3rd Year DPT MANDATORIES:

**IMPORTANT:**

**Mandatories must be completed by JUNE 23, 2017.**

**Students will not be able to participate in clinical education internships if they are not in compliance.**

During your 3rd year in the DPT program, you will be participating in three (3) clinical education (CE) internships. During your clinical internships a site may have additional specific requirements depending on the contract stipulations that UVM has with that particular site. Please be prepared for the event a site you are assigned requires additional items (e.g. background check, drug test, current physical exam, on-site orientation, interview, etc.). These items may cause you to incur additional fees/expenses.

Completing DPT program mandatories takes time. Schedule an appointment with your physician or health care clinic now to complete the annual 2-step PPD (TB skin test) by the June 23rd deadline. This test requires four (4) visits to your health care provider or public health clinic and will take two weeks to complete.

UVM Student Health does not bill private insurance companies. Any immunizations received at the UVM Student Health office will be billed to the student’s UVM account. You will need to submit your receipt to your own insurance provider.

Students need to submit their DPT mandatories directly to their CastleBranch.com document tracker account.

Please allow time to complete the on-line HIPPA/OSHA training. Keep an eye out for an email from Evolve e-Learning Solutions with a link to begin the course.

Mandatory information can also be found on the College of Nursing & Health Sciences PT mandatories website here: http://www.uvm.edu/~cnhs/?Page=student_services/gradmandatories.html

If you have any questions regarding mandatories, please contact Lisa McClintock, Clinical Education Administrator in the Department of Rehabilitation & Movement Science: lisa.mcclintock@med.uvm.edu, or (802) 656-3014.
Third Year DPT REQUIREMENTS

Proof of Health Insurance Form- Submit this form AND copy of insurance card

*The University does not pay medical costs resulting from injury during clinical/practicum rotations or other curricular activity unless this injury is due to negligence of the University. All CNHS students are required to carry their own health insurance. It is your responsibility to resubmit your insurance if there are any changes.

Subscriber/Member ID ___________ Primary Subscriber's Name ___________

Insurance Carrier ___________ Subscriber's Relationship to You ___________

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 maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.
Third Year DPT REQUIREMENTS

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

<table>
<thead>
<tr>
<th>PPD - Tuberculin Skin Test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG vaccine does not preclude the need for PPD testing or chest x-ray</td>
<td></td>
</tr>
<tr>
<td>1) Date given: ____________ Date read: ______________ Results (mm): ____________</td>
<td>circle result: pos neg</td>
</tr>
<tr>
<td>2) Date given: ____________ Date read: ______________ Results (mm): ____________</td>
<td>circle result: pos neg</td>
</tr>
</tbody>
</table>

Per CDC guidelines, placement of 2nd PPD should be 1-3 weeks after first PPD is read.

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.

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

Submit Form to CastleBranch.

UVM Student Health will not submit your paperwork for you. You will need to pick up your forms and submit them 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><strong>Influenza Vaccination</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Administered</td>
<td>____________</td>
</tr>
<tr>
<td>Lot Number</td>
<td>____________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Licensed Heath Care Provider Attestation</strong></th>
<th></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 <strong>unable to progress in his/her major</strong> at the University of Vermont.</td>
<td></td>
</tr>
<tr>
<td>Signature of Licensed Health Care Provider</td>
<td>____________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 documents and submit them 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.
PHYSICAL EXAMINATION PRE-CLINICAL REQUIREMENT

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

PHYSICAL EXAMINATION

I affirm that this student had a physical examination on this date: __________________________

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 documents and submit them 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.
Class of 2018 DPT MANDATORIES

It is the student’s responsibility to ensure completion and maintain yearly compliance.

Keep copies of all documents. Save this document for reference throughout the program.

<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>2 STEP TB SKIN TEST</td>
<td>TB Skin Test or QuantiFERON Gold test is required. Place of 2nd PPD should be 1 to 3 weeks after the first PPD results are read.</td>
<td>Before 06/23/2017</td>
<td>Annual</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 TB Symptom Checklist form.</td>
</tr>
<tr>
<td>INFLUENZA VACCINATION</td>
<td>Influenza vaccination for current flu season.</td>
<td>Before 10/15/2017</td>
<td>Valid</td>
<td>Completed on school form or health care provider’s form</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL EXAM</td>
<td>Health care provider must sign UVM form stating physical exam was performed. Exam Between 2/28/2017 and 06/23/2017</td>
<td>Exam Between 2/28/2017 and 06/23/2017</td>
<td></td>
<td>Completed on school form</td>
<td>Physician must sign form that states you are in good health</td>
</tr>
<tr>
<td>CPR</td>
<td>American Heart Association Basic Life Support for Health Care Plus AED</td>
<td>As needed</td>
<td></td>
<td>Certification must remain valid for entire clinical experience</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 06/23/2017</td>
<td>Annual</td>
<td>Copy of insurance card or equivalent AND Proof of Health Insurance form</td>
<td></td>
</tr>
<tr>
<td>HIPAA/OSHA TRAINING</td>
<td>Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolveelms.com/lms/uvm/default.aspx">https://www.evolveelms.com/lms/uvm/default.aspx</a></td>
<td>Before 06/23/2017</td>
<td>Annual</td>
<td>No need to submit a document as long as you’ve completed your training online</td>
<td>Training won’t be considered complete unless all sections of the training have been completed.</td>
</tr>
<tr>
<td>APTA MEMBERSHIP CARD</td>
<td>Copy of APTA membership card</td>
<td>As needed</td>
<td>Annual</td>
<td>Copy of your APTA membership card</td>
<td>Yearly renewal is required</td>
</tr>
<tr>
<td>DRIVER’S LICENSE</td>
<td>Provide a copy of your driver’s license</td>
<td>As needed</td>
<td></td>
<td>Copy of your driver’s license</td>
<td>Must be valid through final clinical experience.</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTES**

Many clinical placements will require additional site requirements such as a criminal background check, or drug screen.

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.

It is your responsibility to keep track of timely submission of your requirements and to keep them updated. Keep a copy of all requirements in a binder for your reference and use during your clinical experiences.

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

General Questions

Q: How do I submit my documentation?
A: Submit your documentation directly to your document trackers within your CastleBranch.com account. Please note, UVM Student Health will not submit your documents for you. You will need to pick up your documents and upload them to your CastleBranch.com document trackers.

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.

Physical Examination

Q: Is a physical examination required??
A: Third year DPT students are required to show proof of a physical exam by their healthcare provider.

CPR Certification

Q: What CPR certifications will you accept?
A: American Heart Association Basic Life Support for Health Care Providers

Q: What if my CPR certification will expire during my clinical education experience?
A: It is your responsibility to be aware of your CPR certification expiration date. Your CPR certification is required to be valid for your entire clinical education experience. If your CPR certification will expire during your clinical, please renew it BEFORE your clinical starts and submit an updated copy of the front and back of your CPR card with signature(s). The College of Nursing and Health Sciences provides reduced rate CPR classes for its students. A course schedule will be emailed to students who need to be recertified.

Q: Will you accept the American Red Cross Challenge Exam for my CPR Certification course?
A: No, the American Red Cross Challenge Exam is not accepted. It serves as a refresher and not a certification course.

Q: How do I find out about upcoming CPR classes?
A: CNHS offers CPR classes at least twice per semester. You will receive email notices regarding how to sign up for upcoming CPR class dates.
HIPAA/OSHA Training

Q: How often do I need to complete HIPAA/OSHA training?
A: Annually. DPT 2nd and 3rd year students are required to take an abbreviated refresher course.

Influenza Vaccination

Q: Am I required to get a flu shot?
As a CNHS student you are required to receive the influenza vaccination to protect yourself, and patients with whom you come into contact. Most internship sites require students to receive the influenza vaccination within flu season. This is typically October – April.

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.

Additional Questions

Q: How will I know when my mandatories have been completed?
A: It is your responsibility to keep track of the documents that you submit to ensure you have met all requirements. You will know your mandatories are complete when all document trackers on your CastleBranch.com account display a green check mark. It is your responsibility to coordinate and maintain compliance and record keeping. The program will facilitate coordination to clinical sites, but this does not eliminate the need for you to maintain quickly available, complete and updated requirements at any time.

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: Lisa McClintock
   College of Nursing and Health Sciences
106 Carrigan Drive, 310 Rowell
Burlington, VT 05405

(802) 656-3014
lisa.mcclintock@med.uvm.edu