DPT PROGRAM MANDATORIES

DPT Mandatories are program specific student records of health immunizations, insurance information, healthcare provider training, membership, and background screen requirements that students need to participate in the program.

**Students do not qualify for clinical education placement selection until these requirements are met.**

**IMPORTANT:**
DPT program Mandatories must be completed and uploaded to the school’s compliance tracker called CastleBranch by the date indicated on the Class of 2021 DPT Mandatories chart on page 3.

Students will be participating in three (3) full-time clinical education (CE) internships and several part-time Integrated Clinical Experiences throughout the curriculum.

DPT program Mandatories typically satisfy the majority of required documentation clinical education sites require for student placements. **NOTE: some hospitals and clinics require additional site specific documentation.** Be prepared in the event a site you are assigned requires any additional items (e.g. drug test, additional background screening, on-site orientation in advance of the start date, an interview, notarized document, etc.). These items may cause students to incur additional fees/expenses.

Completing DPT program mandatories takes time. Make an appointment with your physician now to document your immunization records and complete the College of Nursing & Health Science (CNHS) immunization forms. Healthcare provider instructions are included in a memo within this packet. Be sure to bring this memo with you to your appointment along with the CNHS immunization forms.

CNHS has partnered with CastleBranch.com, a web based compliance tracking company, to manage DPT student mandatories. Benefits associated with this service include: secure holding and transfer of personal information, website accessibility 24/7, and lifetime access to personal immunization information. **You will need to create a CastleBranch.com account using the instructions on Page 10. This is where you will upload the required documentation.**
HIPPA/OSHA training is required annually. This training is provided by Evolve e-Learning Solutions, a web-based training provider for HIPAA and OSHA courses. You will receive an email from lmsadmin@evolvelms.com with a link to login and a username and password to access the training. Keep an eye out for this email. The deadline to complete this training is JUNE 9. If you do not receive this email, check your SPAM folder to make sure it is not there. NOTE: when you begin your training you will need to “Allow Pop-Ups” by going to your tool bar under Tools and Options and allow the popups.

UVM Graduate students become eligible to use the Center for Health & Wellbeing office on campus beginning August 1st. If you do not have health insurance through UVM, you will need to submit your receipt to your own insurance provider. The health office does not bill private insurance companies. Any immunizations received at the Center for Health & Wellbeing will be billed to your UVM account.

Many local walk-in clinics and pharmacies also provide immunization services. Be sure to bring the appropriate CNHS form with you. Lab reports are not accepted in CastleBranch as proof of immunization.

2-step PPD (TB Skin Test) notes: The 2-step tuberculin skin test takes 10 – 21 days to complete and a total of 4 visits to a healthcare provider. The first PPD test is placed one day and read 48 hours later. The second PPD test is placed one to three weeks after the first test is read and again is read 48 hours after it is placed. This 2-step test is an annual requirement and must initially be performed AFTER 5/1/18 and BEFORE 6/9/18 to cover you through your first clinical internship.

If you choose to have a TB Blood Test in place of the 2-step PPD, only one blood test is required annually and the same deadline dates should be followed.

Mandatory information can also be found on the College of Nursing & Health Sciences PT mandatories website here: http://www.uvm.edu/~cnhs/?Page=student_services/gradmandatories.html

If you have any questions regarding mandatories, contact Lisa McClintock, Clinical Education Administrator in the Department of Rehabilitation & Movement Science: lisa.mcclintock@med.uvm.edu, or (802) 656-3014.
# Class of 2021 DPT Mandatories

It is the student’s responsibility to ensure completion and maintain yearly compliance. Keep copies of all documents. Save this document for 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><strong>MEASLES, MUMPS RUBELLA</strong></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>Before 06/09/2018</td>
<td>No expiration</td>
<td>Completed on school form</td>
<td>Upload form to student account in CastleBranch.com</td>
</tr>
<tr>
<td><strong>TETANUS, DIPHTHERIA and PERTUSSIS</strong></td>
<td>Tdap within the last ten years</td>
<td>Before 06/09/2018</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>
</tr>
<tr>
<td><strong>HEPATITIS B</strong></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 1\textsuperscript{st} dose, Receive 2\textsuperscript{nd} dose 1 month later, Receive 3\textsuperscript{rd} dose 4 months from 1\textsuperscript{st} dose; Receive titer 1 to 2 months after 3\textsuperscript{rd} dose.</td>
<td>Before 06/09/2018</td>
<td>If positive, no expiration</td>
<td>Completed on school form</td>
<td>If titer is negative or indeterminate, you must repeat 3-dose series and titer. A booster is not acceptable. Submit each dose and final titer after it is completed to CastleBranch on the Hepatitis B Second Series Form. Use the same form each time you submit each dose and titer.</td>
</tr>
<tr>
<td><strong>VARICELLA</strong></td>
<td>One of the following is required: A) date of disease AND positive antibody titer OR B) 2 vaccinations for varicella.</td>
<td>Before 06/09/2018</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>
</tr>
<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. PPD is placed and read 48 hours later. Placement of 2\textsuperscript{nd} PPD should be 1 to 3 weeks after the first PPD results are read. 2\textsuperscript{nd} PPD is placed and read 48 hours later.</td>
<td>After 05/01/18 and Before 06/09/2018</td>
<td>Two Step TB Skin Test</td>
<td>Completed on school form</td>
<td>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. This is an annual requirement.</td>
</tr>
<tr>
<td><strong>CPR</strong></td>
<td>American Heart Association Basic Life Support for Health Care Providers plus AED</td>
<td>Before 06/19/2018</td>
<td>Certification must remain valid for entire clinical experience</td>
<td>Copy of front and back of CPR certification card with signature</td>
<td>Certification must remain valid for entire clinical experience. Certification is valid for two years after date on card</td>
</tr>
<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>Before 06/09/2018</td>
<td>If your insurance changes, you are responsible for providing updated information</td>
<td>Copy of insurance card or equivalent AND Proof of Health Insurance form</td>
<td>This is an annual requirement.</td>
</tr>
</tbody>
</table>
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, Personal Protective Equipment, and TB Protocol.

**Before 06/09/2018**

**Before 06/09/2018**

**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.**

OSHA training includes courses on Bloodborne Pathogens, Personal Protective Equipment, and TB Protocol.

INFLUENZA VACCINATION
Influenza vaccination for current flu season

**After 10/1/2018 and Before 10/31/2018**

**Valid for current flu season**

**Completed on school form or health care provider’s form**

**Upload to CastleBranch.com**

DRIVER’S LICENSE
Provide a copy of your driver’s license

**Before 06/09/2018**

**On license**

**Copy of your driver’s license**

APTA MEMBERSHIP CARD
Copy of APTA membership card

**After 06/01/18 and Before 6/30/18**

**On card**

**Copy of your APTA membership card**

DPT 1st Year Requirements

**Notes from CNHS – Lisa McClintock**

Please note, some site placements may require additional mandatorles such as a physical, or drug screen. A criminal background check is required upon admission to the program.

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.

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
Memorandum

TO: Health Care Provider
FROM: Clinical Education Staff
DATE: March, 2018
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 each page of the packet including the last page. **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 repeat the full series of 3 doses, followed by another titer. A booster is not acceptable and the series must be repeated. 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. Should the second 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.

- For Hepatitis B titers and PPD results, please **circle the result.**

If you have any questions/concerns, please contact Lisa McClintock at: (802) 656-3014 or Lisa.McClintock@med.uvm.edu

Thank you for your assistance in this process.
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.*

<table>
<thead>
<tr>
<th>Subscriber/Member ID</th>
<th>Primary Subscriber's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Subscriber's Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
**PRE-CLINICAL MANDATORIES**

**Program:** ________________________________________

**College of Nursing and Health Sciences**

**Student Name:** _______________________________________ **Date of Birth:** ____/_____/_____ **Cell phone#: (____)_____-______**

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<table>
<thead>
<tr>
<th>VACCINE NAME</th>
<th>DATES OF VACCINATION</th>
<th>OR DATES OF POSITIVE TITERS (BLOOD TEST) OR DISEASE HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TDAP</strong></td>
<td>Tdap Date: <em><strong><strong>/</strong></strong></em>/______ mm dd yr</td>
<td><strong>Not applicable</strong></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEPATITIS B</strong></td>
<td>#1: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td><strong>Surface Antibody Titer (Circle One):</strong></td>
</tr>
<tr>
<td>*Dose at 0, 1 and 4 mos from 1st dose</td>
<td>#2: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td>Positive or Negative</td>
</tr>
<tr>
<td>*Titer 1 - 2 months after 3rd dose</td>
<td>#3: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td>Date: <em><strong><strong>/</strong></strong></em>/______ mm dd yr</td>
</tr>
<tr>
<td>*Healthcare provider initial each dose</td>
<td>(titer required with 3 doses)</td>
<td></td>
</tr>
<tr>
<td><strong>HEPATITIS B SECOND SERIES</strong></td>
<td>#1: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td><strong>Surface Antibody Titer (Circle One):</strong></td>
</tr>
<tr>
<td>*Only required if first titer is negative</td>
<td>#2: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td>Positive or Negative</td>
</tr>
<tr>
<td>*Dose at 0, 1 and 4 mos from 1st dose</td>
<td>#3: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td>Date: <em><strong><strong>/</strong></strong></em>/______ mm dd yr</td>
</tr>
<tr>
<td>*Titer 1 - 2 months after 3rd dose</td>
<td>(titer required with 3 doses)</td>
<td></td>
</tr>
<tr>
<td><strong>MMR (Measles, Mumps, Rubella)</strong></td>
<td>#1: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td><strong>Pos. Measles Titer:</strong> <em><strong><strong>/</strong></strong></em>/______ mm dd yr</td>
</tr>
<tr>
<td>*2 doses of MMR vaccine</td>
<td>#2: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td><strong>Pos. Mumps Titer:</strong> <em><strong><strong>/</strong></strong></em>/______ mm dd yr</td>
</tr>
<tr>
<td>*First dose must be after 1st birthday</td>
<td>#3: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (initials)</td>
<td><strong>Pos. Rubella Titer:</strong> <em><strong><strong>/</strong></strong></em>/______ mm dd yr</td>
</tr>
<tr>
<td>*Minimum 4 wks between doses</td>
<td>(No titer required if two doses were given)</td>
<td></td>
</tr>
<tr>
<td><strong>VARICELLA (CHICKEN POX)</strong></td>
<td>#1: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (if documented)</td>
<td><strong>Disease History:</strong> <em><strong><strong>/</strong></strong></em>/______ mm dd yr</td>
</tr>
<tr>
<td>*2 doses of Varicella vaccine</td>
<td>#2: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (No titer required if two doses were given)</td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td>*Minimum 4 wks between doses</td>
<td>#2: <em><strong><strong>/</strong></strong></em>/______ mm dd yr (No titer required if two doses were given)</td>
<td><strong>Positive Varicella Titer:</strong> <em><strong><strong>/</strong></strong></em>/______ mm dd yr</td>
</tr>
<tr>
<td><strong>(Titer required with history of disease.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 information included on this form may be released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.
TWO-STEP PPD REQUIREMENTS

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

## 2 Step PPD - Tuberculin Skin Test - BCG vaccine does not preclude the need for PPD testing or chest x-ray.

<table>
<thead>
<tr>
<th>Date given:</th>
<th>Date read:</th>
<th>Results (mm):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### circle result: pos neg

<table>
<thead>
<tr>
<th>Date given:</th>
<th>Date read:</th>
<th>Results (mm):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### circle result: pos neg

## OR Tuberculin Blood Test

<table>
<thead>
<tr>
<th>Date given:</th>
<th></th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>Signature of Licensed Health Care Provider</th>
<th>Credentials</th>
<th>Date</th>
</tr>
</thead>
</table>

| Clinic Stamp or Printed Name of Provider | Provider Telephone Number |

Submit Form To CastleBranch after both tests are completed.

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.
INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

Influenza Vaccination

<table>
<thead>
<tr>
<th>Date Administered</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lot Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.
Order Instructions for
University of Vermont - Physical Therapy

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code UP882021: Medical Document Manager

About CastleBranch

University of Vermont - Physical Therapy has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

Order Summary

Payment Information
No payment will be required to process your order.

Accessing Your Account
To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us
For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.
Frequently Asked Questions

General Questions

Q: What are CNHS Mandatories?
A: CNHS Mandatories are college requirements that include proof of immunizations, health insurance, 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 and to pay attention to email reminders and take action on requests.

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.

CPR Certification

Q: What CPR certifications will you accept?
A: American Heart Association Basic Life Support for Health Care Providers only.

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.
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](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](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.

**Hepatitis B**

Hepatitis B - Receive 1st dose, Receive 2nd dose one month later, Receive 3rd dose four months from 1st dose; Receive titer 6 weeks to 8 weeks after 3rd dose.

Q: What if my Hepatitis B titer is negative?
A: If you received a negative Hepatitis B titer, ask your health care provider to revaccinate you with the **three dose series as noted above**. After the series, you will need another titer. You must receive all three doses. If you only receive two doses and a titer you will be asked to return to your health care provider to get the third dose and another titer. It is required that you submit each dose after it is given on the same updated Pre-Clinical Mandatories form in the Repeat Hepatitis B section and the titer when it is complete.

If you are participating in your clinical experience with a negative titer, please ensure that you have talked with your health care provider about universal precautions to prevent Hepatitis B infection.

Q: How long after my three doses of Hepatitis B vaccinations can I have a titer drawn?
A: The titer should be done one to two months after your third dose of the Hepatitis B vaccine.

Q: Can I see two health care providers to complete my Hepatitis B series?
A: Yes. If you plan to see two health care providers to complete your Hepatitis B series, please ensure that you provide your second health care provider with a completed form showing your most recent doses. Use one CNHS Hepatitis B Second Series form when seeing multiple healthcare providers.

Q: What if my Hepatitis B titers keep showing as negative?
A: If you have completed (2) three dose series of the Hepatitis B vaccinations and your titers are still negative, you are considered to be a non-responder. Talk with your health care provider about precautions to prevent Hepatitis B infection. Please have your health care provider complete the Hepatitis B section of the Pre-Clinical Mandatories form.

**Varicella**
Q: How do I know if I need a titer?
If you have had two 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.

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, Personal Protective Equipment and TB Protocol. 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.

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.

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 health care 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.

Additional Questions

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 maintain quickly available, complete and updated requirements at any time.

Proof of Health Insurance, 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 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: Lisa McClintock
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