RADIATION THERAPY
MANDATORIES INFORMATION

FIRST YEAR MANDATORIES DUE

- 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 can log in here.

SECOND YEAR MANDATORIES DUE BY JULY 30, 2017

- HIPAA/OSHA Training – Required annually. Log in to the Evolve e-Learning Solutions website to complete your training.

THIRD YEAR MANDATORIES DUE BY JULY 30, 2017 (INFLUENZA VACCINATION DUE BY OCTOBER 15, 2017)

- Pre-Clinical Mandatories Form - If you have a history of a positive PPD, include the TB Symptom Checklist which can be obtained from Linda Esposito (Linda.Esposito@med.uvm.edu)
- Proof of influenza vaccination from your health care provider with vaccination description, date of vaccination, and name
- HIPAA/OSHA Training – Required annually. Log in to the Evolve e-Learning Solutions website to complete your training.
- CPR Certification - CNHS only accepts certification through the American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer. You will receive email notification about upcoming CPR training offered by CNHS. You will need to submit a copy of the front and back of your CPR card. Submit the required documentation to CastleBranch.

FOURTH YEAR MANDATORIES DUE BY JULY 30, 2017 (INFLUENZA VACCINATION DUE BY OCTOBER 15, 2017)

- Annual PPD - If you have a history of a positive PPD, use the TB Symptom Checklist which can be obtained from Linda Esposito (Linda.Esposito@med.uvm.edu)
- Proof of influenza vaccination from your health care provider with vaccination description, date of vaccination, and name
- HIPAA/OSHA Training – Required annually. Log in to the Evolve e-Learning Solutions website to complete your training.
- CPR Certification – Ensure that your CPR certification will remain valid throughout your clinical experience this year. CPR Certifications are valid for two years. Submit the required documentation to CastleBranch.
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) 656-0958 or Linda.Esposito@med.uvm.edu Thank you for your assistance in this process.
Third Year RADT PRE-CLINICAL REQUIREMENTS

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

*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 ALL Pages of the 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.
Third Year RADT PRE-Clinical 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

<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>Mumps #1 date:</td>
<td></td>
<td>Mumps #2 date:</td>
<td></td>
<td>circle result: pos neg indeterminate</td>
</tr>
<tr>
<td>Mumps #2 date:</td>
<td></td>
<td>Rubella titer date</td>
<td></td>
<td>circle result: pos neg indeterminate</td>
</tr>
<tr>
<td>Rubella dose date:</td>
<td></td>
<td></td>
<td></td>
<td>circle result: pos neg indeterminate</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.

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 ___________
<table>
<thead>
<tr>
<th><strong>Hepatitis B</strong></th>
<th><strong>Varicella</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TITER REQUIRED</strong></td>
<td><strong>TITER REQUIRED</strong></td>
</tr>
<tr>
<td>Hep B Surface Ab date:</td>
<td>Varicella titer date:</td>
</tr>
<tr>
<td>circle result: pos neg indeterminate</td>
<td></td>
</tr>
<tr>
<td>Health care provider initials/date</td>
<td>Health care provider initials/date</td>
</tr>
<tr>
<td>If Hep B is negative or indeterminate, you must repeat 3-dose series and titer.</td>
<td>If titer is negative or indeterminate and already had 2 vaccinations, no further action is needed.</td>
</tr>
<tr>
<td>When done with 2nd series and titer, submit the Hepatitis B Second Series Form.</td>
<td>If titer is negative or indeterminate and had history of disease, 2 vaccinations are required.</td>
</tr>
</tbody>
</table>

If doses or titer aren't complete, health care provider must list expected completion date(s).
PPD - Tuberculin Skin Test - **REQUIRED ANNUALLY**

*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

1) 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.

__________________________________________  Credentials  _____________
Signature of Licensed Health Care Provider

__________________________________________  _____________
Clinic Stamp or Printed Name of Provider  Provider Telephone Number

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**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.
## INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

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

<table>
<thead>
<tr>
<th>Influenza Vaccination</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Administered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lot Number</td>
<td></td>
<td></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>
<th></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>
<td></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.
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>OR</th>
<th>Date</th>
<th>Initials</th>
<th>Date</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinrix (Hep A&amp;B)</td>
<td></td>
<td>Dose #4 date:</td>
<td></td>
<td></td>
<td>Dose #4 date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose #5 date:</td>
<td></td>
<td></td>
<td>Dose #5 date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose #6 date:</td>
<td></td>
<td></td>
<td>Dose #6 date:</td>
</tr>
</tbody>
</table>

Timeline for repeat second series 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.
<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 07/30/2017</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 07/30/2017</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 07/30/2017</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. 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.</td>
<td>Before 07/30/2017</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 07/30/2017</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 07/30/2017</td>
<td>Annual requirement</td>
<td>Completed on school form</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA VACCINATION</td>
<td>Influenza vaccination for current flu season</td>
<td>After 10/01/2017</td>
<td>Valid for current flu season</td>
<td>Completed on school form or health care provider's form</td>
<td></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>Before 07/30/2017</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 07/30/2017</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></td>
</tr>
</tbody>
</table>
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 07/30/2017
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.

RADT 3rd Year Requirements

Notes from CNHS – LINDA ESPOSITO

Please note, some site placements may require additional mandatories such as an additional TB skin test, physical, 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 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 Linda Esposito – Linda.Esposito@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 – at least 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 mandatories information for your program.

Influenza Vaccination

Q: Am I required to get a flu shot?  
A: As a RADT student you are required to receive the influenza vaccination to protect yourself, and to protect the patients with whom you come into contact. Clinical sites 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 and you have not had two vaccinations, you are required to have two Varicella vaccinations. 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

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:

Medical Laboratory and Radiation Sciences Department Contact

Linda Esposito
Office of the Dean
College of Nursing and Health Sciences
106 Rowell Building
Burlington, VT 05405

Linda.Esposito@med.uvm.edu