

NMT 4th Year Requirements

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
TB SKIN TEST	TB Skin Test or QuantiFERON Gold test is required.	Before 07/31/2018	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.
INFLUENZA VACCINATION	Influenza vaccination for current flu season	After 10/01/2018 And before 11/20/18	Valid for current flu season	Completed on school form or health care provider's form	
CPR	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	Prior to expiration of certification	Certification must remain valid for entire clinical experience	Copy of front AND back of CPR certification card	Certification must remain valid for entire clinical experience. Certification is valid for two years after date on card
PROOF OF HEALTH INSURANCE	Provide a copy of your current health insurance card AND Proof of Health Insurance form.	Before 07/31/2018	If your insurance changes, you are responsible for providing updated information	Copy of insurance card or equivalent AND Proof of Health Insurance form	This is an annual requirement even if there is no change in insurance.
HIPAA/OSHA TRAINING	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: https://www.evolve.com/lms/uvms/default.aspx	Before 07/31/2018	Annual requirement	No need to submit a document as long as you've completed your training online	Training will not be considered complete unless all sections of the training have been completed.

NMT 4th Year Requirements

Notes from CNHS – Linda Esposito

Please note, some site placements may require additional mandates such as a physical, or criminal background check or drug screening.

If you visit UVM's Center for Health and Wellbeing 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 due to extenuating circumstances, you should schedule a meeting with Linda Esposito at Linda.Esposito@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

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.



The
UNIVERSITY
of VERMONT

COLLEGE OF NURSING & HEALTH SCIENCES

Name: _____
Date of Birth: _____
Program/Graduation Year: _____
Date: _____

Fourth Year NMT REQUIREMENTS

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

PPD - Tuberculin Skin Test	
<i>BCG vaccine does not preclude the need for PPD testing or chest x-ray</i>	
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
<i>*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.</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 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's Center for Health and Wellbeing 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.



The
UNIVERSITY
of **VERMONT**

COLLEGE OF NURSING & HEALTH SCIENCES

Name: _____
Date of Birth: _____
Program/Graduation Year: _____
Date: _____

INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

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 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'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.

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: You are required to take *annual* on-line training through Evolve e-learning for HIPAA/OSHA training. NMT 4th year students are required to take an abbreviated HIPAA refresher course. OSHA training includes courses such as Bloodborne Pathogens, and Personal Protective Equipment. Information regarding these trainings will be emailed to you.

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 (copy of card), 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 the Center for Health and Wellbeing 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: Linda Esposito
College of Nursing and Health Sciences
106 Carrigan Drive, 106 Rowell
Burlington, VT 05405

(802) 656-0958

Linda.Esposito@med.uvm.edu