DPT MANDATORIES:

IMPORTANT

Mandatories must be completed & uploaded to CastleBranch.com by the deadlines noted on the DPT 1st Year Requirements Summary document.

Students do not qualify for clinical education placement selection until these requirements are met.

During your 3 years in the DPT program, you will be participating in four (4) clinical education (CE) internships in addition to clinical correlation experiences throughout the curriculum. Prior to being assigned to your first clinical site you must first submit accurate and complete documentation of all mandatories. 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. 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, so please make an appointment with your physician now to complete the immunization forms. Many of the immunization requirements can also be completed at a public health clinic. Healthcare provider instructions are included in the packet on page 3. Be sure to bring this memo with you to your physician appointment along with immunization forms.

The College of Nursing and Health Sciences has partnered with CastleBranch.com, a web based compliance tracking company, to manage DPT student mandatories. Benefits associated with this service include: HIPAA compliancy, secure holding and transfer of personal information, website accessibility 24/7, and lifetime access to personal immunization information.

DPT students must upload completed and signed documents directly to their CastleBranch.com document tracker. CastleBranch Order Instructions can be found on page 12.

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

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.

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.

The University of Vermont

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 2nd 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 Linda Esposito at: (802) 656-3014 or lisa.mcclintock@med.uvm.edu Thank you for your assistance in this process.

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

The UNIVERSITY of VERMONT
COLLEGE OF NURSING & HEALTH SCIENCES

Name _____
Student ID# _____
Date of Birth _____
Program/Graduation Year _____
Phone# _____
Email _____
Date _____

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.

The UNIVERSITY of VERMONT
COLLEGE OF NURSING & HEALTH SCIENCES

Name _____
Student ID# _____
Date of Birth _____
Program/Graduation Year _____
Phone# _____
Email _____
Date _____

First Year DPT REQUIREMENTS

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.

MMR: Measles (Rubeola), Mumps, Rubella

Dates of TWO combined shots	OR	Dates of separate shots	OR	Dates and results of lab titers
Dose #1 date: _____		Measles #1 date: _____		Measles titer date: _____
Dose #2 date: _____		Measles #2 date: _____		***circle result:*** pos neg indeterminate
		Mumps #1 date: _____		Mumps titer date: _____
		Mumps #2 date: _____		***circle result:*** pos neg indeterminate
		Rubella dose date:		Rubella titer date _____
				circle result: pos neg indeterminate

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 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.

Childhood Doses: Dose #1 _____ Dose #2_____ Dose#3_____ Dose #4_____

OR

Adult Doses: Dose #1 _____ Dose #2_____ Dose#3_____

OR

Titer: Date: _____ Negative:_____ Positive:_____ Initials:_____

_____ _____ _____

Signature of Licensed Health Care Provider Credentials Date

Name _____
Student ID# _____
Date _____

Hepatitis B

Dates of:

Dose #1 date: _____

Dose #2 date: _____

Dose #3 date: _____

OR

Dates of Twinrix (Hep A&B)

Dose #1 date: _____

Dose #2 date: _____

Dose #3 date: _____

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

AND

TITER REQUIRED

Date and results of lab titer

Hep B Surface Ab date: _____

circle result: pos neg indeterminate

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

Date(s) of disease:

_____

OR

Dates of Varicella vaccine

Dose #1 date: _____

Dose #2 date: _____

AND

TITER REQUIRED

Date and results of lab titer

Varicella titer date: _____

circle result: pos neg indeterminate

Health care provider initials/date_____

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.

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

The UNIVERSITY of VERMONT
COLLEGE OF NURSING & HEALTH SCIENCES

Name _____
Student ID# _____
Date of Birth _____
Program/Graduation Year _____
Phone# _____
Email _____

TWO-STEP PPD REQUIREMENTS

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

PPD - Tuberculin Skin Test

1) Date given: _____ Date read: _____ Results (mm): _____

circle result **:** pos neg

2) Date given: _____ Date read: _____ Results (mm): _____

circle result **:** pos neg

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

IF FIRST TIME WITH A POSITIVE PPD: Please attach copy of radiology report, and list results.

IF HISTORY OF A POSITIVE PPD:

1) Print the TB Symptom Checklist
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, a chest x-ray and/or annual TB symptom checks 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 via Email, or In Person to your department Administrative Assistant.

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.

The UNIVERSITY of VERMONT
COLLEGE OF NURSING & HEALTH SCIENCES

Name _____
Student ID # _____
Date of Birth _____
Program/Graduation Year _____
Phone# _____
Email _____
Date _____

INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

Influenza Vaccination

Date Administered _____ Manufacturer _____

Lot Number _____ Expiration Date _____

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

Licensed Heath 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.

The UNIVERSITY of VERMONT
COLLEGE OF NURSING & HEALTH SCIENCES

Name _____
Student ID# _____
Date of Birth _____
Program/Graduation Year _____
Phone# _____
Email _____

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.

Hepatitis B

	Date	Initials	OR		Date	Initials
				Twinrix (Hep A&B)		
Dose #4 date:				Dose #4 date:		
Dose #5 date:				Dose #5 date:		
Dose #6 date:				Dose #6 date:		

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.

AND

REQUIRED

Date and results of lab titer

Hep B Surface Ab date: _____

circle result: pos neg indeterminate

Initials: _____

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.

Class of 2020 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.

REQUIREMENT:	GUIDELINES:	CASTLEBRANCH UPLOAD DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
MEASLES MUMPS RUBELLA	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.	Before 06/09/2017	No expiration	Completed on school form	.
TETANUS, DIPTHERIA and PERTUSSIS	Tdap within the last ten years.	Before 06/09/2017	10 years after date that Tdap was given	Completed on school form	If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap.
POLIO	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	Before 06/09/2017	None	Completed on school form	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.
HEPATITIS B	Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) AND a positive antibody titer. 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.	Before 06/09/2017	If positive, no expiration	Completed on school form	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.
VARICELLA	One of the following is required: A) date of disease AND positive antibody titer OR B) 2 vaccinations for varicella AND positive antibody titer.	Before 06/09/2017	If positive, no expiration	Completed on school form	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.
TWO STEP TB SKIN TEST	Two Step TB Skin Test or QuantiFERON Gold test is required. Placement of 2nd PPD should be 1 to 3 weeks after the first PPD results are read.	Before 08/31/2017	TB Skin Test Annual requirement	Completed on school form	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.
CPR	American Heart Association Basic Life Support for Health Care Providers plus AED	Before 06/19/2017	Certification must remain valid for entire clinical experience	Copy of front and back of CPR certification card with signature	Certification must remain valid for entire clinical experience.
PROOF OF HEALTH INSURANCE	Provide a copy of your current health insurance card AND Proof of Health Insurance form.	Before 06/09/2017	If your insurance changes, you are responsible	Copy of insurance card or equivalent AND Proof of Health Insurance form	This is an Annual Requirement.

			for providing updated information		
HIPAA/OSHA TRAINING	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: https://www.evolvelms.com/lms/uvm/default.aspx	Before 06/09/2017	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.
INFLUENZA VACCINATION	Influenza vaccination for current flu season	Before 10/15/2017	Valid for current flu season	Completed on school form or health care provider's form	
DRIVER'S LICENSE	Provide a copy of your driver's license	Before 06/09/2017	On license	Copy of your driver's license	
APTA MEMBERSHIP CARD	Copy of APTA membership card	Before 09/01/2017	On card	Copy of your APTA membership card	

DPT 1st Year Requirements

Notes from CNHS – Lisa McClintock

Please note, some site placements may require additional mandatories such as a physical, or drug screen. A criminal background check is required upon admission to the program.

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 Lisa McClintock at Lisa.McClintock@med.uvm.edu

Order Instructions for
University of Vermont - Physical Therapy

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code **UP88im**: I need to order my Medical Document Manager

About

About CastleBranch

University of Vermont - Physical Therapy and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

Order Summary

Payment Information

No payment will be required to process your order.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.

Frequently Asked Questions

General Questions

How will I know when my mandatories have been completed? It is your responsibility to keep track of the documents that you submit to ensure you have met all requirements. You must keep paper or electronic copies of all records. You will know your mandatories are complete when all document trackers on CastleBranch.com 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.

What is a titer? 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.

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

What happens if I can't submit my mandatories by the deadline? 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 – at least 28 days in between doses

CPR Certification

What CPR certifications will you accept? American Heart Association Basic Life Support for Health Care Providers plus AED

What if my CPR certification will expire during my clinical education experience? 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).

How do I find out about upcoming CPR classes? If you aren't already CPR certified by the American Heart, Basic Life Support for Healthcare Workers, it is mandatory that you attend the CPR class scheduled for June 17, 2017 at 1:30 pm in Rowell 003A. Registration instructions will be emailed to the class.

Hepatitis B

What if my Hepatitis B titer is negative? 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.

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

Can I see two health care providers to complete my Hepatitis B series? 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.

What if my Hepatitis B titers keep showing as negative? 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.

What if my Hepatitis B series or titer isn't complete by the deadline? 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

How often do I need to complete HIPAA/OSHA training? Annually. The second and third year courses are abbreviated refresher courses.

Influenza Vaccination

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 you to receive an influenza vaccination during flu season. This is typically October through April.

PPD

Q: If I have a PPD Skin Test and it is positive, what should I do? *First time positive only:* 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.

If I have a *history* of a positive PPD, what should I do? 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.

What if I have difficulty getting an appointment with my doctor for my PPD? 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

I had polio vaccinations as a child, but can't find the documentation. What should I do? If you have lost your polio documentation, you will need to complete a series of three doses.

If I lost my Polio documentation and I don't want to get my vaccinations done again, is a Polio titer acceptable? Yes, you can show proof of a Polio titer instead of vaccinations.

Varicella

My Varicella titer is indeterminate or negative. What should I do? 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.

Additional Questions

Does CNHS cover the cost of my immunization and serology work? No. 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.

Who do I contact if I have additional questions?

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

(802) 656-3014
Lisa.McClintock@med.uvm.edu