

## Class of 2026 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.**

REQUIREMENT:	GUIDELINES:	CASTLEBRANCH UPLOAD 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.	<b>By 05/31/2023</b>	No expiration	Completed on school form	Upload form to student account in CastleBranch.com
<b>TETANUS, DIPHTHERIA and PERTUSSIS</b>	Tdap within the last ten years	<b>By 05/31/2023</b>	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, <b>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.	<b>By 05/31/2023</b>	If positive, no expiration  If negative, see notes	Completed on school form	<b>If titer is negative or indeterminate, you must receive a booster and 2<sup>nd</sup> titer that tests positive for immunity. Use the separate form for the Hepatitis B Booster and Booster titer.</b>  <b>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.</b>  <b>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 2<sup>nd</sup> titer results and a healthcare provider signature.</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.	<b>By 05/31/2023</b>	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>TWO STEP TB SKIN TEST (PPD)</b>	Two Step TB Skin Test <b>OR</b> one QuantiFERON Gold test is required annually.  PPD is placed and read 48 hours later.  Placement of 2 <sup>nd</sup> PPD should be 1 to 3 weeks after the first PPD results are read. 2 <sup>nd</sup> PPD is placed and read 48 hours later.	<b>Schedule after 04/01/23 and before 05/31/23 This test takes 10 – 21 days &amp; 4 visits to a healthcare provider. Plan accordingly. Due by 05/31/23</b>	Two Step TB Skin Test	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>CPR</b>	American Heart Association Basic Life Support for Health Care Providers plus AED.	<b>By 06/26/2023</b>	Certification must remain valid for entire clinical experience	Copy of front and back of CPR certification card with signature	Certification must remain valid for entire clinical experience.  Certification is valid for two years after date on card  <b>Local CPR course will be available for students the first week of class. Register @ <a href="http://www.vtsafetynet.com/">http://www.vtsafetynet.com/</a></b>
<b>PROOF OF HEALTH INSURANCE</b>	Provide a copy of your current health insurance card AND Proof of Health Insurance form.	<b>By 05/31/2023</b>	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. Upload Proof of Health Insurance form and a copy of your Health Insurance card (front and back) to CastleBranch.com
<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/uvms/default.aspx">https://www.evolve.com/lms/uvms/default.aspx</a>  OSHA training includes courses on Bloodborne Pathogens, Personal Protective Equipment, and TB Protocol.	<b>By 05/31/2023</b>	Annual requirement	No need to submit a document as long as you've completed your online training.	Training won't be considered complete unless all sections of the training have been completed.
<b>INFLUENZA VACCINATION</b>	Influenza vaccination for current flu season	<b>After 10/1/2023 and Before 10/31/2023</b>	Valid for current flu season	Completed on school form or health care provider's form	Upload to CastleBranch.com
<b>COVID-19 VACCINE</b>	Documentation of complete COVID-19 Vaccine	<b>By 05/31/2023</b>		Copy of vaccine card or documentation from pharmacy or health care provider OR exemption form	Upload to CastleBranch – documentation must include manufacturer OR religious exemption signed by you OR medical exemption signed by health care provider
<b>COVID-19 VACCINE BOOSTER</b>	Documentation of <b>one</b> COVID-19 Booster	<b>By 05/31/2023 Or within 14 days of becoming eligible</b>	Booster due 6 months after COVID-19 vaccine is completed.	Copy of vaccine card or documentation from pharmacy or health care provider OR exemption form	Upload to CastleBranch – documentation must include manufacturer OR religious exemption signed by you OR medical exemption signed by health care provider
<b>DRIVER'S LICENSE</b>	Provide a copy of your driver's license	<b>By 05/31/2023</b>	On license	Copy of your driver's license	Upload front and back sides to CastleBranch.com
<b>APTA MEMBERSHIP CARD</b>	Copy of APTA membership card	<b>After 05/01/23 and Before 5/31/23</b>	On card	Copy of your APTA membership card	Create an APTA account & join the <b>Vermont Chapter</b> : <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.

## 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 1<sup>st</sup>.** 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 McClintock at [Lisa.McClintock@med.uvm.edu](mailto:Lisa.McClintock@med.uvm.edu)