DEPN AND GRADUATE NURSING
MANDATORIES INFORMATION

INITIAL MANDATORIES DUE AUGUST 15, 2017

- Pre-Clinical Mandatories Form
- If you have a history of a positive PPD, include the TB Symptom Checklist
- HIPAA/OSHA Training – You will complete your training through the Evolve e-Learning Solutions website. You will receive an email with your username and password to log in. Once you receive your username and password, you will be able to login with the link given in the email.
- CPR Certification - CNHS only accepts certification through the American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer. CPR training will be held on Thursday, August 24, 2017 from 1:00pm – 4:00pm. You will need to submit a copy of the front and back of your CPR card to CastleBranch.
- DEPN students are required by their site placements to get a criminal background check. Information about how to obtain the criminal background check will be emailed to you. Graduate Nursing students are required to get a criminal background check on an as needed basis.
- Proof of R.N. (Graduate Nursing Only)

Submit the required documentation to CastleBranch.

For questions about DEPN and Graduate Nursing mandatories, please contact Bea Cobeo at: (802) 656-3452 or Beatriz.Cobeo.1@med.uvm.edu
Memorandum

TO: Health Care Provider
FROM: Clinical Education Staff
DATE: March, 2017
SUBJECT: College of Nursing and Health Sciences Health Clearance Requirements

You are receiving the attached form because your patient is participating in an upcoming clinical experience as part of the academic curriculum for the College of Nursing and Health Sciences (CNHS). CNHS follows CDC recommendations for health care professionals. Although from a professional standpoint, you may feel that your patient doesn’t need titers, from a health profession standpoint, it is required.

Please take the following action:

- **Complete the attached form in its entirety.** As the licensed health care provider, please make sure to sign and date the bottom of each page of the packet including the last page. Students must submit their requirements on the school form. No lab reports are accepted except for a radiology report if it is the student’s first time with a positive PPD.

- **Please test for immunity to Varicella with a titer.** Due to the history of Varicella sometimes not being accurate, our approach is to check with a titer. Those with documented disease whose titer is negative, should receive 2 doses of the Varicella vaccine, and need not have further immunity testing. For those with a negative titer who have already had 2 Varicella vaccinations, no further action is needed.

- **CNHS students are required to complete a series of 3 Hepatitis B vaccinations, followed by a positive titer.** If the titer is negative or indeterminate, please repeat the full series of 3 doses, followed by another titer. A booster is not acceptable and the series must be repeated. We follow the CDC guidelines of doses at 0, 1 and 4 months from the first dose and a titer 1 to 2 months later. Should the 2<sup>nd</sup> titer not demonstrate immunity, the student is considered a “non-responder” and please inform them accordingly of their risks for working in the health care field.

- **CNHS requires that students provide proof of at least 4 Polio vaccinations with at least 1 being after age 4 OR for adults who have had no documented Polio vaccinations, a series of 3 suffices.** If the student’s childhood Polio records were lost, they will need a series of 3 doses or a positive titer.

- For Varicella, Hepatitis B, and Polio, please be sure that you circle the result.

If you have any questions/concerns, please contact Bea Cobeo at: (802) 656-3452 or Beatriz.Cobeo@med.uvm.edu Thank you for your assistance in this process.

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**The University of Vermont**

**COLLEGE OF NURSING AND HEALTH SCIENCES**
106Rowell Building, 106 Carrigan Drive, Burlington, VT 05405-0068
(802) 656-0958 • fax: (802) 656-2191
Equal Opportunity/Affirmative Action Employer
**DEPN and Grad Nursing MANDATORIES**

Everything MUST be ENTIRELY filled out by your licensed health care provider on this UVM-provided form ONLY.

It is your responsibility to make sure your physician completes this form properly.

**COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.**

CNHS doesn't cover the cost of immunizations/serology. If you visit Student Health, you can file your receipt with the insurance company to see if you can get reimbursed.

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### MMR: Measles (Rubeola), Mumps, Rubella

<table>
<thead>
<tr>
<th>Dates of TWO combined shots</th>
<th>OR</th>
<th>Dates of separate shots</th>
<th>OR</th>
<th>Dates and results of lab titers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose #1 date: ____________</td>
<td></td>
<td>Measles #1 date: ________</td>
<td></td>
<td>Measles titer date: __________</td>
</tr>
<tr>
<td>Dose #2 date: ____________</td>
<td></td>
<td>Measles #2 date: ________</td>
<td></td>
<td>circle result: pos neg indeterminate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mumps #1 date: _________</td>
<td></td>
<td>Mumps titer date: ____________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mumps #2 date: _________</td>
<td></td>
<td>circle result: pos neg indeterminate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rubella dose date: ______</td>
<td></td>
<td>Rubella titer date: __________</td>
</tr>
</tbody>
</table>

**Tetanus - Diptheria - Pertussis (Tdap)**

*If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap.*

**Tdap must be within 10 years.

*** Do not receive a regular TD Booster! Request that your Primary Care Provider give you a Tdap.

Date of Tdap: ______________

### Polio

*You must submit 4 doses of the childhood series with one dose being after age 4 OR you must submit proof of 3 adult doses OR a titer*

*For adults who had 1 or 2 IPV doses, and no documentation of the childhood series, complete a total of 3 injections.*

*If you only have 3 doses of the childhood series, you will need to get a 4th dose.*

<table>
<thead>
<tr>
<th>Childhood Doses:</th>
<th>Adult Doses:</th>
<th>Titer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose #1__________</td>
<td>Dose #1__________</td>
<td>Date: __________</td>
</tr>
<tr>
<td>Dose #2__________</td>
<td>Dose #2__________</td>
<td>Negative: _________</td>
</tr>
<tr>
<td>Dose #3__________</td>
<td>Dose #3__________</td>
<td>Positive: _________ Initials: _________</td>
</tr>
<tr>
<td>Dose #4__________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Signature of Licensed Health Care Provider: _________________________

Credentials: _________________________

Date: _________________________
### Hepatitis B

<table>
<thead>
<tr>
<th>Dates of:</th>
<th>OR</th>
<th>Dates of Twinrix (Hep A&amp;B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose #1 date:</td>
<td>Dose #1 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #2 date:</td>
<td>Dose #2 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #3 date:</td>
<td>Dose #3 date:</td>
<td></td>
</tr>
</tbody>
</table>

If doses or titer aren't complete, health care provider must list expected completion date(s)

### TITER REQUIRED AND

<table>
<thead>
<tr>
<th>Date and results of lab titer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B Surface Ab date:</td>
</tr>
<tr>
<td>circle result:</td>
</tr>
</tbody>
</table>

Health care provider initials/date____

If Hep B titer is negative or indeterminate, you must repeat 3-dose series and titer.

A booster is not acceptable, you must repeat series.

When done with 2nd series and titer, submit the Hepatitis B Second Series Form.

### Varicella

<table>
<thead>
<tr>
<th>Date(s) of disease:</th>
<th>OR</th>
<th>Dates of Varicella vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose #1 date:</td>
<td>Dose #1 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #2 date:</td>
<td>Dose #2 date:</td>
<td></td>
</tr>
</tbody>
</table>

If titer is negative or indeterminate and already had 2 vaccinations, no further action is needed.

If titer is negative or indeterminate and had history of disease, 2 vaccinations are required.

### TITER REQUIRED AND

<table>
<thead>
<tr>
<th>Date and results of lab titer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella titer date:</td>
</tr>
<tr>
<td>circle result:</td>
</tr>
</tbody>
</table>

Health care provider initials/date____

Signature of Licensed Health Care Provider ________________

Credentials

Date ________________
PPD - Tuberculin Skin Test - **REQUIRED ANNUALLY**

BCG vaccine does not preclude the need for PPD testing or chest x-ray

Date given: __________ Date read: __________ Results (mm): __________

*circle result*: pos neg

**IF FIRST TIME WITH A POSITIVE PPD:**

Must have chest x-ray. Please attach copy of radiology report, and list results.

**IF HISTORY OF A POSITIVE PPD:**

1) Obtain TB Symptom Checklist from Department
2) Take the TB Symptom Checklist to your appointment and give to your health care provider to complete

*Please note, depending on your site placement, an updated chest x-ray may also be required if you have a history of a positive PPD.*

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**Licensed Health Care Provider Attestation**

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

Signature of Licensed Health Care Provider: __________________________

Credentials: __________________________ Date: __________________

Clinic Stamp or Printed Name of Provider: __________________________

Provider Telephone Number: __________________________

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It is **MANDATORY** that you scan and upload ALL 3 Pages of the form to CastleBranch.

DO NOT SEPARATE PAGES.

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your documents and submit them to CastleBranch.

The information included on this form may be released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.
**Hepatitis B Second Series**

**THIS FORM IS TO BE COMPLETED ONLY IF YOU HAVE A NEGATIVE OR INDETERMINATE HEPATITIS B TITER**

Everything MUST be ENTIRELY filled out by your licensed health care provider on this UVM-provided form ONLY.

It is your responsibility to review your form for completeness.

**COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.**

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OR</strong></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td>Date</td>
<td>Initials</td>
</tr>
<tr>
<td>Dose #4 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #5 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #6 date:</td>
<td></td>
</tr>
</tbody>
</table>

Timeline for doses: Receive 1st dose, receive 2nd dose 1 month later, receive 3rd dose 4 months from 1st dose; Receive titer 1 to 2 months after 3rd dose.

**Licensed Health Care Provider Attestation**

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

Signature of Licensed Health Care Provider ___________________________  Credentials ___________________________  Date ___________________________

Clinic Stamp or Printed Name of Provider ___________________________  Provider Telephone Number ___________________________

**It is MANDATORY that you scan and upload this form to CastleBranch**

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your form and submit it to CastleBranch.

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.
INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

<table>
<thead>
<tr>
<th>Influenza Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Administered</td>
</tr>
<tr>
<td>Lot Number</td>
</tr>
</tbody>
</table>

*If given at a separate time, please provide documentation of influenza vaccination*

<table>
<thead>
<tr>
<th>Licensed Health Care Provider Attestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being <em>unable to progress in his/her major</em> at the University of Vermont.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Licensed Health Care Provider</th>
<th>Credentials</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clinic Stamp or Printed Name of Provider</th>
<th>Provider Telephone Number</th>
</tr>
</thead>
</table>

It is **MANDATORY** that you scan and upload this form to CastleBranch.

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your documents and submit them to CastleBranch.

The information included on this form may be released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.
<table>
<thead>
<tr>
<th>REQUIREMENT:</th>
<th>GUIDELINES:</th>
<th>DUE DATE</th>
<th>EXP. DATE</th>
<th>DOCUMENT REQUIRED:</th>
<th>ADDITIONAL INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASLES MUMPS RUBELLA</td>
<td>Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) OR B) Dates of separate shots (2) Measles, (2) Mumps and (1) Rubella shot OR C) positive antibody titers for all 3 components.</td>
<td>Before 08/15/2017</td>
<td>No expiration</td>
<td>Completed on school form</td>
<td>If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap.</td>
</tr>
<tr>
<td>TETANUS, DIPHTHERIA and PERTUSSIS</td>
<td>Tdap within the last ten years.</td>
<td>Before 08/15/2017</td>
<td>10 years after date that Tdap was given</td>
<td>Completed on school form</td>
<td>For adults who had 1 or 2 IPV doses, and no documentation of childhood series, complete a total of 3 injections. If you only have 3 doses of childhood series, you will need to get a 4th dose.</td>
</tr>
<tr>
<td>POLIO</td>
<td>Provide proof of one of the following completed on school form: A) 4 doses of childhood series with 1 dose being after age 4 OR B) 3 adult doses OR C) titer</td>
<td>Before 08/15/2017</td>
<td>None</td>
<td>Completed on school form</td>
<td>If titer is negative or indeterminate, you must repeat 3-dose series and titer. A booster is not acceptable, you must repeat series. When done with 2nd series, submit the Hepatitis B Second Series Form.</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) AND a positive antibody titer.</td>
<td>Before 08/15/2017</td>
<td>If positive, no expiration</td>
<td>Completed on school form</td>
<td>If the titer is negative or indeterminate and you have already had 2 varicella vaccinations, no further action is needed. If the titer is negative or indeterminate and there is a history of the disease, 2 vaccinations are required.</td>
</tr>
<tr>
<td>VARICELLA</td>
<td>One of the following is required: A) date of disease AND positive antibody titer OR B) 2 vaccinations for varicella AND positive antibody titer.</td>
<td>Before 08/15/2017</td>
<td>If positive, no expiration</td>
<td>Completed on school form</td>
<td>If positive results, one of the following is required: Student with a first time positive PPD must submit the school form AND a copy of the radiology report. Student with a history of positive PPD, must submit the school form AND the TB Symptom Checklist form.</td>
</tr>
<tr>
<td>TB SKIN TEST</td>
<td>TB Skin Test or QuantiFERON Gold test is required.</td>
<td>Before 08/15/2017</td>
<td>Annual requirement</td>
<td>Completed on school form</td>
<td>If positive results, one of the following is required: Student with a first time positive PPD must submit the school form AND a copy of the radiology report. Student with a history of positive PPD, must submit the school form AND the TB Symptom Checklist form.</td>
</tr>
<tr>
<td>INFLUENZA VACCINATION</td>
<td>Influenza vaccination for current flu season</td>
<td>Before 10/15/17</td>
<td>Valid for current flu season</td>
<td>Completed on school form or health care provider’s form</td>
<td>If positive results, one of the following is required: Student with a first time positive PPD must submit the school form AND a copy of the radiology report. Student with a history of positive PPD, must submit the school form AND the TB Symptom Checklist form.</td>
</tr>
<tr>
<td>CPR</td>
<td>One of the following is required: A) American Heart Association Basic Life Support for Health Care Providers OR B) American Red Cross Professional Rescuer ONLY</td>
<td>Class scheduled for 8/24/2017</td>
<td>Certification must remain valid for entire clinical experience</td>
<td>Copy of front and back of CPR certification card</td>
<td>Certification must remain valid for entire clinical experience.</td>
</tr>
<tr>
<td>PROOF OF HEALTH INSURANCE</td>
<td>Provide a copy of your current health insurance card AND Proof of Health Insurance form.</td>
<td>Before 08/15/2017</td>
<td>If your insurance changes, you are responsible for providing updated information</td>
<td>Copy of insurance card or equivalent AND Proof of Health Insurance form</td>
<td>Copy of insurance card or equivalent AND Proof of Health Insurance form</td>
</tr>
<tr>
<td>PROOF OF R.N.</td>
<td>Graduate Nursing only</td>
<td>Before 08/15/2017</td>
<td></td>
<td>Copy of license from state website</td>
<td>Copy of license from state website</td>
</tr>
</tbody>
</table>
Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: https://www.evolvelms.com/lms/uvm/default.aspx

Before 08/15/2017

Annual requirement

No need to submit a document as long as you’ve completed your training online

Training won’t be considered complete unless all sections of the training have been completed.

DEPN and Grad Nursing Requirements: Initial Mandatoriea Due

Notes from CNHS – Bea Cobeo

Please note, some site placements may require additional mandatories such as a physical, and criminal background check.

If you visit Student Health for your immunization/serology work, you can request a receipt and file it along with the claim to your insurance company.

Please be sure to fill out the top of each form with your identifying information before submitting it to CastleBranch.

It is your responsibility to keep track of whether you have submitted your requirements

If you know you will be unable to meet the above deadlines for extenuating circumstances, you should schedule a meeting with Bea Cobeo – beatriz.cobeo.1@med.uvm.edu
Frequently Asked Questions

General Questions

Q: What is a titer?
A: A titer is a blood test to determine whether a vaccination has provided immunity against the disease. Titer results should be positive to indicate immunity.

Q: How do I submit my documentation?
A: Submit your documentation directly to CastleBranch. Please note, UVM Student Health won’t submit your documents for you. You will need to pick up your documents and submit them to CastleBranch.

Q: What happens if I can’t submit my mandatories by the deadline?
A: It is imperative that you plan ahead to ensure that your mandatories are completed by the deadline. If you fail to submit your mandatories by the deadline, you will not be able to participate in your clinical experience and your instructor will be notified. It is important to give yourself plenty of time to complete these requirements.

Hepatitis B - Receive 1st dose, Receive 2nd dose one month later, Receive 3rd dose four months from 1st dose; Receive titer 1 to 2 months after 3rd dose

Polio - Students who have never been vaccinated for polio should receive 3 doses of IPV, 2 doses separated by 1 to 2 months, and a third dose 6 to 12 months. Students who have had 1 to 2 doses of polio vaccine in the past should get the remaining 1 to 2 doses.

MMR – 28 days in between doses

Hepatitis B

Q: What if my Hepatitis B titer is negative?
A: If you received a negative Hepatitis B titer, ask your health care provider to revaccinate you with the three dose series. After the series, you will need another titer. You are required to submit updated documentation on the Hepatitis B Second Series form. If you are participating in your clinical experience with a negative titer, please ensure that you have talked with your health care provider about universal precautions to prevent Hepatitis B infection.

Q: How long after my three doses of Hepatitis B vaccinations can I have a titer drawn?
A: The titer should be checked four to eight weeks after your third dose of the Hepatitis B vaccine.

Q: Can I see two health care providers to complete my Hepatitis B series?
A: If you plan to see two health care providers to complete your Hepatitis B series, please ensure that you provide your second health care provider with a completed form showing your most recent doses.
Q: What if my Hepatitis B titers keep showing as negative?
A: If you have completed (2) three dose series of the Hepatitis B vaccinations and your titers are still negative, you are considered to be a non-responder. Talk with your health care provider about precautions to prevent Hepatitis B infection. Please have your health care provider complete the Hepatitis B section of the Pre-Clinical Mandatories form.

Q: What if my Hepatitis B series or titer isn’t complete by the deadline?
A: Please ask your health care provider to note the expected dates of the upcoming doses and/or titer on the Pre-Clinical Mandatories form. This needs to be completed by the date noted or you will not be able to continue in clinical. Once your series and titer is completed, it is required that you submit an updated Pre-Clinical Mandatories form.

HIPAA/OSHA Training

Q: How often do I need to complete HIPAA/OSHA training?
A: Program requirements vary. Please check the mandator ies information for your program.

Influenza Vaccination

Q: Am I required to get a flu shot?
A: As a CNHS student you are required to receive the influenza vaccination both to protect yourself, and also to protect the patients with whom you come into contact. Most sites now require you to get the influenza vaccination before beginning your placement.

PPD

Q: If I have a PPD Skin Test and it is positive, what should I do? First time positive only
A: You will need to be assessed to determine why the skin test is positive. Reasons may include previous BCG vaccine, latent TB (exposed, but not active), or active TB. This will require a symptom review and chest x-ray. You will need to provide a copy of the radiology report.

Q: If I have a history of a positive PPD, what should I do?
A: Do not get another PPD skin test because this will continue to result as a positive. Instead, ask your health care provider to perform a TB Symptom Check. Bring your TB Symptom Check form to your appointment.

Q: What if I have difficulty getting an appointment with my doctor for my PPD?
A: You often do not need a full office visit appointment for the placement and reading of your PPD. Ask if a nurse can place/read your PPD instead.

Polio

Q: I had polio vaccinations as a child, but can’t find the documentation. What should I do?
A: If you have lost your polio documentation, you will need to complete a series of three doses.
Q: If I lost my Polio documentation and I don’t want to get my vaccinations done again, is a Polio titer acceptable?
A: Yes, you can show proof of a Polio titer instead of vaccinations.

Varicella

Q: My Varicella titer is indeterminate or negative. What should I do?
A: If your Varicella titer is indeterminate or negative, you are required to have two Varicella vaccinations.

Additional Questions

Q: How will I know when my mandatories have been completed?
A: Is it your responsibility to keep track of the documents that you submit to ensure you have met all requirements.

Q: Does CNHS cover the cost of my immunization and serology work?
A: It is your responsibility to cover the cost. If you visit Student Health for your immunization and serology work, you can request a receipt and file it along with the claim to your insurance company.

Q: Who do I contact if I have additional questions?
A:

Bea Cobeo
College of Nursing and Health Sciences
106 Carrigan Drive, 216 Rowell
Burlington, VT 05405

Phone: (802) 656-3452
Beatriz.Cobeo.1@med.uvm.edu