

RADIATION THERAPY MANDATORIES INFORMATION

FIRST YEAR MANDATORIES DUE

None

SECOND YEAR MANDATORIES DUE

None

THIRD YEAR MANDATORIES DUE BY AUGUST 15, 2023 (INFLUENZA VACCINATION DUE BY OCTOBER 31, 2023)

- Pre-Clinical Mandatories Form - If you have a history of a positive PPD, include the TB Symptom Checklist which can be obtained from Linda Esposito (Linda.Esposito@med.uvm.edu)
- Proof of influenza vaccination from your health care provider with vaccination manufacturer, date of vaccination, and lot number (administered 10/1 – 10/31).
- Proof of insurance, copy of insurance card and insurance form
- HIPAA/OSHA Training – Required annually. Log in to the Evolve e-Learning Solutions website to complete your training.
- 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 or certificate. Submit the required documentation to CastleBranch.

FOURTH YEAR MANDATORIES DUE BY AUGUST 15, 2023 (INFLUENZA VACCINATION DUE BY OCTOBER 31, 2023)

- Annual PPD - If you have a history of a positive PPD, use the TB Symptom Checklist which can be obtained from Linda Esposito (linda.esposito@med.uvm.edu)
- Proof of influenza vaccination from your health care provider with vaccination description, date of vaccination, and name
- Proof of insurance, copy of insurance card and insurance 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. Submit the required documentation to CastleBranch.

RADT 4th Year Requirements

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
TB SKIN TEST	TB Skin Test or QuantiFERON Gold test is required.	Before 08/15/2023	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.
INFLUENZA VACCINATION	Influenza vaccination for current flu season	After 10/01/2023 And before 10/31/2023	Valid for current flu season	Completed on school form or health care provider's form	
CPR	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	Prior to expiration of certification	Certification must remain valid for entire clinical experience	Copy of front AND back of CPR certification card or submit certificate.	Certification must remain valid for entire clinical experience. Certification is valid for two years after date on card
PROOF OF HEALTH INSURANCE	Provide a copy of your current health insurance card AND Proof of Health Insurance form.	Before 08/15/2023	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 even if there is no change in insurance.
HIPAA/OSHA TRAINING	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: https://www.evolveims.com/lms/uvm/default.aspx	Before 08/15/2023	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.

RADT 4th Year Requirements

Notes from CNHS – Linda Esposito

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

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.

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, please email Linda Esposito at linda.esposito@med.uvm.edu



The
UNIVERSITY
of VERMONT

COLLEGE OF NURSING & HEALTH SCIENCES

Name:

Date of Birth:

Program / Graduation Year:

Date: _____

CNHS INSURANCE REQUIREMENTS

Proof of Health Insurance Form- 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. It is your responsibility to resubmit your insurance if there are any changes.*

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.



COLLEGE OF NURSING & HEALTH SCIENCES

Name _____
Date of Birth _____
Program/Graduation Year _____

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

IF FIRST TIME WITH A POSITIVE PPD: Please attach copy of radiology report, and list 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's Center for Health and Wellbeing will not submit your paperwork for you. You will need to pick up your form and submit it to CastleBranch.

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COLLEGE OF NURSING & HEALTH SCIENCES

Name:
Date of Birth:
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Date:

INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

Influenza Vaccination

Date Administered	Manufacturer	_____
Lot Number	Expiration Date	_____

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Clinic Stamp or Printed Name of Provider		Provider Telephone Number

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