

## DPT PROGRAM MANDATORIES

DPT Mandatories are program specific student records of health immunizations, insurance information, healthcare provider training, membership, and background screen requirements that students need to participate in the program.

### **IMPORTANT NOTES FOR THIRD YEAR DPT STUDENTS:**

#### **Annual (every year) DPT program Mandatories:**

- Health Insurance (even if the information remains the same)
- PPD (Tuberculin Skin Test)
- Influenza vaccination
- HIPAA/OSHA training
- APTA membership

#### **Biennial (every 2 years) DPT program Mandatories:**

- Background Screen
- CPR certification

#### **Third Year DPT Mandatories:**

- Physical Exam

Individual student annual due dates are set based upon the student's prior year submission dates. Login to your CastleBranch.com account to review your renewal due dates. CastleBranch generates student email reminders 21 days in advance of the due date. Pay attention to these email reminders!

**Student mandatory compliance is required to participate in the DPT program. Clinical and Academic Advisors receive notification of non-compliant students.**

#### **Helpful information:**

**Maintaining a current nationwide background screen is a UVM DPT program requirement.**

Third year DPT students are required to apply for a 2-year nationwide background screen recheck. Upon admittance to the UVM DPT program students received a 2017 nationwide background screen by CERTIPHI. Students can expect to receive an email invitation from CERTIPHI the **in April 2019** to login and apply for a 2-year background screen to fill the gap between April 2017 and the current date. The total cost to a student depends on the number of searches conducted and how many addresses and alias names are searched. The price can be as low as \$32.50, however the price will vary depending on the number of addresses searched. New York State, for example, charges an access fee which raises the price significantly. **CERTIPHI will put a hold on your credit card not to exceed \$150 initially (\$250 if you resided in New York State) and then charge the corresponding fee once the search is complete.**

A **PHYSICAL EXAM** is required in the third year of the program to prepare students for CE2, CE3 & CE4. Students who are unable to receive a physical exam from their primary care physician may seek this service from a local walk-in clinic or the UVM Center for Health & Wellbeing (graduate students with 5+ credits and a paid school health fee are eligible to receive a physical exam). Be sure to schedule the exam **between 3/1/19 & 6/15/19**. If students have record of a 2019 physical exam or appointment outside these dates contact Lisa McClintock for instructions.

**1-step PPD (TB Skin Test):** A 2-step PPD was required in the 1<sup>st</sup> and 2<sup>nd</sup> years of the program. 3<sup>rd</sup> year students will renew with a 1-step PPD. Some clinics may require a 2-step PPD within a specified timeframe to participate in clinical education. Be prepared to renew this requirement as needed by your assigned clinical education site.

Many local walk-in clinics and pharmacies provide immunization services. Be sure to bring the appropriate CNHS form with you. Lab reports are not accepted by CastleBranch. UVM Center for Health & Wellbeing does not bill private insurance companies. Immunizations received at the UVM Center for Health & Wellbeing will be billed to the student's UVM account. Students submit immunization/serology receipts to their insurance provider directly.

Students submit DPT mandatories directly to their CastleBranch.com account.

Most CO2020 students will need **American Heart Association CPR recertification June 2019**. A class will be scheduled for DPT students in **June**. The cost of the class is reduced for UVM CNHS students. More information will be provided.

**HIPAA/OSHA training is required annually.** This training is provided by Evolve e-Learning Solutions, a web-based training provider for HIPAA and OSHA courses. **Students will receive an email in July from [lmsadmin@evolvelms.com](mailto:lmsadmin@evolvelms.com) with a link to login and take the refresher courses by 7/28/19.** If you do not receive this email, check your SPAM or JUNK folders. NOTE: in order to launch this training be sure to set your computer to "allow pop-ups" by going to your tool bar under 'Tools and Options' and allow pop-ups.

Mandatory information can also be found on the College of Nursing & Health Sciences PT mandatories website here: [https://www.uvm.edu/cnhs/clinical\\_mandatories](https://www.uvm.edu/cnhs/clinical_mandatories)

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

# Class of 2020 DPT MANDATORIES

## 3<sup>rd</sup> Year

**It is the student's responsibility to ensure completion and maintain yearly compliance. Keep copies of all documents. Save this chart for reference.**

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
<b>1-STEP TB SKIN TEST</b>	TB Skin Test or QuantiFERON Gold test is required.	<b>Annual Renewal.</b> Refer to individual student due date on CastleBranch account	<b>Annual requirement</b>	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 TB Symptom Checklist form.
<b>INFLUENZA VACCINATION</b>	Influenza vaccination for current flu season	<b>AFTER 10/1/19 &amp; BEFORE 10/31/2019</b>	<b>Valid for current flu season</b>	Completed on school form or health care provider's form	
<b>PHYSICAL EXAM</b>	Health care provider must sign UVM form stating physical exam was performed	<b>Dated exam between 3/1/19 &amp; 6/15/19</b>		Completed on school form	Physician must sign form that states you are in good health
<b>CPR</b>	American Heart Association Basic Life Support for Health Care Providers Plus AED	<b>Upon Expiration.</b> Refer to individual student due date on CastleBranch account	<b>Certification must remain valid for entire clinical experience</b>	Copy of front and back of CPR certification card with signature	Certification must remain valid for entire clinical experience.
<b>PROOF OF HEALTH INSURANCE</b>	Provide a copy of your current health insurance card AND Proof of Health Insurance form.	<b>Refer to individual student due date on CastleBranch account</b>	<b>If your insurance changes, you are responsible for providing updated information</b>	Copy of insurance card or equivalent AND Proof of Health Insurance form	This is an annual requirement even if your insurance has not changed.
<b>HIPAA/OSHA TRAINING</b>	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolveims.com/ims/uvvm/default.aspx">https://www.evolveims.com/ims/uvvm/default.aspx</a>	<b>BY 7/28/19</b>	<b>Annual requirement</b>	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.
<b>APTA MEMBERSHIP CARD</b>	Copy of APTA membership card	<b>Upon Expiration.</b> Refer to individual student due date on CastleBranch account	<b>On card Annual requirement</b>	Copy of your APTA membership card	Yearly renewal is required
<b>DRIVER'S LICENSE</b>	Provide a copy of your driver's license	<b>Upon expiration.</b> Refer to individual student due date on CastleBranch account	<b>On license</b>	Copy of your driver's license	Must be valid through final clinical experience.
<b>CRIMINAL BACKGROUND CHECK</b>	2-Year Recheck: follow instructions as indicated by CERTIPHI email	<b>AFTER 4/30/19 &amp; BEFORE 6/15/19</b>	<b>Background check results from provider</b>	Complete on-line application	Follow instructions as indicated by CERTIPHI email

### IMPORTANT NOTES:

Many clinical education facilities have additional site specific student requirements such as: drug screen, site-specific criminal background check, site specific documents, etc. Be prepared to provide additional documents to your clinical site assignment as needed.

*Students that use UVM Center for Health and Wellbeing for their immunization/serology work can request receipts & submit claims to their health insurance provider.*

**It is the student's responsibility to keep track of timely submission of their documents and to keep them updated.**

*Keep a copy of all requirements in a binder for your reference to use during your clinical experiences*

**If you know you will be unable to meet the above deadlines due to extenuating circumstances, schedule a meeting with Lisa McClintock – Lisa.McClintock@med.uvm.edu**



The  
**UNIVERSITY**  
of **VERMONT**

COLLEGE OF NURSING & HEALTH SCIENCES

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program/Graduation Year: \_\_\_\_\_

Date: \_\_\_\_\_

### CNHS INSURANCE 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**

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 \_\_\_\_\_

**PPD Form**

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

**PPD - Tuberculin Skin Test**

*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:** 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

**It is MANDATORY that you submit form AND Attachments 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.



The  
**UNIVERSITY**  
of **VERMONT**

COLLEGE OF NURSING & HEALTH SCIENCES

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

**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.



The  
**UNIVERSITY**  
 of **VERMONT**

COLLEGE OF NURSING & HEALTH SCIENCES

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Program/Graduation Year: \_\_\_\_\_  
 Date: \_\_\_\_\_

**INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT**

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

Influenza Vaccination			
Date Administered	_____	Manufacturer	_____
Lot Number	_____	Expiration Date	_____
<i>If given at a separate time, please provide documentation of influenza vaccination</i>			

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 <b>unable to progress in his/her major</b> 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
Please note, UVM's Center for Health and Wellbeing 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.

## Frequently Asked Questions

### General Questions

**Q: How do I submit my documentation?**

**A:** The College of Nursing and Health Sciences uses an online immunization tracker for health clearance and mandatory requirements for all programs. Once you register you will use the same account for the length of time you are in the College of Nursing and Health Sciences. Instructions regarding the use of CastleBranch for submitting your program mandatories will be emailed to you. 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.

**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 and to pay attention to email reminders and take action on requests.

### 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 only.

**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) to CastleBranch.

**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 courses at least twice per semester. You will receive email notices regarding how to sign up through <http://vtsafetynet.com/> for upcoming CPR course dates.

**Q: How do I register for a CPR class?**

**A:** To register for a course through the American Heart Association, go to <http://vtsafetynet.com/> Click on the "Take a Course" tab at the top. Click on the "BLS for the HealthCare Provider" course and fill out the registration. Payment will be due in cash at the class. (It will say FREE on the website but that is



only for registration purposes.) The course we offer are \$40 and are offered at a substantially discounted cost for UVM students.

### **HIPAA/OSHA Training**

**Q: How often do I need to complete HIPAA/OSHA training?**

**A:** Annually. DPT 2<sup>nd</sup> and 3<sup>rd</sup> year students are required to take an abbreviated refresher course.

**Q: What happens if I can't access my coursework once I sign in to Evolve?**

**A:** In order to see your courses you should make sure you allow Pop-Up Windows. You can do this by going to your toolbar under Tools, Options, and Privacy and Security and making sure that the Block pop-up windows is not checked off.

### **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?**

**A:** *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 done by your healthcare provider and chest x-ray. First time positive, you will need to submit a copy of the radiology report, the Symptom Checklist form, and the PPD form signed by your healthcare provider to CastleBranch.

**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 review. Bring your TB Symptom Checklist form to your appointment for the healthcare provider to fill out and sign. You will then need to submit your Checklist in CastleBranch.

**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. Walk-in clinics and pharmacies will also provide these services.

### **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. **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.**

Proof of Health Insurance, the Health Insurance form, PPD test, and the Influenza vaccine are all annual 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:** Lisa McClintock  
College of Nursing and Health Sciences  
106 Carrigan Drive, 310 Rowell  
Burlington, VT 05405

(802) 656-3014

[lisa.mcclintock@med.uvm.edu](mailto:lisa.mcclintock@med.uvm.edu)