Class of 2024 DPT Mandatories

It is the student’s responsibility to ensure completion and maintain annual compliance.

Maintain copies of all documents.

Save this chart as a reference throughout the program.

<table>
<thead>
<tr>
<th>REQUIREMENT:</th>
<th>GUIDELINES:</th>
<th>CASTLEBRANCH UPLOAD DUE DATE</th>
<th>EXP. DATE</th>
<th>DOCUMENT REQUIRED:</th>
<th>ADDITIONAL INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASLES MUMPS RUBELLA</td>
<td>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.</td>
<td>By 05/30/2021</td>
<td>No expiration</td>
<td>Completed on school form</td>
<td>Upload form to student account in CastleBranch.com</td>
</tr>
<tr>
<td>TETANUS, DIPHTHERIA and PERTUSSIS</td>
<td>Tdap within the last ten years</td>
<td>By 05/30/2021</td>
<td>10 years after date that Tdap was given</td>
<td>Completed on school form</td>
<td>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.</td>
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<tr>
<td>HEPATITIS B</td>
<td>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.</td>
<td>By 05/30/2021</td>
<td>If positive, no expiration If negative, see notes</td>
<td>Completed on school form</td>
<td>If titer is negative or indeterminate, you must receive a booster and 2nd titer that tests positive for immunity. Use the separate form for the Hepatitis B Booster and Booster titer. If Booster titer remains negative or indeterminate, repeat the full Hepatitis B Second Series and titer and ask your healthcare provider to document the series on the Hepatitis B Booster and Hepatitis B Second Series Forms. Document and submit proof of each vaccination in the Series to CastleBranch on one CNHS form as you progress through the series. Complete the document with your 2nd titer results and a healthcare provider signature.</td>
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<tr>
<td>VARICELLA</td>
<td>One of the following is required: A) date of disease AND positive antibody titer OR B) 2 vaccinations for varicella.</td>
<td>By 05/30/2021</td>
<td>If positive, no expiration</td>
<td>Completed on school form</td>
<td>Titer required with history of disease. No titer is required with documentation of two doses of vaccine.</td>
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<tr>
<td>Requirement</td>
<td>Details</td>
<td>Due Date</td>
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<tr>
<td><strong>Two Step TB Skin Test (PPD)</strong></td>
<td>Two Step TB Skin Test OR one QuantIFERON Gold test is required annually. Placement of 2nd PPD should be 1 to 3 weeks after the first PPD results are read. 2nd PPD is placed and read 48 hours later.</td>
<td>Schedule after 04/01/21 and before 05/30/2021 This test takes 10 – 21 days &amp; 4 visits to a healthcare provider. Plan accordingly. Due by 05/30/2021</td>
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<tr>
<td><strong>CPR</strong></td>
<td>American Heart Association Basic Life Support for Health Care Providers plus AED.</td>
<td>By 06/20/2021</td>
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<tr>
<td><strong>Proof of Health Insurance</strong></td>
<td>Provide a copy of your current health insurance card AND Proof of Health Insurance form.</td>
<td>By 05/30/2021</td>
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<tr>
<td><strong>HIPAA/OSHA Training</strong></td>
<td>Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolvelems.com/lms/uvm/default.aspx">https://www.evolvelems.com/lms/uvm/default.aspx</a> OSHA training includes courses on Bloodborne Pathogens, Personal Protective Equipment, and TB Protocol.</td>
<td>By 05/30/2021</td>
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<tr>
<td><strong>Influenza Vaccination</strong></td>
<td>Influenza vaccination for current flu season</td>
<td>After 10/1/2021 and Before 10/31/2021 Valid for current flu season Completed on school form or health care provider’s form</td>
<td>Upload to CastleBranch.com</td>
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<tr>
<td><strong>Driver’s License</strong></td>
<td>Provide a copy of your driver’s license</td>
<td>By 05/30/2021</td>
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<tr>
<td><strong>APTA Membership Card</strong></td>
<td>Copy of APTA membership card</td>
<td>After 05/01/2021 and Before 5/30/21 On card Copy of your APTA membership card</td>
<td>Create an APTA account &amp; join the Vermont Chapter: <a href="http://www.vtapta.org/">http://www.vtapta.org/</a> Click on ‘my membership within your APTA profile to print an electronic membership card.</td>
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</tbody>
</table>

**Notes from CNHS Clinical Education Administrator – Lisa McClintock**

Many hospitals require additional mandatories such as proof of a physical exam or drug screen. Plan to complete & submit site specific documents as required.

**Graduate students become eligible to use UVM Center for Health & Wellbeing services on campus August 1st.** The Center for Health and Wellbeing does not bill health insurance. Students are billed for services and can request receipts to submit to their health insurance company.

Be sure to complete the top of each form with your identifying information before submitting it to CastleBranch.com

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

If you know you will be unable to meet the above deadlines for extenuating circumstances, you should schedule a meeting with Lisa.