

## MEDICAL LABORATORY SCIENCE MANDATORIES INFORMATION

### FIRST YEAR MANDATORIES

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- HIPAA/OSHA Training– You will complete your training through the Evolve e-Learning Solutions website. You will receive an email with your username, password, and link to access the courses. **Remember to keep your password and userid.** There are three courses that must be completed, HIPAA, Bloodborne Pathogens, and Personal Protective Equipment.

If you have issues accessing the training, 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 box is **not** checked off.

### SECOND YEAR MANDATORIES

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- HIPAA/OSHA Training for **Transfer students only** – You will complete your training through the Evolve e-Learning Solutions website. You will receive an email with your username, password, and link to access the courses. Remember to keep your password and userid.

### THIRD YEAR MANDATORIES

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- HIPAA/OSHA Training – [Log in](#) to the Evolve e-Learning Solutions website to complete your training. <https://www.evolveims.com/lms/uvm/default.aspx> Complete the refresher HIPAA course, Bloodborne Pathogens and Personal Protective Equipment courses.

### FOURTH YEAR MANDATORIES

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- HIPAA/OSHA Training – [Log in](#) to the Evolve e-Learning Solutions website to complete your training. <https://www.evolveims.com/lms/uvm/default.aspx> Complete the refresher HIPAA course, and Bloodborne Pathogens and Personal Protective Equipment courses.
- Pre-Clinical Mandatories Form. *Please note, if your placement is at Brigham and Women's Hospital, this site requires a PPD within 90 days of your start date.*
- Influenza Vaccination, due date by October 31, 2020 (valid for the current flu season)
- Health insurance form and copy of insurance card
- CPR Certification – American Heart Association Basic Life Support for Health Care Providers **OR** American Red Cross Professional Rescuer **ONLY** due by August 15, 2020.

Submit the required documentation to CastleBranch.

# MLS 4th Year Requirement Guidelines

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
<b>MEASLES MUMPS RUBELLA</b>	Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) <b>OR</b> B) positive antibody titers for all 3 components.	Before 08/15/20	No expiration	Completed on school form	Do NOT get a titer if you have had 2 doses of MMR.  Upload form to CastleBranch
<b>TETANUS, DIPHTHERIA and PERTUSSIS</b>	Tdap within the last ten years.	Before 08/15/20	10 years after date that Tdap was given	Completed on school form	If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap.  <b>If your Tdap is more than 10 years old, a booster is not acceptable. Another Tdap is required.</b>
<b>HEPATITIS B</b>	Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) <b>AND</b> a positive antibody titer.  Timeline for doses: Receive 1 <sup>st</sup> dose, receive 2 <sup>nd</sup> dose 1 month later, receive 3 <sup>rd</sup> dose 4 months from 1 <sup>st</sup> dose; Receive titer 1 to 2 months after 3 <sup>rd</sup> dose.  SEE FREQUENTLY ASKED QUESTIONS	Before 08/15/20	If positive, no expiration	Completed on school form  If Hepatitis B booster is needed, use the HEPATITIS B BOOSTER AND HEPATITIS B SECOND SERIES FORM	<b>If titer is negative or indeterminate, you must receive a booster and titer that tests positive for immunity. Use the separate form for the Hepatitis B Booster and titer.</b>  <b>If booster titer is still negative or indeterminate, repeat the Hepatitis B series and titer and have it documented on the Hepatitis B Booster and Hepatitis B Second Series Form. (Your booster can serve as the first dose in the series.)</b>  <b>Submit each dose and titer on the form after it is completed to CastleBranch. Use the same form that is signed off by the healthcare provider each time you submit each repeat dose and titer.</b>
<b>VARICELLA</b>	One of the following is required: A) date of disease <b>AND</b> positive antibody titer <b>OR</b> B) 2 vaccinations for varicella.	Before 08/15/20	If positive, no expiration	Completed on school form	Titer required with history of disease. No titer is required with documentation of two doses of vaccine.
<b>TB SKIN TEST</b>	TB Skin Test <b>OR</b> QuantiFERON Gold test is required annually.	Before 08/15/20	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 <b>AND</b> a copy of the radiology report.  Student with a history of positive PPD, must submit the school form <b>AND</b> the TB Symptom Checklist form.
<b>INFLUENZA VACCINATION</b>	Influenza vaccination for current flu season.	After 10/01/19 And before 10/31/19	Valid for current flu season	Completed on school form or health care provider's form	Upload to CastleBranch
<b>CPR</b>	One of the following is required: A) American Heart Association Basic Life Support for Health Care Providers <b>OR</b> B) American Red Cross Professional Rescuer.	Before 08/15/20	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.

<b>PROOF OF HEALTH INSURANCE</b>	Provide a copy of your current health insurance card <b>AND</b> Proof of Health Insurance form.	Before 08/15/20	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.
<b>HIPAA/OSHA TRAINING</b>	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolve.com/lms/uvm/default.aspx">https://www.evolve.com/lms/uvm/default.aspx</a> OSHA training includes courses on Bloodborne Pathogens, and Personal Protective Equipment.	Before 08/15/20	Annual requirement	No need to submit a document as long as you've completed your online training.	Training will not be considered complete unless all sections of the training have been completed.

## MLS 4th Year Requirements

### Notes from CNHS – Linda Esposito

**PLEASE READ ALL FORMS AND GUIDELINES CAREFULLY!**

**Note, some site placements may require additional mandatories such as a physical, criminal background check, or drug screen.**

**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.**

**Please be sure to fill out the top of each form with your identifying information before submitting it to CastleBranch or they will not accept it.**

**It is your responsibility to keep track of whether you have submitted your requirements and to pay attention to deadlines for renewals.**

**If you know you will be unable to meet the above deadlines for extenuating circumstances, you should schedule a meeting with Linda Esposito, [Linda.Esposito@med.uvm.edu](mailto:Linda.Esposito@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.



The University of Vermont

## Memorandum

TO: Health Care Provider

FROM: Clinical Education Staff

DATE: April, 2020

SUBJECT: College of Nursing and Health Sciences Health Clearance Requirements

Your patient is participating in clinical education as part of the curriculum within one of the College of Nursing and Health Sciences (CNHS) academic programs. CNHS follows CDC recommendations for health care professionals. **Although from a professional standpoint, you may feel that your patient doesn't need some of these requirements, 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 bottom of the immunization form. Students must submit their requirements on the school form. Lists of immunizations or lab reports are not accepted, except for a radiology report if it is the student's first time with a positive PPD.
- **If there is no record of 2 doses of the Varicella vaccine, 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 if there is no documentation of two doses of the vaccine. Those whose titer is negative should receive 2 doses of the Varicella vaccine and need not have further immunity testing.
- **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 administer a booster, followed by a titer one to two months later. If the booster titer is negative, please administer a repeat series of Hepatitis B vaccines followed by a titer.** (UVM follows the CDC guidelines of doses at 0, 1 and 4 months from the first dose and a titer 1 to 2 months following the third dose.) If Heplisav-B is administered, please follow doses with a titer and note the use of Heplisav-B on the form. **Please initial each dose and titer as it is given and sign the bottom of the form when it is complete.** Should the final titer not demonstrate immunity, the student is considered a "non-responder" and should be informed accordingly of their risks for working in the health care field.

If you have any questions/concerns, please contact Linda Esposito at [Linda.Esposito@med.uvm.edu](mailto:Linda.Esposito@med.uvm.edu)

Thank you for your assistance in this process.

### COLLEGE OF NURSING AND HEALTH SCIENCES

106 Rowell Building, 106 Carrigan Drive, Burlington, VT 05405-0068

(802) 656-0958 • fax: (802) 656-2191

Equal Opportunity/Affirmative Action Employer



**PRE-CLINICAL MANDATORIES**

College of Nursing and Health Sciences

Program: \_\_\_\_\_

To be completed by a licensed health care provider. Copies of medical records/labs will not be accepted.

Student Name: _____	Date of Birth: ____/____/____	Cell phone#: (____)____-____
Last Name	First Name	Middle Initial
	mm dd yr	

**Part 1: Everything must be filled out by your licensed health care provider on this UVM form ONLY. Copies of Medical Records/Labs will NOT be accepted.**

VACCINE NAME	DATES OF VACCINATION	OR DATES OF POSITIVE TITERS (BLOOD TEST) OR DISEASE HISTORY
<b>TDAP</b> Tdap in last 10 yrs. If you have not had a Tdap and your last Td is more than two yrs. a Tdap is required. <b>(Do not receive a Td booster.)</b>	Tdap Date: ____/____/____ mm dd yr	<i>Not applicable</i>
<b>HEPATITIS B</b> Dose at 0, 1 and 4 mos from 1st dose Titer 1 - 2 months after 3rd dose	#1: ____/____/____ #2: ____/____/____ #3: ____/____/____ mm dd yr   mm dd yr   mm dd yr <b>(titer required with 3 doses)</b>	Surface Antibody Titer ( <b>Circle One</b> ): Positive or Negative Date: ____/____/____ mm dd yr
<b>MMR (Measles, Mumps, Rubella)</b> *2 doses of MMR vaccine *Dose-1 must be after 1st birthday *Minimum 4 wks between doses	#1 ____/____/____ mm dd yr #2 ____/____/____ mm dd yr <b>(No titer required if two doses were given)</b>	Pos. Measles Titer: ____/____/____ mm dd yr Pos. Mumps Titer: ____/____/____ mm dd yr Pos. Rubella Titer: ____/____/____ mm dd yr
<b>VARICELLA (CHICKEN POX)</b> *2 doses of Varicella vaccine *Minimum 4 wks between doses **Titer required with history of disease.	#1 ____/____/____ mm dd yr #2 ____/____/____ mm dd yr <b>(No titer required if two doses were given)</b>	Disease History: ____/____/____ mm dd yr <b>AND</b> Pos. Varicella Titer: ____/____/____ mm dd yr

**PPD TUBERCULIN SKIN TEST - REQUIRED ANNUALLY**

\*Please note, depending on your site placement, a chest x-ray and/or annual TB symptom check may also be required if you have a history of a positive PPD. Site may require more than one PPD within a year.

Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Results (mm): \_\_\_\_\_ Circle Result: Positive Negative

**OR**

QuantiFERON-TB Gold Plus	Date Given: _____	Circle Result: Positive	Negative
<b>OR</b>			
T-Spot Blood Test	Date Given: _____	Circle Result: Positive	Negative

**HEALTH CARE PROVIDER'S SIGNATURE (Required): I certify that this student has received the immunizations or has laboratory evidence of immunity as indicated on this page.**

_____ Signature and Credentials	_____ Printed Name	_____ Date
_____ Office phone number	_____ Office Fax Number	



The  
**UNIVERSITY**  
of VERMONT

COLLEGE OF NURSING & HEALTH SCIENCES

Name \_\_\_\_\_  
Student ID# \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Program/Graduation Yr \_\_\_\_\_

**THIS FORM IS TO BE COMPLETED BY YOUR LICENSED HEALTHCARE PROVIDER ONLY IF YOU HAVE A NEGATIVE OR INDETERMINATE HEPATITIS B TITER. COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.**

**HEPATITIS B BOOSTER AND HEPATITIS B SECOND SERIES FORM**

**Hepatitis B Booster AND Titer Required**

Booster Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Titer (1-2 months after booster) Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Circle result: *Positive* *Negative* *Indeterminate*

**\*\*IMPORTANT: If your booster titer result above is negative or indeterminate, you are required to repeat the full series of Hepatitis B doses and titer. Heplisav-B vaccine series is accepted. See below:**

**Hepatitis B (Complete this only if titer above is negative or indeterminate)**

Date	Initials	OR	Date	Initials
Twinrix (Hep A&B)				
Dose #4 date:	_____	Dose #4 date:	_____	_____
Dose #5 date:	_____	Dose #5 date:	_____	_____
Dose #6 date:	_____	Dose #6 date:	_____	_____

Timeline for doses: Receive 1st dose, receive 2nd dose 1 month later, receive 3rd dose 4 months from 1st dose; Receive titer 1 to 2 months after 3rd dose.

Healthcare provider: If Heplisav-B is used, please note on Dose 4 and 5.

**AND**

**TITER**

Date and result of lab titer: \_\_\_\_\_  
Hep B Surface Ab date: \_\_\_\_\_  
**Circle result:** positive negative indeterminate  
Health Care Provider Initials: \_\_\_\_\_

**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

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  
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 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 <b>unable to progress in his/her major</b> at the University of Vermont.		
_____ Signature of <b>Licensed Health Care Provider</b>	_____ <b>Credentials</b>	_____ Date
_____ Clinic Stamp or Printed Name of Provider		_____ Provider Telephone Number

**It is MANDATORY that you scan and upload this form to CastleBranch**  
 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 uses an online immunization tracker called CastleBranch for health clearance and mandatory requirements for all programs. 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 regarding the use of CastleBranch for submitting your program mandatories will be emailed to you. Please note, UVM's Center for Health and Wellbeing will not submit your documents for you. You will need to receive your documents from them 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. 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 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 is \$40 and is 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. 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.

**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 Hepatitis B titer is negative or indeterminate?**

**A:** If you received 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 another titer to test for immunity.

It is required that you submit the booster dose after it is given to CastleBranch and then again after you receive your titer results. Each should be initialed by your healthcare provider on the same form.

**Q: How long after the completion of the Hepatitis B booster or vaccination series can I have a titer drawn?**

**A:** The titer should be done one to two months after your last dose of the Hepatitis B vaccine.

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

**A:** If your titer is still negative or indeterminate **you will need to be revaccinated with the full Hepatitis B vaccine series. A titer is again required 1 to 2 months after the final dose to prove immunity.**

Timing of Hepatitis B doses- Receive 1<sup>st</sup> dose, receive 2<sup>nd</sup> dose one month later, receive 3<sup>rd</sup> dose four months from 1<sup>st</sup> dose; Receive titer 1 to 2 months after 3<sup>rd</sup> dose.

**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.**

Timing of Heplisav-B doses – Receive 1<sup>st</sup> dose, receive 2<sup>nd</sup> dose 4 weeks later. Receive titer 1 to 2 months after 2<sup>nd</sup> dose.

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

**A:** Yes. If you plan to see two 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 the three dose series of the Hepatitis B vaccinations (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 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: 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.

## 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:** Linda Esposito  
Linda.Esposito@med.uvm.edu

College of Nursing and Health Sciences  
106 Rowell Burlington, VT 05405  
(802)656-0958