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
**Fourth Year PRNU PRE-CLINICAL REQUIREMENTS**

<table>
<thead>
<tr>
<th>Proof of Health Insurance - Submit this form AND copy of insurance card</th>
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<tbody>
<tr>
<td><em>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.</em></td>
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<table>
<thead>
<tr>
<th>Subscriber/Member ID</th>
<th>Primary Subscriber's Name</th>
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<table>
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<tr>
<th>Insurance Carrier</th>
<th>Subscriber's Relationship to You</th>
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**Submit Form via Fax, Email, or In Person to Rose Simpson**

<table>
<thead>
<tr>
<th>Fax:</th>
<th>E-mail:</th>
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</thead>
<tbody>
<tr>
<td>802-656-8306</td>
<td><a href="mailto:Rose.Simpson@uvm.edu">Rose.Simpson@uvm.edu</a></td>
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</tbody>
</table>

106 Carrigan Drive, 216 Rowell

Burlington, VT 05405
Fourth Year PRNU PRE-CLINICAL REQUIREMENTS

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:
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.

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 Fax, Email, or In Person to Rose Simpson
Fax: 802-656-8306 106 Carrigan Drive, 216 Rowell
E-mail: Rose.Simpson@uvm.edu Burlington, VT 05405

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.
### PRNU 4th 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>
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<tbody>
<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>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>
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<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>Prior to expiration of certification</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.evolvelms.com/lms/uvm/default.aspx">https://www.evolvelms.com/lms/uvm/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>
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**PRNU 4th Year Requirements**

**Notes from CNHS – Rose Simpson**

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: How do I submit my documentation?
A:

Please submit your mandatories forms to Rose Simpson 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.

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.
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.

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: Nursing Department Contact

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