MLS 4th Year Requirement Guidelines

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
MEASLES MUMPS RUBELLA	Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) **OR** B) positive antibody titers for all 3 components.	Before 08/15/21	No expiration	Completed on school form	Do NOT get a titer if you have had 2 doses of MMR. Upload form to CastleBranch
TETANUS, DIPTHERIA and PERTUSSIS	Tdap within the last ten years.	Before 08/15/21	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. **If your Tdap is more than 10 years old, a booster is not acceptable. Another Tdap is required.**
HEPATITIS B	Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) **AND** a positive antibody titer. 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. SEE FREQUENTLY ASKED QUESTIONS	Before 08/15/21	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	**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.** **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.** **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.**
VARICELLA	One of the following is required: A) date of disease **AND** positive antibody titer **OR** B) 2 vaccinations for varicella.	Before 08/15/21	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.
TB SKIN TEST	TB Skin Test **OR** QuantiFERON Gold test is required annually.	Before 08/15/21	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 10/01/21 And before 10/31/21	Valid for current flu season	Completed on school form or health care provider's form	Upload to CastleBranch
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.	Before 08/15/21	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.

PROOF OF HEALTH INSURANCE	Provide a copy of your current health insurance card **AND** Proof of Health Insurance form.	Before 08/15/21	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.
HIPAA/OSHA TRAINING	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: https://www.evolvelms.com/lms/uvm/default.aspx OSHA training includes courses on Bloodborne Pathogens, and Personal Protective Equipment.	Before 08/15/21	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 at Linda.Esposito@med.uvm.edu

The University of Vermont

Memorandum

TO: Health Care Provider
FROM: Clinical Education Staff
DATE: Spring, 2021
SUBJECT: College of Nursing and Health Sciences Health Clearance Requirements

You are receiving the attached University of Vermont immunization record form because 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 the two doses with a titer. **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 when working in the health care field.
- For Hepatitis B titers and PPD results, please **circle the result**.

If you have any questions/concerns, please contact Linda Esposito at: Linda.Esposito@med.uvm.edu. Thank you for your assistance in this process.

COLLEGE OF NURSING AND HEALTH SCIENCES
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Equal Opportunity/Affirmative Action Employer

The UNIVERSITY of VERMONT

College of Nursing and Health Sciences

PRE-CLINICAL MANDATORIES

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
TDAP 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. **(Do not receive a Td booster.)**	Tdap Date: _____/_____/_____ mm dd yr	*Not applicable*
HEPATITIS 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 **(titer required with 3 doses)** → →	Surface AntibodyTiter (**Circle One**:) Positive or Negative Date: _____/_____/_____ mm dd yr
MMR (Measles, Mumps, Rubella) *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 **(No titer required if two doses were given)**	Pos. Measles Titer: _____/_____/_____ mm dd yr Pos. Mumps Titer: _____/_____/_____ mm dd yr Pos. Rubella Titer: _____/_____/_____ mm dd yr
VARICELLA (CHICKEN POX) *2 doses of Varicella vaccine *Minimum 4 wks between doses **Titer required with history of disease.	**#1** ____/____/____ mm dd yr **#2** ____/____/____ mm dd yr **(No titer required if two doses were given)**	Disease History: _____/_____/_____ mm dd yr **AND** 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

OR

T-Spot Blood Test Date Given:_____ Circle Result: Positive Negative

HEALTH CARE PROVIDER'S SIGNATURE (Required): I certifiy 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 2nd Titer Required

Booster Date: _____ Initials: _____ (Dose #4)

Titer #2 (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)

☐ Engerix
☐ Twinrix (Hep A & B)

Dose #5 date: _____ Initials: _____

Dose #6 date: _____ Initials: _____

Timeline for doses: Get 4th dose, get 5th dose 1 month later, get 6th dose 4 months from 4th dose; Get titer 1 to 2 months after 6th dose.

Healthcare provider: If Engerix or Twinrix is used, please note on Dose 4 (booster), 5 and 6.

OR

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

☐ Heplisav

Dose #5 date: _____ Initials: _____

Timeline for doses: Get 4th dose, get 5th dose 1 month later, get titer 1 to 2 months after 5th dose.

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

3RD TITER (Required after either series above)

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 UNIVERSITY of VERMONT
COLLEGE OF NURSING & HEALTH SCIENCES

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

INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

Influenza Vaccination

Date Administered _____ Manufacturer _____

Lot Number _____ Expiration Date _____

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

Licensed Heath 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.

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: 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/ 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 we offer 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 2nd 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: 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: Currently you are not required to get a 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: Linda Esposito
College of Nursing and Health Sciences
106 Carrigan Drive, 106B Rowell Bldg.
Burlington, VT 05405

Linda.Esposito@med.uvm.edu