STUDENT INSTRUCTIONS FOR REGENT UNIVERSITY – SCHOOL OF EDUCATION

About CertifiedProfile

CertifiedProfile is a secure platform that allows you to order your background check online. Once you have placed your order, you may use your login to access additional features of CertifiedProfile, including document storage, portfolio builders and reference tools. CertifiedProfile also allows you to upload any additional documents required by your school.

Order Summary

- Required Personal Information
  - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.
- Payment Information
  - At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a $10 fee and an additional turn-around-time.

Place Your Order

Go to: www.CertifiedBackground.com and enter package code:

RQ14 – Background Check Package

You will then be directed to set up your CertifiedProfile account.

View Your Results

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. Your school's administrator can also securely view your results online with their unique username and password.

If you have any additional questions, please contact CertifiedProfile Service Desk at 888-914-7279 or email cpservicedesk@certifiedprofile.com
Certification or Training in Emergency First Aid, Cardiopulmonary Resuscitation (CPR), and the Use of Automated External Defibrillators (AED) for Pediatrics and Adults

The Virginia Department of Education (VDOE) recently changed initial licensure application requirements, which has caused Regent to change our program requirements. Any person seeking initial licensure with the state of Virginia must submit official documentation providing evidence of certification or training in emergency first aid, cardiopulmonary resuscitation (CPR), and the use of automated external defibrillators (AED) for pediatrics AND adults. These changes are effective July 1, 2013 and will have an impact on your Virginia initial license application requirements and your ability to complete the field experiences required during your program in the School of Education.

Students in initial licensure programs must provide verification of training prior to being approved for field experiences (including practicum and student teaching internships). Please note that if you are scheduled to begin these experiences in the fall semester, you must complete training by the end of the summer semester or your field experience will not be approved. Students planning to complete field experiences in the upcoming academic year (Fall 2013, Spring 2014, Summer 2014), should submit verification of training to the attention of Trish Lyons, Field Placement Coordinator, School of Education.

The following links from the American Heart Association and the American Red Cross provide some options for training in your area.

1. American Heart Association – [http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course_UCM_303220_SubHomePage.jsp](http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course_UCM_303220_SubHomePage.jsp)
2. American Red Cross – [http://www.redcross.org/lp/cpr-aed-firstaid](http://www.redcross.org/lp/cpr-aed-firstaid) - We recommend using the American Red Cross to satisfy this important requirement. To search for a date and time that works for you, go to [http://www.redcross.org/take-a-class](http://www.redcross.org/take-a-class) and follow the steps below.
   a. First, select the area.
   b. Second, select “First Aid, CPR, AED for Lay Responders.”
   c. Click, “Find Classes” and select the course titled “Adult CPR/AED, Pediatric CPR and First Aid.”

For reference, the VDOE has provided this information.

**The 2013 General Assembly has passed House Bill 2028 and Senate Bill 986 effective on July 1, 2013, that state, in part, the following:**

§ 4. Every person seeking initial licensure or renewal of a license shall provide evidence of completion of certification or training in emergency first aid, cardiopulmonary resuscitation, and the use of automated external defibrillators. The certification or training program shall be based on the current national evidence-based emergency cardiovascular care guidelines for cardiopulmonary resuscitation and the use of an automated external defibrillator, such as a program developed by the American Heart Association or the American Red Cross. The Board shall provide a waiver for this requirement for any person with a disability whose disability prohibits such person from completing the certification or training....
Professional Liability Insurance Coverage

The Regent University School of Education (SOE) requires that students enrolled in any license-granting program acquire professional liability insurance prior to registration for field placements (practicums) in schools. This insurance is a safeguard for you and must be maintained throughout the duration of your program placement. This policy should name the student as insured and Regent University as additional insured.

The required minimum amount of $100,000 incidental coverage with $300,000 aggregate is needed for annual liability coverage ($100,000/$300,000). Rates for this coverage vary depending on the insurance company. Generally, premiums range from $20-$50 per year of coverage. Though membership in a professional organization is highly encouraged by the School of Education, it is not required. Total cost for insurance and a professional membership normally will be about $20–$120 per year. Students must show evidence of insurance liability coverage prior to starting practicum work; without it, he or she will not be permitted to begin. A certificate of insurance must be provided to the SOE's Coordinator of Licensure Programs before the semester's registration takes place.

The School of Education students have recommends the following providers:

1. Christian Educators Association International (CEAI)
   P.O. Box 41300, Pasadena, CA 91114
   (888) 798-1124; Fax (626) 798-2346
   Website: [www.ceai.org](http://www.ceai.org)
   For an annual student fee of $35.00, members of CEAI will automatically be insured up to $100,000 for legal actions filed against you arising out of your educational duties (in the United States only, no overseas coverage).

2. Student Virginia Education Association (SVEA)
   Students interested in joining the SVEA should contact Donna Hamilton at VEA (1-800-552-9554 or dhamilton@veanea.org) for a membership form or join online at [http://www.veanea.org/home/student-vea.htm](http://www.veanea.org/home/student-vea.htm)
   Students receive, as a benefit of student membership, a $1 million dollar liability policy during internship.
School of Education

Tuberculosis Screening Report

As a condition of acceptance, every student will submit this form signed by a licensed physician, or registered nurse, stating said student is free from tuberculosis. The report is to be based on recorded results of x-rays, skin tests, and other examinations, singly or in combination, as deemed necessary by the physician that have been performed.

To be completed by student:

Name______________________________________________________________

Address__________________________________________________________

Phone Number_____________________________________________________

Signature_________________________________________ Date______________

To be completed by Physician

I hereby certify that on the basis of skin tests, x-rays, and other examination, singly or in combination, the above named person appears to be free of communicable tuberculosis.

Dates of skin tests, x-rays, and other examinations ____________________________

_________________________________________________________________

Signature_________________________________________________________

Printed Name______________________________________________________

Address___________________________________________________________

_________________________________________________________________

_____ I am a licensed Physician in ___________________________ (state)

_____ I am a Registered Nurse licensed pursuant to Virginia’s Board of Nursing.

Please return this form to the Regent University Coordinator of Licensure Programs.