Health Assessment
Competency Development Program

Course Information
for 2019 – 2020

http://dph.georgia.gov/health-assessment
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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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<th>STEPS</th>
<th>TIPS</th>
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<tr>
<td>1. Check the Approved Schools listing for 2019 - 2020 (pp. 20-25).</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. 16).       | ▪ 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. 31-32) to the school’s financial contact (pp. 26-28); 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. 18).             | ▪ Save a copy to send to the OON. |
| 9. Nurse should complete preceptorship in about 3 months; complete Competency Demonstration Form (p. 17). | ▪ Save a copy of the Competency Demonstration Form to send to the OON. |
| 10. Send a letter requesting reimbursement, copy of invoice, copy of payment, transcript, Health Assessment Preceptorship competency demonstration form (p.17), 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. 32). | ▪ Place copy of certificate in nurse’s training or personnel file. |
HEALTH ASSESSMENT CLINICAL 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. Additional training and clinical
practice in health assessment of children at various ages as well as pelvic examination may
be required after course completion.

A preceptorship is to be completed within three months following the didactic part of the
course. The public health nurse gains clinical experience during the preceptorship by
performing specific assessments on patients 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 October 2019.

Clinical/lab experience in doing pelvic exams is seldom included in baccalaureate-level health
assessment courses so the Women’s Health Exam and Issues Affecting Women through the
Ages course (formerly Breast and Pelvic Training Course) and subsequent preceptorship is
required to develop competency in Women’s Health.

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 and Continued Service Agreement form should be provided
to nurses for perusal and signature. This will give nurses 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. Supervisors should use this
orientation period to assess if public health will be a good “fit” for the nurse. During the
orientation period, it is recommended that new nurses remain productively occupied with
duties that they can perform. This will maintain new nurses’ interest in public health nursing and facilitate retention of nurses who later complete the course.

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 years, 3-12 years, 12-21 years, 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 (Women’s Health Exam and Issues Affecting Women through the Ages, Breast Exam, Contraceptive Technology 1 and 2) is required. Contraceptive Technology 1 and 2 can be accessed at any time on the Learning Management System (LMS), known as EXCEED. 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 the exemption and 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. 15).

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. 20 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 Deputy Chief Nurse, Office of Nursing.

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

4. The Deputy 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 Deputy 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 varies, with course length ranging from 1 – 16 weeks. Most courses are a full semester (approximately 15 weeks) in length. Some schools 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. Consult with the school if the nurse questions whether she/he has adequate technology skills to succeed in an online or hybrid course. Each school offers an orientation to use of the computer for course work and technical assistance is readily available.
Viewing online videos is common in online and hybrid courses. This may require that the district or county Information Technology (IT) staff adjust settings on a computer; letting IT staff know ahead of time that this may be needed is advisable.

**ACADEMIC CREDIT**

Baccalaureate and graduate-level nursing programs in Georgia offer academic credit, ranging from 2-6 hours, for the health assessment course. Courses which do not offer academic credit are ineligible for tuition reimbursement.

**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, by the Department of Public Health. The requirements listed on page 5 must be met before reimbursement can occur. **Requests for reimbursement must be submitted no later than 24 months after a nurse begins the course.**
INTRODUCTION
The Health Assessment Competency Development Program is designed to prepare public health nurses to conduct comprehensive health assessments for public health patients. 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 used 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, Deputy Chief Nurse:

- Copy of School of Nursing’s invoice for tuition and fees
- Copy of check, purchase order, credit card statement 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(s). (p. 17)
- Completed health assessment course evaluation (p. 18)
- 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 review all documents for completeness and accuracy. If no corrections need to be made, the Office of Nursing will then 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, Deputy Chief Nurse when reimbursement funds are received from the Division of Finance.
RESPONSIBILITIES

RESPONSIBILITIES OF NURSE/STUDENT

1. Prior to taking 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.
   - 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 to assess and validate newly learned skills. Be prepared!
   - Review the Health Assessment Reimbursement and Repayment policies, 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 assigned by the college. 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. Holidays not observed by the college or university will be postponed.

3. After the course, the public health nurse is to complete the health assessment 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 a minimum of two (2) documented appraisals of children whose ages are from birth to three (3) years of age; a minimum of two (2) documented appraisals of male and female children whose ages are three (3) to twelve (12) years; a minimum of four (4) documented appraisals of male and female children whose ages are twelve (12) to twenty-one (21).
   - A minimum of Five (5) female breast exams.
   - A minimum of Five (5) male genitourinary examination on males fourteen (14) years or older. **NOTE:** These are to be G/U exams but do not have to be STD exams adult (if assigned)

Types of Assessments (if not demonstrated in assessments above):
   - Male 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 but no more than 24 months after the nurse enrolls in the course):
   - Copy of School’s invoice for tuition and fees
   - 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. A certificate acknowledging completion of all the requirements for the health assessment competency development program should be provided to the nurse by the District Point of Contract or designee. (see certificate of completion on p. 32)

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 Preceptor. 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, using the Health Assessment Guide for Preceptors as indicated (see p. 36).
   - Reviews each completed and written assessment for content and accuracy.
Completes a Health Assessment Evaluation Tool for each assessment observed (see form on p. 33).
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.
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)
Identifies public health nurse who needs 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 Deputy 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, Deputy Chief Nurse:
  o Copy of School’s invoice for tuition and fees
  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, including 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
## DISTRICT POINT OF CONTACT (POC) FOR HEALTH ASSESSMENT

<table>
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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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<tbody>
<tr>
<td>1-1</td>
<td>Cheryl Bandy</td>
<td>706-802-5219&lt;br&gt;<a href="mailto:Cheryl.Bandy@dph.ga.gov">Cheryl.Bandy@dph.ga.gov</a></td>
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<td>7</td>
<td>Tori Endres</td>
<td>706-321-6136&lt;br&gt;<a href="mailto:Tori.Endres@dph.ga.gov">Tori.Endres@dph.ga.gov</a></td>
</tr>
<tr>
<td>8-1</td>
<td>Lisa Thomas</td>
<td>229-245-6433&lt;br&gt;<a href="mailto:Lisa.Thomas@dph.ga.gov">Lisa.Thomas@dph.ga.gov</a></td>
</tr>
<tr>
<td>8-2</td>
<td>Kitty Bishop, copy: Marie Moody</td>
<td>229-430-4599&lt;br&gt;<a href="mailto:Kitty.Bishop@dph.ga.gov">Kitty.Bishop@dph.ga.gov</a></td>
</tr>
<tr>
<td>9-1</td>
<td>Betty Dixon</td>
<td>912-356-2241&lt;br&gt;<a href="mailto:Betty.Dixon@dph.ga.gov">Betty.Dixon@dph.ga.gov</a></td>
</tr>
<tr>
<td>9-2</td>
<td>Kay Davis, copy: Cindi Hart</td>
<td>912-557-7193&lt;br&gt;<a href="mailto:Cindi.Hart@dph.ga.gov">Cindi.Hart@dph.ga.gov</a>&lt;br&gt;912-557-7172&lt;br&gt;<a href="mailto:Kay.Davis@dph.ga.gov">Kay.Davis@dph.ga.gov</a></td>
</tr>
<tr>
<td>10</td>
<td>Whitney Howell</td>
<td>706-583-2777&lt;br&gt;<a href="mailto:Whitney.howell@dph.ga.gov">Whitney.howell@dph.ga.gov</a></td>
</tr>
</tbody>
</table>
NAME & TITLE: ___________________________ DATE: __________

HOME ADDRESS: ________________________________________________

WORK ADDRESS: ________________________________________________

WORK PHONE #: __________________ EMAIL: ________________________

DISTRICT #/COUNTY: ___________________ DOB (MO/DAY/YR): _________

<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 2019): ______________________

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: ______________________
Date: _______________________

Send completed form before term begins to: Rebekah Chance-Revels at Rebekah.Chance-Revels@dph.ga.gov 2 Peachtree Street, NW, Suite 9-295, Atlanta, GA 30303. Reimbursement 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. Asterisks denote the minimum number of assessments required in each category (see p. 10). The preceptor(s) will determine if a nurse needs to perform additional assessments to demonstrate competency. Use reverse side if additional space is needed for documentation.

<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</th>
<th>MALE GU EXAMS (14 yrs and older)</th>
<th>MALE BREAST EXAMS</th>
<th>FEMALE BREAST EXAMS</th>
<th>PELVIC EXAMS</th>
</tr>
</thead>
<tbody>
<tr>
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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:

**Evaluation Criteria:**

Please check the box that reflects your opinion.

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

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 9-295
Atlanta, GA 30303
404-463-5972
FAX: 404-656-4457
## HEALTH ASSESSMENT COURSE
### APPROVED SCHOOLS FOR 2019-2020

<table>
<thead>
<tr>
<th>School Information</th>
<th>Course #/Format/Hours</th>
<th>Course Begin/ End Date</th>
<th>Additional information</th>
</tr>
</thead>
</table>
| Albany State University/Darton College  
Department of Nursing  
2400 Gillionville Road  
Albany, GA 31707  
[https://www.asurams.edu/](https://www.asurams.edu/)  
Nursing: 229-317-6820  
Admissions: 229-500-4358  
**NOTE:** Albany State University and Darton State College have officially consolidated. | NURS 3640/Online/3 credit hours | Spring Semester  
(7-week course):  
1/13/2020-3/6/2020  
or  
1/13/2020-3/6/2020 | Deadline for spring semester is November 1, 2019  
Nurse must complete full application process even if non-degree seeking. Nurses that have met the admission application deadline and have submitted all required official documentation may be expedited in the admission process through [www.gafutures.org](http://www.gafutures.org)  
After being accepted into ASU, please contact Jan Rodd, MN, RN regarding course enrollment at 229-500-2343  
[Jan.rodd@asurams.edu](mailto:Jan.rodd@asurams.edu) |
<table>
<thead>
<tr>
<th>School Information</th>
<th>Course #/Format/Hours</th>
<th>Course Begin/ End Date</th>
<th>Additional information</th>
</tr>
</thead>
</table>
| Clayton State University  
School of Nursing  
2200 Clayton State BLVD  
Morrow, GA 30260  
http://www.clayton.edu/  
Nursing: 678-466-4900  
Admissions: 678-466-4000 | **NURS 3200**//classroom/3 credit hours | **Spring Semester:**  
1/11/2020-5/11/202 | **Deadline for spring semester is November 15, 2019.**  
Must apply as a non-degree seeking student unless nurse intends to complete BSN  
Once accepted into Clayton State University please contact Christy Hicks regarding course enrollment at 678-466-4901 christyhicks@clayton.edu |
| Columbus State University  
4225 University Avenue  
Columbus, GA 31907  
http://www.columbusstate.edu/  
Nursing: 706-507-8560  
Admissions: 706-507-8800 | **NURS 3293**/Online/3 credit hours | **Spring semester:**  
1/16/2020-3/6/202 | **Deadline for spring semester is November 30, 2019.**  
Must apply as RN-BSN student. Once accepted into Columbus State contact Theresa M. Conklin regarding course enrollment at: 706-507-8563 Conklin_marie@columbusstate.edu
<table>
<thead>
<tr>
<th>School Information</th>
<th>Course #/Format/Hours</th>
<th>Course Begin/End Date</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia College &amp; State University</td>
<td>NRSG 3142/Online/3 credit hours</td>
<td>Summer semesters only</td>
<td>Summer semester deadline is May 1, 2020. Expedited admissions process available. Nurse must complete application and proof of residency forms. Contact Josie Doss and Alison Shepherd for copies of the forms at <a href="mailto:Josie.doss@gcsu.edu">Josie.doss@gcsu.edu</a> <a href="mailto:Alison.shepherd@gcsu.edu">Alison.shepherd@gcsu.edu</a></td>
</tr>
<tr>
<td>Georgia Southern University/Armstrong State University</td>
<td>NURS 3102B/Classroom/4 credit hours</td>
<td>Spring Semester: 1/13/2020-5/7/2020</td>
<td>Spring semester deadline is December 1, 2019. Must apply to RN-BSN program as non-degree seeking student. Once admitted to Georgia Southern University, contact Melissia Deal regarding course enrollment at 912-478-5479 <a href="mailto:melissiadeal@georgiasouthern.edu">melissiadeal@georgiasouthern.edu</a></td>
</tr>
<tr>
<td>School Information</td>
<td>Course #/Format/Hours</td>
<td>Course Begin/End Date</td>
<td>Additional information</td>
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<tr>
<td>Georgia Southwestern State University 800 Georgia Southwestern State University Drive Americus, Georgia 31709 <a href="https://www.gsw.edu/">https://www.gsw.edu/</a> Nursing: 229-931-2275 Admissions: (877) 871-4594</td>
<td>NURS 3200 and 3200L (must take both)/Online/4 credit hours</td>
<td>Spring semester: 1/2/2020-5/13/2020</td>
<td>Spring semester deadline is December 10, 2019. Nurse must indicate ‘public health nurse’ on application. Once admitted to Georgia Southwestern State University contact Teresa Teasley regarding course enrollment at 229-931-2289 <a href="mailto:Teresa.teasley@gsw.edu">Teresa.teasley@gsw.edu</a></td>
</tr>
<tr>
<td>Middle Georgia State University 100 University Parkway Macon, GA 31206 <a href="http://www.mga.edu">www.mga.edu</a> Nursing: 478-471-2762 Admissions: 877-238-8664</td>
<td>NURS 3210 and 3210L (must take both)/Online/5 credit hours</td>
<td>Spring semester: 1/8/2020-4/29/2020</td>
<td>Spring semester deadline is December 6, 2019. Must complete full application process even if non-degree seeking. Once admitted to Middle Georgia State University contact Kathy Wilcox regarding course enrollment at: <a href="mailto:Kathy.wilcox@mga.edu">Kathy.wilcox@mga.edu</a></td>
</tr>
<tr>
<td>School Information</td>
<td>Course #/Format/Hours</td>
<td>Course Begin/ End Date</td>
<td>Additional information</td>
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<tr>
<td>University of North Georgia</td>
<td>NUR 3303/classroom/3 credit hours</td>
<td>Spring semester: 1/13/2020-5/9/2020</td>
<td>Spring semester deadline is November 1, 2020. Nurse must apply to RN-BSN program. For information about application, contact Elaina Butler at 706-867-2997 <a href="mailto:Elaina.butler@ung.edu">Elaina.butler@ung.edu</a>. Once accepted contact Becky Murck regarding course enrollment at 706-867-2995 <a href="mailto:Becky.murck@ung.edu">Becky.murck@ung.edu</a>.</td>
</tr>
<tr>
<td>82 College Cir</td>
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<tr>
<td>Dahlonega, GA 30597</td>
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<td><a href="http://www.ung.edu">www.ung.edu</a></td>
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<tr>
<td>Nursing: 706-864-1930</td>
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<td>Admissions: 706-864-1800</td>
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<td>NOTE:</td>
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<tr>
<td>University of South Carolina – Aiken</td>
<td>NURS A307/Classroom/3 credit hours</td>
<td>Spring semester: 1/13/2020-4/27/2020</td>
<td>Spring semester deadline is December 1, 2019. Expedited application process available, contact Laura Foreman at 803-641-3277 <a href="mailto:foremanl@usca.edu">foremanl@usca.edu</a> for more information.</td>
</tr>
<tr>
<td>471 University Parkway</td>
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<tr>
<td>Aiken, South Carolina 29801</td>
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<td><a href="http://www.usca.edu">www.usca.edu</a></td>
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<tr>
<td>Nursing: 803-641-3392</td>
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<tr>
<td>Admissions: 803-641-3366</td>
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<tr>
<td>NOTE: In-state tuition charged to GA residents of Richmond &amp; Columbia counties</td>
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<tr>
<td>School Information</td>
<td>Course #/Format/Hours</td>
<td>Course Begin/ End Date</td>
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| University of West Georgia  
1601 Maple Street  
Carrollton, GA 30118  
www.westga.edu  
Nursing: 678-839-6552  
Admissions: 678-839-5600 | NURS 4506/Online/3 credit hours | Summer semester only | Once admitted to UWG contact nurs@westga.edu for course enrollment info |
| Valdosta State University  
1413 N. Patterson St.  
Valdosta, Georgia 31698  
www.valdosta.edu  
Nursing: 229-333-5959  
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 will waive the requested fees; tuition and fees charged by the school will be reimbursed as per the department’s policy.

Approved Schools:

Albany State
Antoinette Hightower
2400 Gillionville Road
Albany, GA 31707
antionette.hightower@asurams.edu
229-317-6141
Fax: 229-317-6647

Clayton State
Ava Pugh, Student Accounts/Third Party Coordinator (Bursar Office)
2000 Clayton State Blvd
Morrow, GA 30260
avanellpugh@clayton.edu
678-466-4290
Fax: 678-466-4299

Columbus State
Lindsay Allison (Bursar Office)
4225 University Avenue.
University Hall, First Floor
Columbus, GA 31907
allison_lindsay@columbusstate.edu
706-507-8857
Fax: 706-569-2839

GCSU
Sarah Batchelor
CBX 022
Milledgeville, GA 31061
Sarah.Batchelor@gcsu.edu
478-445-6094
Fax: 478-445-1213

GA Southern Univ.
Lisa Lustgarten
Office of Student Fees
P.O. Box 8155
Statesboro, GA 30460
elustgarten@georgiasouthern.edu
912-478-0163
Fax: 912-478-7887
GA Southwestern  Christy Barry, Student Accounts  
800 Ga Southwestern State Univ. Dr  
Americus GA 31709-4379  
stuaccts@gsu.edu  
229-931-2013  
Fax: 229-931-2768

Kennesaw  Bursar’s Office, MD0503  
Carmichael Student Center  
RM 236  
395 Cobb Avenue  
Kennesaw, GA 30144  
Bursars@kennesaw.edu  
470-578-6419  
Fax: 470-578-9161

Middle Georgia  Bernice Hart, Accounting Assistant  
100 University Parkway  
Macon, GA 31206  
bernice.hart@mga.edu  
478-471-2727  
Fax 478-471-5310

N. GA College  Carla Gibbs, Bursar Office  
P.O. Box 1358  
Gainesville, GA 30503  
carla.gibbs@ung.edu  
678-717-3784

USC Aiken  Meg Gilliam, Finance Office (in-state tuition for residents of Richmond and Columbia counties only)  
471 University Pkwy  
Aiken SC 29801  
meagh@usca.edu  
803-641-3456  
Fax 803-641-3693
Univ. of W GA  Claire Gibbs, Bursars Office
1601 Maple St
Carrollton, GA 30118
agibbs@westga.edu
678-839-5648
Fax: 678-839-5649

VSU  Jordan Thompson, Financial Services
1500 N Patterson St
Valdosta, GA 31698-0187
jordroberts@valdosta.edu
229-333-5724
Fax: 229-259-2051

Other Schools (use only if approved in advance by Office of Nursing):

Augusta  April Stapleton, Accounting Assistant
2500 Walton Way
Payne Hall
Augusta, Georgia 30904
astapleton@augusta.edu
706-729-2050
Fax: 706-667-4643

Brenau University  Portia Clark, Student Accounts Manager
500 Washington St
Gainesville GA 30501
pclark2@brenau.edu
770-538-4759
Fax: 770-538-4665

GA State Univ  Sponsored Billing Team
P.O. Box 4029
Atlanta, GA 30302-4029
sponsoredbilling@gsu.edu
404-413-2183
Fax: 404-413-2144

Piedmont  Cassie Shirley, Business Office
P.O. Box 10
Demorest, GA 30535
cshirley@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., FALL 2019) 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., FALL2019) semester:

NAME       COUNTY       DOB

(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.

cc: (Nurses listed above)
#   STUDENT | DIST & CO | DOB | SCHOOL | Email/Phone #/Comments
1.        |           |     |        |          |
2.        |           |     |        |          |
3.        |           |     |        |          |
4.        |           |     |        |          |
5.        |           |     |        |          |
6.        |           |     |        |          |
7.        |           |     |        |          |
8.        |           |     |        |          |
9.        |           |     |        |          |
10.       |           |     |        |          |
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

Patient’s Age: ___________

Public Health Nurse’s Name: ___________________________ Date: _______________________

1. Approach to Patient/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 patient

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 patient/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 patient/parent
c. For child, enlists assistance of parent
d. Provides comfort and privacy
e. Gives feedback to patient/parent during exam
f. Differentiates normal from abnormal

COMMENTS:

10. Laboratory Tests  S____ N____ O____
a. Prepares patient/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 patient 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/graphesthesia
- 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 Patient:

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

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, including those employed or contracted by an LEA, must be currently licensed to practice medicine. (Refer to the Physician Services Manual)

B. Nurse Practitioners, including those employed or contracted by an LEA, must maintain a current registered nurse license for the State of Georgia and current specialty certification by the appropriate certifying agent of the American Nurses Association. (Refer to the Advanced Nurse Practitioners Manual)

C. Nurse Midwives, including those employed or contracted by an LEA, must maintain a current registered nurse license and current certification as a nurse midwife by the American College of Nurse-Midwives (ACNW). A copy of the national certification must be on file with the Division of Medicaid. (Refer to the Nurse Midwifery Manual)

D. Physician-sponsored providers, including those employed or contracted by an LEA, must be currently licensed to practice and must submit a copy of their license with the application. They must also maintain current written protocols, physician sponsorship and submit an official letter from their physician sponsor as proof of physician sponsorship. These providers include:

- Certified pediatric, OB/GYN, family, general or adult nurse practitioners. A recent graduate of a Nurse Practitioner Program may enroll as a Nurse Practitioner once he/she passes the Specialty Certification exam.
- Physician assistants must be licensed by the Georgia Board of Medical Examiners and be associated with one or more sponsoring physician(s) on file with the Composite State Board of Medical Examiners. (Refer to the Physician Assistant Services Manual)
- Public Health registered nurses, affiliated with a Georgia local board of health, who have successfully completed the required training for expanded role nurses.