



## Student User Guide

Last Update February 8, 2024

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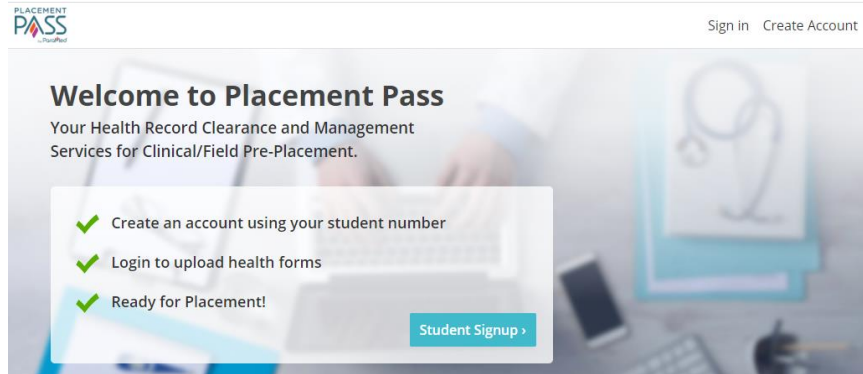
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# Student User Guide

## Creating Account

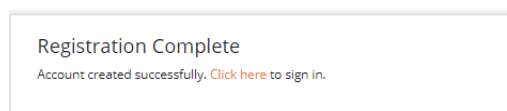
Before using Placement Pass for the first time, students must first sign up to the service and create a password.

1. Navigate to the website URL provided by your school (SchoolName.placementpass.ca)
2. Click on the **Student Sign up** option on the home page.



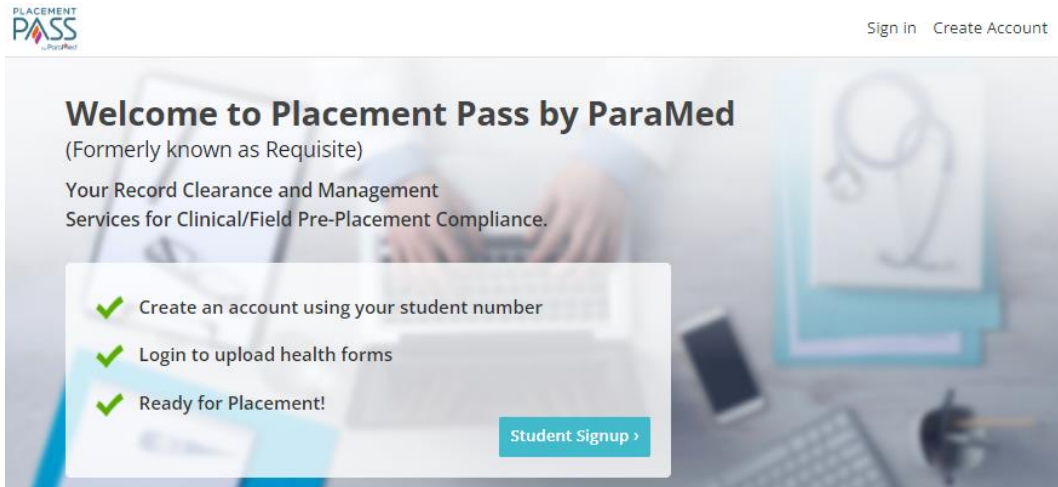
3. A pop-up will appear advising that you require a Student Account ID and a College issued email address. If you have both pieces of information, continue to the next step by Clicking on the **Continue** icon (Note, some colleges use Birthdate instead of email address for student validation).
  4. Enter in your Student ID and Student email (or date of birth) and click **Continue**.

5. If the information entered matches the student profile received from the College, you will be taken to the next step to create a password. Enter in the **password twice** and click **Submit**.  
-Passwords must have at least one digit ('0'-'9') and at least one uppercase ('A'-'Z')
6. A pop up will appear identifying if registration was successful. In the pop-up window, select **Click here** which will take you back to the login screen.



## Logging In

1. Enter your **Student ID** number and the **Password** you created to log into the site. From the home page, **Sign In** is at the top right menu bar.



2. If you receive an error, it means that your school has not sent ParaMed your student profile information. You will need to contact your program administrator for further instructions.

Student Validation  
Step 1 of 2

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Student ID

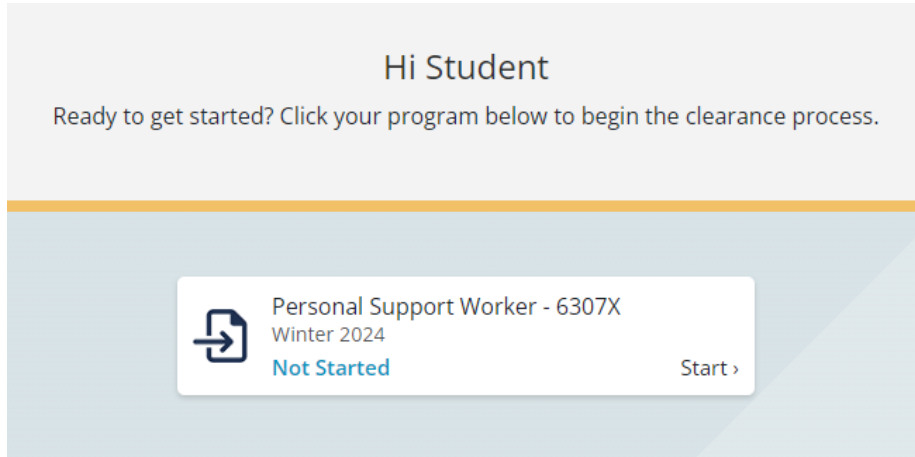
Email

Student does not exist or email does not match.

[Continue >](#)

## Landing Page

This is the home page that displays after login. Depending on where the student is at in their submission process, the page updates accordingly. Click anywhere in the white box to continue.

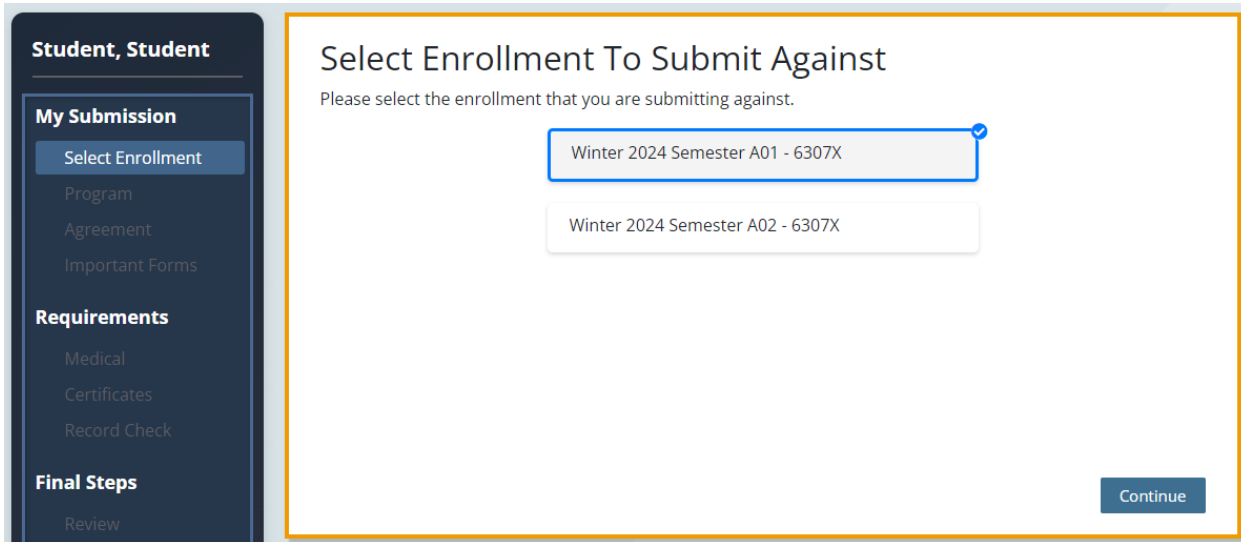


## My Submission

### Select Enrollment

Students submitting for the first time must select and confirm the appropriate enrollment (level and term) to submit against.

1. To lock in selection, select enrollment, a blue box with checkmark will display, select **Continue**.



## Program

The **Program** page displays the required documentation to clear for your placement. Select **Continue**.

**Student, Student**

**My Submission**

- ✓ Select Enrollment
- ✓ **Program**
- Agreement
- Important Forms

**Requirements**

- Medical
- Certificates
- Record Check

**Final Steps**

- Review
- Submit

➕ Add Files

- Inbox
- Status Summary
- Ask Nurse a Question
- Technical Support
- FAQ

### Personal Support Worker - 6307X

For your program you will be required to upload documentation for the following requirements:

**Medical**

- Hepatitis B
- TB Status
- Pertussis
- Varicella
- Polio
- Tetanus/Diphtheria
- Measles Mumps and Rubella
- COVID-Dose #1
- COVID-Dose #2
- COVID-Booster
- Influenza

**Certificates**

- WHMIS no expiry
- CPR Level C
- Workplace Health and Safety Awareness (OHSA)
- Mask Fit Testing

**Record Check**

- Vulnerable Sector Check 6 month expiry

You can use the sidebar to jump directly to specific requirements.

Progress will be saved, you can always return to your submission at a later date and pick up where you left off.

[Cancel Submission](#) [Continue](#)

## Student Agreement

Read and review the terms and conditions on Student Agreement page.

1. Place a **checkmark** beside 'I agree to the terms and conditions as outlined in the Placement Pass Student Agreement'
2. If you wish to be contacted by a ParaMed recruiter after graduation, place a **checkmark** beside the consent.
3. Click **Continue**.

**Student, Student**

**My Submission**

- ✓ Select Enrollment
- ✓ Program
- Agreement**
- Important Forms

**Requirements**

- Medical
- Certificates
- Record Check

**Final Steps**

- Review
- Submit

**Placement Pass Student Agreement**

Please review these terms and conditions.

I confirm that I have read this form and understand its purpose and the nature of its content. In particular, I understand that in order to comply with the Public Hospitals' Act and the applicable Provincial Public Health and Hospital Communicable Disease Surveillance Protocols, I need to demonstrate that certain health standards have been met in order for me to be granted student placement. I understand that the faculty in my educational program will not be able to view the results from this form, save for any nurse determinations made by ParaMed, the expiry dates thereof and whether any requirements related to the placement contemplated hereunder have been met.

I understand that I must have all sections of the health form fully completed and reviewed by Placement Pass by the identified due date. Failing to do so, may jeopardize my consideration for any student placement. All costs incurred for completion of the health form are my sole responsibility. If, for any reason, there is a dispute related to payment of the services, I acknowledge and agree that the authorizations granted by ParaMed may be revoked and in such case, I shall have no recourse against ParaMed in respect of the same. Should it be requested, it is my responsibility to share relevant information from the health form with a hospital, nursing home, or other clinical placement agency relating to my program.

I confirm that I understand that I may review ParaMed's privacy policy (found here <https://www.paramed.com/privacy/>) and I understand how the privacy policy applies to ParaMed's collection, use and disclosure of my personal and business contact information. I understand that applicable employees of ParaMed may collect, use, or disclose my personal and business contact information.

I agree to the terms and conditions as outlined in the Placement Pass Student Agreement (mandatory)

I consent ParaMed to collect, use, and disclose business and personal contact information about me for the purposes of sharing potential recruiting, placement, and employment opportunities with me (optional)

[Back](#) [Continue](#)

## Important Forms

This page shows the Health Form and any other forms required by your program.

1. On the Important Forms page, select, download and print off the PDF Health Form. You will need to bring this form to your Health Care Provider to complete.
2. Click **Continue**.

**Student, Student**

**My Submission**

- ✓ Select Enrollment
- ✓ Program
- ✓ Agreement
- Important Forms**

**Requirements**

- Medical
- Certificates
- Record Check

**Final Steps**

- Review
- Submit

### Important Forms

Welcome to the start of your placement journey!

You will see below a link to download our comprehensive "Health Form". This document is crucial for many of the steps you'll be completing. Please read and review the below downloadable forms for instructions on completing your clearance requirements. Further direction can be found on the next page. It's designed to be taken to various appointments and signed by professionals to verify your completed requirements.

Be sure to read the included instructions carefully.

[6307X PSW June 2023.pdf \(403.3 KB\)](#)  
6307X Pre-placement health form

[Back](#) [Continue](#)



# Requirements

Requirements are broken down into logical groupings based on the Health Form requirements. Each section has the same behaviour and display, in this example Medical is used.

1. Drag your document(s) in the box under **Add Files** or click on **Select File** button to upload it from your computer. Once the document is selected click **Open**.
2. Scroll down and check the white box beside the applicable requirement(s), to update documentation in other sections, select **Continue** and complete the same process. Once documentation has been added in each section, select **Continue**.

Details on the requirements display by hovering over the 'Info' icon



**Student, Student**

**My Submission**

- ✓ Select Enrollment
- ✓ Program
- ✓ Agreement
- ✓ Important Forms

**Requirements**

- Medical**
- Certificates
- Record Check

**Final Steps**

- Review
- Submit

**Medical**

Please review the health form for your specific term / year to ensure each requirement is met. If submitting an updated document:

- Please upload only the document(s) required to maintain clearance and check the corresponding box(es)
- If no requirements listed in this section are required to maintain clearance, please click continue to progress

**File Upload**

Drag files here to upload (max 30mb)  
Or browse **Select File**

6307X PSW June 2023 (9).pdf (393.6 KB) x

Paramed.pdf (14.2 MB) x

**Confirm**

Please confirm for each requirement.

- Hepatitis B  
This requirement is fulfilled by the above uploaded files. [info](#)
- TB Status  
This requirement is fulfilled by the above uploaded files. [info](#)
- Pertussis  
This requirement is fulfilled by the above uploaded files. [info](#)
- Varicella  
This requirement is fulfilled by the above uploaded files. [info](#)
- Polio  
This requirement is fulfilled by the above uploaded files. [info](#)
- Tetanus/Diphtheria  
This requirement is fulfilled by the above uploaded files. [info](#)
- Measles Mumps and Rubella  
This requirement is fulfilled by the above uploaded files. [info](#)
- COVID-Dose #1  
This requirement is fulfilled by the above uploaded files. [info](#)
- COVID-Dose #2  
This requirement is fulfilled by the above uploaded files. [info](#)
- COVID-Booster  
This requirement is fulfilled by the above uploaded files. [info](#)
- Influenza  
This requirement is fulfilled by the above uploaded files. [info](#)

**Back** **Continue**

Note: Returning students will see the requirements they have previously submitted against and are to update requirements due to expire.

# Final Steps

## Review

This page displays a summary of the documents and requirements for first time users that will be submitted for the nurse to review. A red X indicates that there is no document/requirement submitted, if this is in error go back to the appropriate [Requirement](#) add document and check off requirement. If this is intentional, click **Continue**.

**\*Ensure that your documentation is complete prior to submitting payment.  
Subsequent submissions to the same health form are subject to a secondary fee.**

**Student, Student**

**My Submission**

- ✓ Select Enrollment
- ✓ Program
- ✓ Agreement
- ✓ Important Forms

**Requirements**

- ✓ Medical
- ✓ Certificates
- ✓ Record Check

**Final Steps**

Review

Submit

Add Files

Inbox

Status Summary

Ask Nurse a Question

Technical Support

FAQ

## Review

Before continuing, please ensure you completed all the requirements and have documented proof uploaded.

### Agreement

- ✓ Student Agreement

### Medical

- ✓ Hepatitis B
- ✓ TB Status
- ✓ Pertussis
- ✓ Varicella
- ✓ Polio
- ✓ Tetanus/Diphtheria
- ✓ Measles Mumps and Rubella
- ✓ COVID-Dose #1
- ✓ COVID-Dose #2
- ✓ COVID-Booster
- ✓ Influenza

### Certificates

- X WHMIS no expiry  
No file uploaded  
[Click here](#) to return to this requirement and add a file.
- ✓ CPR Level C
- ✓ Workplace Health and Safety Awareness (OHSA)
- ✓ Mask Fit Testing

### Record Check

- ✓ Vulnerable Sector Check 6 month expiry

Back


Continue

## Submit

1. On the payment screen, enter your card number, the expiry date and CCV code from the back of your card. When complete click **Pay & Submit**.

### Submit

File submission requires a one-time payment of **\$12.34**.  
Please note – Additional document submissions to the same health form will result in an additional charge



**Credit Card Number**

**Expiry Date (MMYY)**

**CCV**

[Back](#) [Pay & Submit](#)

2. A screen will display confirming your submission, to view the history and activity, [Click Here](#) to return to the [Status Summary](#) page.

### Files Successfully Submitted

Thank you for submitting your documents. They have been successfully received and are currently awaiting review.

A nurse will review your submitted files and update your requirements/clearance status within 2 business days. Once reviewed, you will receive an email notification to your student email.

[Click here](#) to return to the status summary page.

## Status Summary

This page displays the current status of submitted requirements, with expiry dates where applicable. Emails will be sent to students when requirements are about to expire. To maintain clearance status, students are expected to update expiring requirements. Failure to do so by the expiry date will unclear the requirement, and final clearance status.

- **Green** – indicates the expiry date is greater than 60 days, no immediate action required.
- **Yellow** – indicates the date is expiring within 60 days, student needs to update requirement.
- **Orange** – indicates the date is expiring within 30 days. Immediate action required. Students need to update their requirements.
- **Red** – indicates the date has expired. Immediate action required. Student clearance status in jeopardy.
- **Info** – indicates more information regarding the requirement can be displayed by hovering over 'Info.'
- **Download Status Report** – provides a [PDF summary](#) of this page which can be saved/printed.

**Student, Student**

**My Submission**

Select Enrollment Program

Important Forms

**Requirements**

Medical Certificates Record Check

**Final Steps**

Submit

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**Status Summary**

Ask Nurse a Question

Technical Support

FAQ

### Status Summary

✔ Expires > 60 days
⚠ Expires < 60 days
⚠ Expires < 30 days
📅 Expired
ℹ Info
📄 Download Status Report

Clearance Status	Requirement	Expiration	Completion
Yes	TB Status	✔ Dec 24, 2024	Dec 26, 2023
Yes	Measles Mumps and Rubella		
Yes	Varicella		
Yes	Tetanus/Diphtheria		
Temporary Exception	ℹ Pertussis	⚠ Feb 25, 2024	
Yes	Polio		
Yes	Hepatitis B		
Yes	Influenza		Nov 5, 2023
Yes	COVID-Dose #1 Type: AstraZeneca/COVISHIELD (ChAdOx1-S,Vaxzevria, AZD122)		May 3, 2021
Yes	COVID-Dose #2 Type: AstraZeneca/COVISHIELD (ChAdOx1-S,Vaxzevria, AZD122)		Nov 5, 2021
Yes	COVID-Booster Type: AstraZeneca/COVISHIELD (ChAdOx1-S,Vaxzevria, AZD122)		May 3, 2022
Yes	CPR Level C	✔ Dec 10, 2024	Dec 12, 2023
Yes	Vulnerable Sector Check 6 month expiry	✔ Jun 11, 2024	Dec 12, 2023
Yes	Mask Fit Testing Type: 3M 1804S	✔ Jan 3, 2026	Jan 6, 2024
Yes	Workplace Health and Safety Awareness (OHSA)		
None	WHMIS no expiry		
Yes	Final Clearance		

# Status Report

Shows the current status of each requirement, with comments from the nurse regarding what is needed to maintain clearance status.

If clearance has been achieved, a seal displays showing clearance by Placement Pass.

## Student Status Summary Report

For  
Student Student  
SN 20240130  
sarah.jones@paramed.com

Details  
Campus Woodroffe  
Program 6307X  
Term Winter 2024  
Level Semester A01



## Program Requirements

as of Feb 7, 2024, 3:12 PM

Clearance Status	Requirement	Expiration	Completion	Comment
Yes	TB Status	Dec 24, 2024	Dec 26, 2023	
Yes	Measles Mumps and Rubella			
Yes	Varicella			
Yes	Tetanus/Diphtheria			
Temporary Exception	Pertussis	Feb 25, 2024		Nurse comment detailing what is required to obtain/maintain clearance for specific requirement
Yes	Polio			
Yes	Hepatitis B			
Yes	Influenza		Nov 5, 2023	
Yes	COVID-Dose #1 Type:AstraZeneca/COVISHIELD (ChAdOx1-S.Vaxzevria, AZD122)		May 3, 2021	
Yes	COVID-Dose #2 Type:AstraZeneca/COVISHIELD (ChAdOx1-S.Vaxzevria, AZD122)		Nov 5, 2021	
Yes	COVID-Booster Type:AstraZeneca/COVISHIELD (ChAdOx1-S.Vaxzevria, AZD122)		May 3, 2022	
Yes	CPR Level C	Dec 10, 2024	Dec 12, 2023	
Yes	Vulnerable Sector Check 6 month expiry	Jun 11, 2024	Dec 12, 2023	
Yes	Mask Fit Testing Type:3M 1804S	Jan 3, 2026	Jan 6, 2024	
Yes	Workplace Health and Safety Awareness (OHSA)			
None	WHMIS no expiry			
Yes	Final Clearance			

### Notes:

1. If the clearance status is marked as "Yes" or "Permanent Exception" no further action is needed at this time for the particular program requirement for this report.
2. If the clearance status is marked as "No" or "None" the nurse has determined requirements are either missing or need to be updated. Please review the associated comments provided for the program requirement and take necessary actions. Additional resubmissions will be required to clear this requirement.
3. If the clearance status is marked as "Temporary Exception" additional actions may be necessary. Please review the associated comments provided for the program requirement. Additional resubmissions will be necessary to clear this requirement.
4. If the student status on this form is recorded as "Yes" for Final Clearance, it remains valid until the earliest expiration date and/or completion of the academic year for this program



Legend	
Status	Description
None	No document submitted - Requirement not cleared
Yes	Requirement cleared
No	Requirement Not cleared
Temporary Exception	Temporary Requirement exception, see comments
Permanent Exception	Permanent Requirement exception, see comments

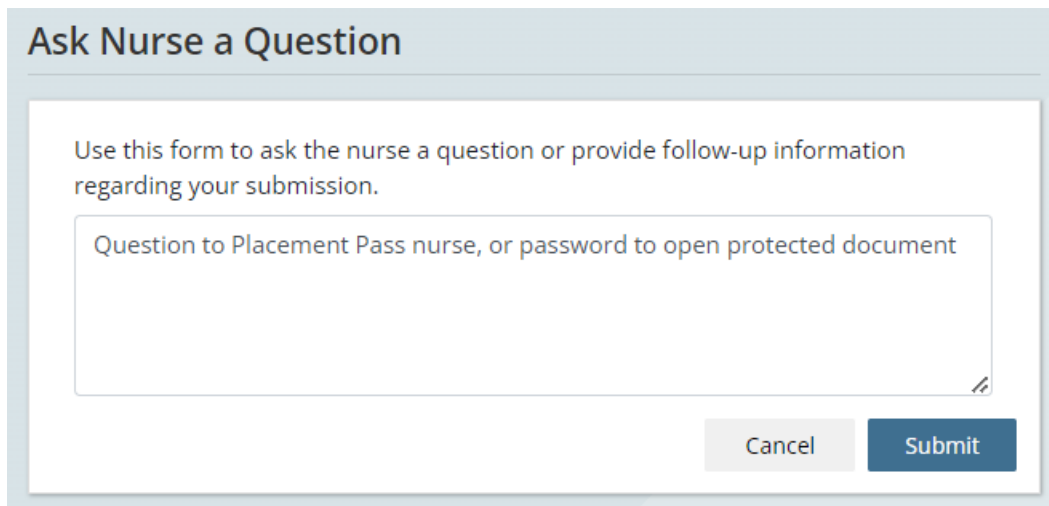
## Ask Nurse a Question

At any time in the submission process, students can request help from the ParaMed Pass Nurse. It can also be used to share passwords for protected documents that the nurse will need to open.

There is no charge for this service. This ensures that all communication is associated with your ParaMed Pass Student account.

Students will receive an email once a response is received, to review the message go to [Inbox](#).

1. Type in the question or message to the nurse, click **Submit**.

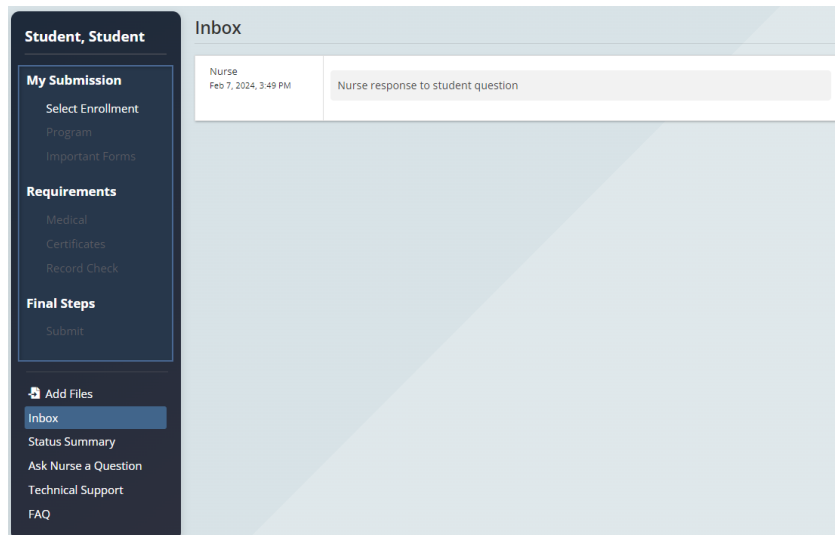


The screenshot shows a web form titled "Ask Nurse a Question". The form has a light blue header with the title. Below the header, there is a white box containing the text: "Use this form to ask the nurse a question or provide follow-up information regarding your submission." Below this text is a large text input field with a light blue border and a placeholder text: "Question to Placement Pass nurse, or password to open protected document". At the bottom right of the form, there are two buttons: a light gray "Cancel" button and a dark blue "Submit" button.

## Inbox

Students will receive an email when a nurse response to a question. A notification displays on the landing page if there is a new message.

1. To view nurse response, from the menu bar on the left select **Inbox**.



# Technical Support

Use this page to receive Technical Support for help navigating the site. Note any clearance related questions will be re-directed to [Ask Nurse a Question](#).

**Student, Student**

**My Submission**

- Select Enrollment
- Program
- Important Forms

**Requirements**

- Medical
- Certificates
- Record Check

**Final Steps**

- Submit

Add Files

Inbox

Status Summary

Ask Nurse a Question

**Technical Support**

FAQ

### Technical Support

Need help with something? Use this form to submit a technical support request. We'll get back to you via email within 2 business days.

Your Email: sarah.jones@paramed.com

Please describe your issue:

Student message to Technical Support

Cancel Submit

# FAQ

This page has additional resources for students to reference.

**Student, Student**

**My Submission**

- Select Enrollment
- Program
- Important Forms

**Requirements**

- Medical
- Certificates
- Record Check

**Final Steps**

- Submit

Add Files

Inbox

Status Summary

Ask Nurse a Question

Technical Support

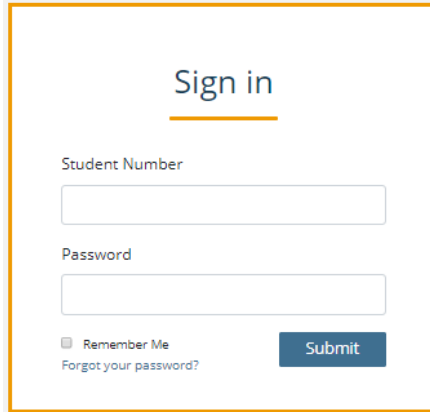
**FAQ**

### Frequently Asked Questions

- [Student FAQ](#)
- [How to submit documents in Placement Pass](#)

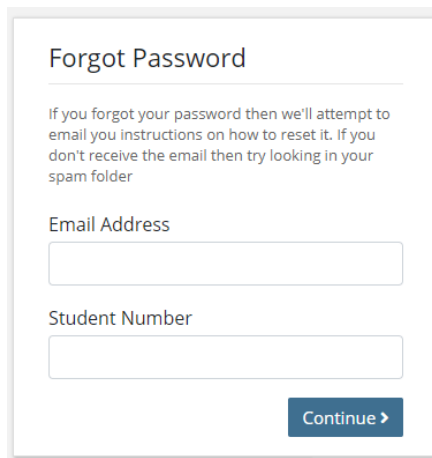
## Password Reset

1. If you have forgotten your password, you can trigger a password reset from the sign in screen, by clicking on the **Forgot your Password** option.



The image shows a 'Sign in' form with a title 'Sign in' underlined. Below the title are two input fields: 'Student Number' and 'Password'. At the bottom left, there is a checkbox labeled 'Remember Me' and a link 'Forgot your password?'. At the bottom right, there is a blue 'Submit' button.

2. Enter in your email address and student number and an email will be sent to your account with the instructions to reset your password.



The image shows a 'Forgot Password' form with a title 'Forgot Password'. Below the title is a paragraph of text: 'If you forgot your password then we'll attempt to email you instructions on how to reset it. If you don't receive the email then try looking in your spam folder'. Below the text are two input fields: 'Email Address' and 'Student Number'. At the bottom right, there is a blue 'Continue >' button.



# Receipts

Payment Receipts are available immediately after payment is received.

1. To access receipts, go to profile at top right of screen.
2. Select **Receipts** from drop-down.

PLACEMENT **PASS** by Paramed Personal Support Worker - 6307X

Student Student


Account Settings  
Receipts  
Logout

**Student, Student**

Personal Support Worker - 6307X

For your program you will be required to upload documentation for the following requirements:

On the Receipts page, click **Download** to display a PDF copy of the transaction.

Order No	Date	PDF Download	Amount
13351805776310211174	2024-02-07 13:56:16	 Download	\$12.34



Invoice for Feb 07, 2024 Health Form submission

**From**  
Paramed Placement Pass  
3000 Steeles Avenue East  
Suite 103  
Markham, ON, L3R 4T9

**Details**  
Order Number: 13351805776310211174  
Date: February 07, 2024

**For**  
Student Student  
sarah.jones@paramed.com  
Personal Support Worker - 6307X

## Summary

Health form submission	\$10.74
Subtotal	\$10.74
HST (ON)	\$1.60
<b>Total</b>	<b>\$12.34</b>