

## NURSING GRADUATE MANDATORIES INFORMATION

### ANNUAL MANDATORIES DUE AUGUST 01

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- **Annual Requirement:** Proof of Health Insurance Form and copy of insurance card
- Annual PPD Form
- If you have a history of a positive PPD, include the TB Symptom Checklist
- HIPAA/OSHA Training – Required Annually. [Log in](#) to the Evolve e-Learning Solutions website to complete your training. <https://www.evolveims.com/lms/uvm/default.aspx>
- 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 first year, it should still be valid. CPR training will be held on in August for those of you who need to take it. You will be notified by email of the date and time. You will need to submit a copy of your certification to CastleBranch.
- Criminal background check – As needed by the site.
- Vermont RN license must be kept active and uploaded to CastleBranch
- **ANNUAL REQUIREMENT: Influenza Vaccination, due October 31**

Please submit your mandatories to CastleBranch.

Nursing Graduate Program  
College of Nursing and Health  
Sciences 106 Carrigan Drive  
Burlington, VT 05405  
(802) 656-3452  
[GradNursing@med.uvm.edu](mailto:GradNursing@med.uvm.edu)

## Nursing Graduate Requirements: Annual Mandatories Due

REQUIREMENT:	GUIDELINES:	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
<b>TB SKIN TEST</b>	TB Skin Test or QuantiFERON Gold test is required.	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.
<b>INFLUENZA VACCINATION</b>	Influenza vaccination for current flu season	After 10/1 and before 10/31	Valid for current flu season	Completed on school form or health care provider's form
<b>CPR</b>	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	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.
<b>PROOF OF HEALTH INSURANCE</b>	Provide a copy of your current health insurance card <b>AND</b> Proof of Health Insurance form.	If your insurance changes, you are responsible for providing updated information	Copy of insurance card or equivalent <b>AND</b> Proof of Health Insurance form	This is an ANNUAL requirement.
<b>VERMONT RN LICENSE</b>	Vermont license must be kept active		Vermont RN License	License must be uploaded to CastleBranch.
<b>HIPAA/OSHA TRAINING</b>	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolveims.com/lms/uv/default.aspx">https://www.evolveims.com/lms/uv/default.aspx</a>	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.

## Notes from CNHS – Nursing Graduate Program

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

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.

Please be sure to fill out the top of each form with your identifying information before submitting it to CastleBranch.

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. Email [GradNursing@med.uvm.edu](mailto:GradNursing@med.uvm.edu)



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.



*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	_____

#### 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

The 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: \_\_\_\_\_

### 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.

## 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 mandates 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 mandates by the deadline?**

**A:** It is imperative that you plan ahead to ensure that your mandates are completed by the deadline. If you fail to submit your mandates 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 CPR certification to CastleBranch.

**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. You will need to register for a Zoom session AND an in person 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 one-hour time slot. There is a \$5 deposit for the Skills Session. Payment of \$40 will be due **in cash** at the class. 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:** Annually.

**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 mandates 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 mandates 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:** Nursing Graduate Program

College of Nursing and Health Sciences  
106 Carrigan Drive  
231F Rowell  
Burlington, VT 05405  
(802) 656-3452

[GradNursing@med.uvm.edu](mailto:GradNursing@med.uvm.edu)