

## **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 SECOND 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 two years) DPT program Mandatories:**

- Background Screen (2<sup>nd</sup> screen spring in the sixth semester)
- CPR certification

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 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.** Students can expect to apply for a 2<sup>nd</sup> nationwide criminal background screen spring sixth semester. More information will be provided closer to the date.

**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 [imsadmin@evolvelms.com](mailto:imsadmin@evolvelms.com) with a link to login and take the refresher courses by mid-August.** If you do not receive this email, check your SPAM or JUNK folders. NOTE: in order to launch and access the courses set your computer to 'allow pop-ups' within the 'Tools and Options' tab.

**1-step PPD (TB Skin Test):** A 2-step PPD is required in the 1<sup>st</sup> year of the program. 2<sup>nd</sup> and 3<sup>rd</sup> year students 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.

If you elect to receive a TB Blood Test in place of a TB skin test this will remain your method of testing throughout the program.

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 mandates directly to their CastleBranch.com account.

Mandatory information can also be found on the College of Nursing & Health Sciences PT mandates website here:

[https://www.uvm.edu/cnhs/clinical\\_mandatories](https://www.uvm.edu/cnhs/clinical_mandatories)

If you have any questions regarding mandates, 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.

# DPT Class of 2025 MANDATORIES

## 2<sup>nd</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 PPD 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	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 TB Symptom Checklist form.
<b>INFLUENZA VACCINATION</b>	Influenza vaccination for current flu season	<b>AFTER 10/1/23 &amp; BEFORE 10/31/23</b>	Valid for current flu season	Completed on school form or health care provider's form	
<b>CPR</b>	American Heart Association Basic Life Support for Health Care Providers Plus AED	Refer to individual student due date on CastleBranch account	Prior to expiration	Copy of front and back of CPR certification card with signature	Certification must remain valid for entire clinical experience.
<b>COVID-19 VACCINE</b>	Documentation of complete COVID-19 Vaccine	<b>Before 01/31/23</b>		Copy of vaccine card or documentation from pharmacy or health care provider OR exemption form	Upload to CastleBranch – documentation must include manufacturer OR religious exemption signed by you OR medical exemption signed by health care provider
<b>COVID-19 VACCINE BOOSTER</b>	Documentation of COVID-19 Booster	<b>Before 01/31/23</b>	Booster due 6 months after COVID-19 vaccine is completed.	Copy of vaccine card or documentation from pharmacy or health care provider OR exemption form	Upload to CastleBranch – documentation must include manufacturer OR religious exemption signed by you OR medical exemption signed by health care provider
<b>PROOF OF HEALTH INSURANCE</b>	Provide a copy of your current health insurance card AND Proof of Health Insurance form.	<b>Individual student due dates. Refer to CastleBranch</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.evolveelms.com/lms/uvm/default.aspx">https://www.evolveelms.com/lms/uvm/default.aspx</a>	<b>BY 8/15/23</b>	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.
<b>APTA MEMBERSHIP CARD</b>	Copy of APTA membership card	<b>Upon Expiration. Refer to individual student due date on CastleBranch account</b>	On card Annual renewal	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. Refer to individual student due date on CastleBranch account</b>	On license	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 3/1/24 &amp; BEFORE 3/31/24</b>	Background check results from provider	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](mailto:Lisa.McClintock@med.uvm.edu)**



The  
UNIVERSITY  
of VERMONT

COLLEGE OF NURSING & HEALTH SCIENCES

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

### CNHS ANNUAL HEALTH INSURANCE REQUIREMENTS

**Proof of Health Insurance Form - Submit this form AND a copy of insurance card 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 during the academic year.*

Subscriber/Member ID \_\_\_\_\_ Primary Subscriber's Name \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Subscriber's Relationship to You \_\_\_\_\_

**It is MANDATORY that you scan and upload this form AND a copy of your insurance card 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.



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

#### OR Tuberculin Blood Test

Date given: \_\_\_\_\_ Circle Result: Pos Neg

**IF FIRST TIME WITH A POSTIVE PPD:** Please attach a copy of radiology report with 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.



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

### INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

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

#### Influenza Vaccination

Date Administered \_\_\_\_\_ Manufacturer \_\_\_\_\_  
Lot Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*If given at a separate time, please provide documentation of influenza vaccination*

#### 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.

## Frequently Asked Questions

### General Questions

#### **Q: What are CNHS Mandatories?**

**A:** CNHS Mandatories are college requirements that include proof of immunizations, health insurance, CPR, HIPAA/OSHA training, program memberships, etc. that all students need to fulfill to take part in clinical education. Depending on the requirements of your clinical placement site, there may be additional requirements to fulfill such as a physical exam, drug screen, background check or additional PPD test.

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

**A:** The College of Nursing and Health Sciences partners with an online compliance tracking company called 'CastleBranch' to manage student mandatories. CNHS students submit required records to CastleBranch.com. Benefits associated with this service include secure holding and transfer of personal information, website accessibility 24/7 and lifetime access to personal immunization documents. Once you register and set up your account you will use the same account for the length of time you are in the College of Nursing and Health Sciences. Instructions for submitting your program mandatories in CastleBranch will be emailed to you. Note: UVM's Center for Health and Wellbeing will not submit your documents for you. It is your responsibility to bring the CNHS forms with you to your appointments and to submit your completed documents to CastleBranch.com.

#### **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, your participation in your clinical experience maybe jeopardized.

It is important to give yourself plenty of time to complete these requirements. Please pay attention to email reminders from your program staff and CastleBranch and take action on requests.

### CPR Certification

#### **Q: What CPR certifications will you accept?**

**A:** American Heart Association Basic Life Support for Healthcare 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 expiration 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. This is a refresher course and not a certification course.



**Q: How do I find out about upcoming CPR classes?**

**A:** CNHS offers AHA BLS 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/> and follow the prompts for registration. You will be required to register for a Zoom session **AND** an in person 75 minute Skills Session. You will register for the day you would like to attend the Skills Session, and the week prior to the class you will receive an email with a 75 minute time slot for that day. The course offered is \$45 and is 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 complete *annual* HIPAA and OSHA on-line trainings offered by Evolve e-learning . 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 access your courses you'll need to set your computer to '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.

**HEPATITIS B VACCINATIONS AND TESTING– READ CAREFULLY**

Vaccinations and testing for immunity for Hepatitis B can be a lengthy process because of the time you have to wait between doses and titers. Please do not wait to begin testing for immunity for this requirement.

**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: What if my first Hepatitis B titer is negative or indeterminate?**

**A:** If you receive a negative or indeterminate Hepatitis B titer result, ask your healthcare provider to revaccinate you with the **Hepatitis B Booster**. One to two months after the booster dose you will need a second titer to test for immunity.

**Q: What if my second Hepatitis B titer is still negative or indeterminate after the booster dose?**

**A:** If your second titer is still negative or indeterminate you will need to be revaccinated with the full Hepatitis B vaccine series. The booster is the first dose of the series and two more doses are needed to complete the series. A third titer is again required 1 to 2 months after the final dose to prove immunity.

**Timeline for 3-dose Hepatitis B repeat series:**

Receive 1st dose (booster);  
Receive 2nd titer 1-2 months later;  
If 2nd titer negative or indeterminate, receive 2nd dose;  
Receive 3rd dose 4 months from 1st dose;  
Receive 3rd titer 1-2 months after 3rd dose.

*Ask your healthcare provider to document and initial each Hepatitis B dose and titer on the same CNHS Hepatitis B Booster form and submit each action to CastleBranch.*

**Q: Should I need to repeat the Hepatitis B series, can I receive Heplisav-B, an accelerated series?**

A: Yes, you can receive the 2 dose accelerated series as long as you continue with Heplisav-B through the series. Make sure your healthcare provider notes the Heplisav-B on your form. A titer is required 1 to 2 months after the final dose.

**Timeline for 2-dose Heplisav-B repeat series:**

Receive 1st dose (booster);  
Receive 2nd titer 1-2 months later;  
If 2nd titer negative or indeterminate, receive 2nd dose;  
Receive 3rd titer 1-2 months after 2nd dose.

*Ask your healthcare provider to document and initial each Hepatitis B dose and titer on the same CNHS Hepatitis B Booster form and submit each action to CastleBranch.*

**Q: Can I see different healthcare providers to complete my Hepatitis B series?**

A: Yes. If you plan to use multiple healthcare providers to complete your Hepatitis B series, please ensure that you provide your second healthcare provider with a completed form showing your most recent dose. **If Heplisav-B was given for the first dose it must be given for the 2<sup>nd</sup> dose and documented as such.** Use the same CNHS form when seeing multiple healthcare providers, but make sure each dose is initialed by the healthcare provider giving you that dose and titer. When the series is complete have your provider sign the bottom of the form.

**Q: What if my Hepatitis B titers keep showing as negative?**

A: If you have completed the booster and remaining doses of the series (or two doses of Heplisav-B) and your titers are still negative, you are considered to be a non-responder. Talk with your healthcare provider about precautions to prevent Hepatitis B infection. Please have your healthcare provider note on the form that you have been advised about precautions to take.

**Varicella****Q: How do I know if I need a titer?**

If you have two documented doses of the Varicella vaccine you do not need a titer. If you have a history of the disease and have not had two doses of the vaccine, you will need a positive titer to show immunity.

**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. After receiving the vaccinations, no further action is needed.

**PPD**

**Q: What is a PPD?**

**A:** It is a Tuberculin Skin Test.

**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. 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 healthcare 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 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.

**Influenza Vaccination**

**Q: Am I required to get a flu shot?**

**A:** Yes, as a CNHS student you are required to receive an annual influenza vaccination both to protect yourself, and also to protect the patients with whom you come into contact. Influenza vaccinations should be received in **October/November** in order to protect you through the spring.

**COVID-19 Vaccination**

**Q: Am I required to get a COVID-19 vaccination?**

**A:** Yes, you are required to have a complete COVID-19 vaccination OR have a documented health or religious exemption.

**COVID-19 Booster Vaccination**

**Q: Am I required to get a COVID-19 booster vaccination?**

**A:** Yes, you are required to have a COVID-19 booster vaccination OR have a documented health or religious exemption. Booster is due 6 months after the completed COVID-19 vaccination.

**Additional Questions**

**Q: Is my insurance form and card an annual requirement?**

**A:** Yes, each year you are required to submit the form and a copy of your insurance card to CastleBranch even if your information has not changed. You are also required to submit any insurance changes throughout the academic year to CastleBranch.

**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 account display a green check mark. Take action to complete any requirement they reject.**

**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 be able to make available complete and updated requirements at any time.**

**Q: Which requirements need to be done annually?**

**A:** HIPAA/OSHA training, Proof of Health Insurance (copy of your 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:** No, it is your responsibility to cover the cost. If you visit the UVM's 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:**

Lisa McClintock  
College of Nursing and Health Sciences  
106 Carrigan Drive, 310 Rowell Bldg.  
Burlington, VT 05405

Lisa.McClintock@med.uvm.edu  
(802) 656-3014