UNDERGRADUATE NURSING
MANDATORIES INFORMATION

FIRST YEAR MANDATORIES DUE

No Mandatories Due

SECOND YEAR MANDATORIES DUE

No Mandatories Due

THIRD YEAR MANDATORIES DUE JUNE 30, 2015

• Pre-Clinical Mandatories and Proof of Health Insurance Form
• 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.
• 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 with signature to Rose Simpson.

FOURTH YEAR MANDATORIES DUE JUNE 30, 2015

• Annual PPD Form
• 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. If you completed the training during your third year, it should still be valid.

Submit your forms and required attachments (copy of CPR card with signature and copy of health insurance card) via fax, email, or in person to:

Rose Simpson
College of Nursing and Health Sciences
106 Carrigan Drive, 216 Rowell
Burlington, VT 05405

Fax: (802) 656-8306
Rose.Simpson@uvm.edu
Memorandum

TO: Health Care Provider  
FROM: Clinical Education Staff  
DATE: April 1, 2015  
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 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. 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 Rose Simpson at: (802) 656-3452 or Rose.Simpson@uvm.edu

Thank you for your assistance in this process.
**Third Year PRNU PRE-CLINICAL REQUIREMENTS**

**Proof of Health Insurance - 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.

<table>
<thead>
<tr>
<th>Subscriber/Member ID</th>
<th>Primary Subscriber's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Subscriber's Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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106 Carrigan Drive, 216 Rowell  
Burlington, VT 05405
Third Year PRNU 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></td>
<td></td>
<td>Mumps #1 date: _______</td>
<td></td>
<td>Mumps titer date: __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mumps #2 date: _______</td>
<td></td>
<td>circle result: pos neg indeterminate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rubella dose date: ______</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.

<table>
<thead>
<tr>
<th>Childhood Doses:</th>
<th>Dose #1 _________</th>
<th>Dose #2___________</th>
<th>Dose #3___________</th>
<th>Dose #4__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Doses:</td>
<td>Dose #1 _________</td>
<td>Dose #2___________</td>
<td>Dose #3___________</td>
<td></td>
</tr>
</tbody>
</table>
### Hepatitis B

**TITER REQUIRED**

<table>
<thead>
<tr>
<th>Dates of:</th>
<th>OR</th>
<th>Dates of Twinrix (Hep A&amp;B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose #1 date:</td>
<td>Dose #1 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #2 date:</td>
<td>Dose #2 date:</td>
<td></td>
</tr>
<tr>
<td>Dose #3 date:</td>
<td>Dose #3 date:</td>
<td></td>
</tr>
</tbody>
</table>

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

**AND**

- Date and results of lab titer
- Hep B Surface Ab date: __________
- **Circle result:** pos neg indeterminate
- Health care provider initials/date_____

If Hep B 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

**TITER REQUIRED**

<table>
<thead>
<tr>
<th>Date(s) of disease:</th>
<th>OR</th>
<th>Dates of Varicella vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose #1 date:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose #2 date:</td>
<td></td>
</tr>
</tbody>
</table>

**AND**

- 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.
<table>
<thead>
<tr>
<th>PPD - Tuberculin Skin Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>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</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1) Date given:</th>
<th>Date read:</th>
<th>Results (mm):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>circle result: pos neg</td>
</tr>
</tbody>
</table>

**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.

<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>

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**Submit Form via Fax, Email, or In Person to Rose Simpson**

<table>
<thead>
<tr>
<th>Fax: 802-656-8306</th>
<th>106 Carrigan Drive, 216 Rowell</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail: <a href="mailto:Rose.Simpson@uvm.edu">Rose.Simpson@uvm.edu</a></td>
<td>Burlington, VT 05405</td>
</tr>
</tbody>
</table>

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.
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>REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of:</td>
<td>OR</td>
</tr>
<tr>
<td>Dose #4 date:</td>
<td>Dose #4 date:</td>
</tr>
<tr>
<td>Dose #5 date:</td>
<td>Dose #5 date:</td>
</tr>
<tr>
<td>Dose #6 date:</td>
<td>Dose #6 date:</td>
</tr>
<tr>
<td>Date and results of lab titer</td>
<td></td>
</tr>
<tr>
<td>Hep B Surface Ab date:</td>
<td>circle result: pos neg indeterminate</td>
</tr>
</tbody>
</table>

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 ____________________________

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E-mail: Rose.Simpson@uvm.edu

Please note, UVM Student Health will not submit your paperwork for you.

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.
# PRNU 3rd Year Requirements

<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><strong>MEASLES, MUMPS, RUBELLA</strong></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 06/30/2015</td>
<td>No expiration</td>
<td>Completed on school form</td>
<td></td>
</tr>
<tr>
<td><strong>TETANUS, DIPHTHERIA and PERTUSSIS</strong></td>
<td>Tdap within the last ten years.</td>
<td>Before 06/30/2015</td>
<td>10 years after date that Tdap was given</td>
<td>Completed on school form</td>
<td>If you have not had a Tdap and your lastTd is more than two years old, you are required to have a Tdap.</td>
</tr>
<tr>
<td><strong>POLIO</strong></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 06/30/2015</td>
<td>None</td>
<td>Completed on school form</td>
<td></td>
</tr>
<tr>
<td><strong>HEPATITIS B</strong></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 6 months from 1st dose; Receive titer 1 to 2 months after 3rd dose.</td>
<td>Before 06/30/2015</td>
<td>If positive, no expiration</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><strong>VARICELLA</strong></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 06/30/2015</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><strong>TB SKIN TEST</strong></td>
<td>TB Skin Test or QuantIFERON Gold test is required.</td>
<td>Before 06/30/2015</td>
<td>Annual requirement</td>
<td>Completed on school form</td>
<td>No need to submit a document as long as you’ve completed your training online.</td>
</tr>
<tr>
<td><strong>CPR</strong></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 06/30/2015</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><strong>PROOF OF HEALTH INSURANCE</strong></td>
<td>Provide a copy of your current health insurance card AND Proof of Health Insurance form.</td>
<td>Before 06/30/2015</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>
<tr>
<td><strong>HIPAA/OSHA TRAINING</strong></td>
<td>Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolvealms.com/lms/uvmi/default.aspx">https://www.evolvealms.com/lms/uvmi/default.aspx</a></td>
<td>Before 06/30/2015</td>
<td>Annual requirement</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>
</tbody>
</table>
Please note, some site placements may require additional mandatories such as a physical, criminal background check, or influenza vaccination.

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 Rose Simpson – Rose.Simpson@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:

Please submit your mandatories forms to Cis Dumas via fax, email, or in person.

   Rose Simpson  
   College of Nursing and Health Sciences  
   106 Carrigan Drive, 216 Rowell  
   Burlington, VT 05405  
   Phone: (802) 656-3452  
   Fax: (802) 656-8306  
   Rose.Simpson@uvm.edu

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 six 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 – 28 days in between doses

CPR Certification

Q: What CPR certifications will you accept?
A: American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer
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).

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.

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: It is strongly recommended that all CNHS students receive the influenza vaccination both to protect yourself, but also to protect the patients with whom you come into contact. Some sites may 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, you are required to have two Varicella vaccinations.
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:

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