-776-0101
MEMORANDUM

TO: (Name, Title, Dept/Office of Third Party Payment Contact)
    (School)

FROM: (Name)
       (Title, District)

SUBJECT: Tuition Arrangement for Public Health Nurse

The purpose of this memo is to assure that your institution is reimbursed, in a timely manner, the in-state tuition costs for the following public health nurse enrolled in the Health Assessment course during the (SEMESTER & YEAR, e.g., SPRING 2013) semester:

NAME  COUNTY  DOB

(NAME OF PUBLIC HEALTH DISTRICT OR COUNTY) will pay the in-state tuition and technology fees for the public health nurse listed above. (LIST NAME OF PERSON OR AGENCY) is responsible for any parking fee, books and supplies. If a health fee, activity fee, athletic fee, postal fee, or orientation fee is charged, we request that these fees be waived since this nurse is a state or county government employee and is taking this one course for employment purposes. If that is not possible, please contact me. Please forward the invoice for payment to me at the following address:

(NAME
TITLE
ADDRESS
or electronically at EMAIL ADDRESS)

The above nurse is advised to take this letter to the school if completing the registration process on site. This letter should serve to eliminate the student’s obligation to make any personal payment at the time of registration.

Please feel free to contact (NAME at PHONE #) or by fax at (NUMBER) or at (EMAIL ADDRESS). Thank you for your attention to this matter.

c: (Nurse listed above)
MEMORANDUM

TO: (Name, Title, Dept/Office of Third Party Payment Contact)
   (School)

FROM: (Name)
       (Title, District)

SUBJECT: Tuition Arrangement for Public Health Nurses

The purpose of this memo is to assure that your institution is reimbursed, in a timely manner, the in-state tuition costs for the following public health nurses enrolled in the Health Assessment course during the (SEMESTER & YEAR, e.g., SPRING 2015) semester:

<table>
<thead>
<tr>
<th>NAME</th>
<th>COUNTY</th>
<th>DOB</th>
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(NAME OF PUBLIC HEALTH DISTRICT OR COUNTY) will pay the in-state tuition and technology fees for the public health nurses listed above. (LIST NAME OF AGENCY OR PERSON) is responsible for any parking fee, books and supplies. If a health fee, activity fee, athletic fee, postal fee, or orientation fee is charged, we request that these fees be waived since these nurses are state or county government employees and are taking this one course for employment purposes. If that is not possible, please contact me. Please forward the invoice for payment to me at the following address:

(NAME
   TITLE
   ADDRESS
   or electronically at EMAIL ADDRESS)

The above nurses are advised to take this letter to the school if completing the registration process on site. This letter should serve to eliminate the student’s obligation to make any personal payment at the time of registration.

Please feel free to contact (NAME at PHONE #) or by fax at (NUMBER) or at (EMAIL ADDRESS). Thank you for your attention to this matter.

c: (Nurses listed above)
## HEALTH ASSESSMENT ROSTER
**SEMESTER & YEAR (e.g., SPRING 2014)**

<table>
<thead>
<tr>
<th>#</th>
<th>STUDENT</th>
<th>DIST &amp; CO</th>
<th>DOB</th>
<th>SCHOOL</th>
<th>Email/Phone #/Comments</th>
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Department of Public Health
Office of Nursing

**Name**

*has completed the requirements for the*

**Health Assessment Competency Development Program**

________________________
Date

---

Dist Nursing Director Name and Credentials
Title
District Name and Number

Dist Health Director Name and Credentials
Title
District Name and Number
HEALTH ASSESSMENT EVALUATION TOOL
(Complete both pages)

Preceptor to use for evaluation of each health assessment observed; results to be discussed with nurse.

Please rate the participant’s performance using the following codes:
S = Satisfactory and safe skill performance
N = Needs practice before performance
O = Omitted performance of skill; note reasons

Client’s Age: ______________________

Client’s Age: ______________________

Public Health Nurse’s Name

Date: ______________________________

1. **Approach to Client/Family**  S____ N____ O____
   a. Attitude
   b. Rapport established
   c. Utilizes a variety of communication skills

COMMENTS:

2. **Organization/Flow of Work**  S____ N____ O____
   a. Equipment/supplies gathered before exam
   b. Order of exam appropriate to situation
   c. Efficient use of time

COMMENTS:

3. **Safety**  S____ N____ O____
   a. In equipment use
   b. Age-appropriate safe conditions for client

COMMENTS:

4. **Procedure/Process**  S____ N____ O____
   a. Health history including review of systems
   b. Developmental history
   c. Family health history
   d. Risk assessment

COMMENTS:

5. **Nutritional assessment**  S____ N____ O____
   a. Food/eating practices
   b. Food resources
   c. 24 hr recall with analysis
   d. Considers growth, physical indicators, lab
   e. Interpretation made based on above

COMMENTS:

6. **Growth assessment**  S____ N____ O____
   a. Technique appropriate to age
   b. Accurately measures/plots on charts
   c. Adjusts for prematurity when indicated
   d. Interprets values obtained

COMMENTS:

7. **Immunization Status Eval.**  S____ N____ O____
   a. Obtains info from client/records/ parent
   b. Evaluates status
   c. Correctly administers immunizations

COMMENTS:
8. Developmental Screening S N O
   a. Uses appropriate tool for age
   b. Administers and interprets appropriately
   COMMENTS:

9. Physical Assessment S N O
   a. Uses techniques of inspection, auscultation, palpation and percussion
   b. Explains procedures to client/parent
   c. For child, enlists assistance of parent
   d. Provides comfort and privacy
   e. Gives feedback to client/parent during exam
   f. Differentiates normal from abnormal
   COMMENTS:

10. Laboratory Tests S N O
    a. Prepares client/parent for procedures
    b. Collects specimens appropriately
    c. Interprets results accurately
    COMMENTS:

11. Synthesis of Data/Intervention S N O
    a. Correlates and interprets data
    b. Identifies and prioritizes problems
    c. Provides age appropriate anticipatory guidance and health education
    d. Supports/promotes healthful family practices
    e. Refers as indicated
    COMMENTS:

12. Documentation S N O
    a. Understands principles of documentation
    b. Records accurate, legible, concise and coherent info on health record
    COMMENTS:
Participant’s Strengths:

Participant’s Areas for Development:

Recommendations for Improvement:

Participant’s Comments:

Participant’s Signature: ___________________________ Date: ____________
Preceptor’s Signature: ___________________________ Date: ____________

DISTRIBUTION: TURN IN TO COUNTY NURSE MANAGER
HEALTH ASSESSMENT GUIDE FOR PRECEPTORS

*Preceptor may choose to use this as a guide to assure that all body systems are covered during exam

LEGEND:  S = Satisfactorily Performed
            N = Needs Improvement
            O = Not Performed
            NA = Not Age-Appropriate

Health History, General Appearance and Measurements
___ Collects history
___ Notes general appearance data
___ Records ht, wt, skinfold thickness (if indicated), vision, vital signs

Skin
___ Examines with each body region

Head and Face
___ Inspects & palpates scalp, hair, cranium
___ Tests sensation of face (CN V)
___ Inspects positioning of eyes/ears
___ Inspects face for expression, symmetry (CN VII)
___ Palpates temporal pulses
___ Palpates TMJ
___ Palpates sinuses; if tender, transilluminates
___ Measures circumference (<2 yr)
___ Measures fontanels < 18 mos

Eyes
___ Tests visual fields by confrontation (CN II)
___ Tests extraocular muscles via corneal light reflex, 6 cardinal fields (CN III, IV, VI)
___ Inspects external eye
___ Inspects conjunctivae, sclera, corneas, irises
___ Tests pupil's size, response to light and accommodation
___ Examines with ophthalmoscope(fundus, red reflex, disc, vessels, retinal background)

Ears
___ Inspects external ear
___ Tests for tenderness
___ Examines with otoscope (canal, TM)
___ Assesses hearing (voice, Weber, Rinne; CN VIII)

Nose
___ Inspects (symmetry, lesions)
___ Tests patency of each nostril
___ Inspects nares with speculum

Mouth and Throat
___ Inspects lips, mouth, buccal mucosa, teeth/gums, tongue, flora of mouth, palate, uvula
___ Tests mobility of uvula and gag reflex (CN IX, X)
___ Inspects tongue in mouth and while protruded (CN XII)

Neck
___ Inspects neck (including for jugular venous pulse)
___ Palpates lymph nodes
___ Inspects/palpates carotid pulses; listens for bruits if indicated
___ Palpates trachea
Tests ROM and strength against resistance (CNXI)
Palpates thyroid

Chest
- Inspects posterior/anterior chest
- Palpates posterior/anterior chest and spinous processes
- Percusses lung fields, diaphragmatic excursion
- Percusses CVA
- Observes respirations
- Auscultates breath sounds

Heart
- Observes/palpates for PMI
- Palpates precordium
- Auscultates with bell/diaphragm in sitting/lying position

Upper Extremities
- Tests ROM, strength of hands, arms, shoulders
- Palpates epitrochlear nodes

Breast
Female:
- Performs California CBE (lymph node exam, Cahan position, pattern, pressure, perimeter coverage, communication)
Male/Prepubertal Female:
- Inspects and palpates while palpating anterior chest wall

Abdomen
- Inspects abdomen, including umbilicus
- Auscultates (bowel and vascular sounds)
- Percusses all quadrants, liver, spleen
- Palpates, light/deep, all quadrants
- Palpates for liver, spleen, kidneys, aorta
- Palpates inguinal nodes and femoral pulses

Lower Extremities
- Inspects skin, hair, symmetry, leg position
- Palpates pulses (popliteal, posterior tibial, dorsalis pedis)
- Palpates for temperature and pretibial edema
- Tests ROM and strength of hips, knees, ankles, feet
- Inspects legs (when client is standing) for varicose veins

Male Genitalia/Rectum
- Inspects penis/scrotum, including position of urethral meatus
- Palpates scrotal contents
- Checks for inguinal hernia
- Palpates inguinal nodes
- Inspects perianal area
- Palpates rectal walls and prostate

Female Genitalia/Rectum
- Inspects perineal and perianal areas, including vaginal/urethral orifices
- Palpates vulva
- Inspects vaginal walls and cervix with speculum
Performs bimanual examination (cervix, uterus, adnexa, rectum, rectovaginal walls)
Palpates inguinal nodes

**Musculoskeletal**
- Observes gait
- Evaluates ROM (hands, elbows, shoulders, neck, hips, knees, feet)
- Evaluates muscle strength (biceps, triceps, deltoid, hamstrings, quadriceps)
- Assesses hips (< 1 yr)
- Assesses spine

**Neurologic**
- Performs developmental assessment (< 6 yrs)
- Tests sensation (light touch, sharp/dull, vibration)
- Tests stereognosis/graphesthesis
- Performs finger to nose test or rapid alternating movements test
- Observes heel to toe walk
- Performs Romberg test
- Elicits/tests reflexes (biceps, triceps, brachioradialis, patellar, Achilles, babinski; < 6 mos: moro, rooting, tonic neck, grasp, dancing/stepping)

**Organizational Skills:**

**Approach to client:**

**Additional Comments:**
DCH Requirements for Nurses Participating in Health Check Program

*From Part II, Policies and Procedures for Health Check Services (EPSDT) *, pp. 4

602. Special Conditions of Participation

In addition to the general Conditions of Participation contained in Part I Policies and Procedures for Medicaid/PeachCare for Kids®, providers in the Health Check program must meet the following requirements:

A. Physicians must be currently licensed to practice medicine.
B. Physician – sponsored providers must be currently licensed to practice and must submit a copy of their license with the application. These providers include:
   o Certified pediatric, OB/GYN, family, general or adult nurse practitioners. A recent graduate of a Nurse Practitioner Program who is awaiting Specialty Certification may enroll as a Registered Nurse and re-enroll as a Nurse Practitioner once he/she passes the Specialty Certification exam. They must submit a copy of their nursing license and a State Board Provisional Authorization to practice with their application.
   o Certified Nurse-Midwives
   o Physician assistants
   o Public Health registered nurses, affiliated with a Georgia local board of health, who have successfully completed the required training for expanded role nurses.
   o All non-physician providers (NPs, PAs, RNs, etc.) must maintain current written protocols and physician sponsorship. They must also submit an official letter from their physician sponsor as proof of physician sponsorship.

602.1 Health Check provider must provide immunizations. It is recommended the provider enroll in the VFC program and submit a VFC Provider Enrollment Letter with their Health Check Provider Enrollment Application. This is encouraged because the vaccine administration fee is the only reimbursement a provider will receive for administering vaccines otherwise available through the VFC program.