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.

IMPORTANT NOTES FOR DPT THIRD YEAR STUDENTS:

Annual (every year) DPT program Mandatories:
- Health Insurance (even if the information remains the same)
- 2-step PPD (Tuberculin Skin Test)
- Influenza vaccination
- HIPAA/OSHA training
- APTA membership

Bienniel (every 2 years) DPT program Mandatories:
- Background Screen
- CPR certification

New Third Year DPT Mandatories:
- Physical Exam

Refer to page 3 for due dates and guidelines. Students should reference their individual renewal due dates located on their unique CastleBranch.com account.

To adequately prepare students for CE2, CE3 & CE4, a PHYSICAL EXAM is required in the third year of the program only. If students are unable to receive a Physical Exam from their Primary Care Physician, many local walk-in clinics provide this service. Be sure to schedule the exam between 3/1/18 & 6/15/18. If students have record of a physical exam outside these dates contact Lisa McClintock for instructions.

Many clinical education sites require a current nationwide background check to participate in clinical education. For this reason third year DPT students are required to apply for a 2-year recheck. You already received a 2016 full background screen by CERTIPHI upon admittance to the DPT program. This year, students can expect to receive an email invitation from CERTIPHI the last week in April 2018 to login and apply for a 2-year background screen to fill the gap between April 2016 and the current date. The total cost to a student depends on the number of searches conducted and how many addresses and alias names are searched. The price can be as low as $32.50, however the price will vary depending on the number of addresses
Most CO2019 students will need **American Heart Association CPR, Basic Life Support recertification in June 2018**. For your convenience a class has been scheduled Thursday, June 14th 1:30 – 4:30 pm in Rowell 003A/B. The cost of the class is reduced for UVM CNHS students ($40 cash at the time of the course). To register, select the ‘Take a Course’ tab on this webpage: http://www.vtsafetynet.com/ & scroll to the June 14th BLS for the HealthCare Provider UVM class. Students have the option of attending another course, however it must be a ‘BLS for HealthCare Provider’ and must be preapproved by the instructor. Contact the instructor directly to inquire about taking this course on another date, and identify yourself as a UVM DPT student.

**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 take the refresher courses by 7/15/18.** 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.

**2-step PPD (TB Skin Test) notes:** The 2-step tuberculin skin test takes 10 – 21 days to complete and 4 visits to a healthcare provider. Be sure to allow sufficient time to complete the process. CastleBranch.com will send students email reminders 21 days prior to the due date.

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.

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

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](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](mailto:lisa.mcclintock@med.uvm.edu), or (802) 656-3014.
Class of 2019 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>DUE DATE</th>
<th>EXP. DATE</th>
<th>DOCUMENT REQUIRED:</th>
<th>ADDITIONAL INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-STEP TB SKIN TEST</td>
<td>TB Skin Test or QuantiFERON Gold test is required.</td>
<td></td>
<td></td>
<td>Annual requirement</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 TB Symptom Checklist form.</td>
</tr>
<tr>
<td>INFLUENZA VACCINATION</td>
<td>Influenza vaccination for current flu season</td>
<td>AFTER 10/1/18 &amp; BEFORE 10/31/2018</td>
<td>Valid for current flu season</td>
<td>Completed on school form or health care provider’s form</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL EXAM</td>
<td>Health care provider must sign UVM form stating physical exam was performed</td>
<td>Dated exam between 3/1/18 &amp; 6/15/18</td>
<td></td>
<td>Completed on school form</td>
<td>Physician must sign form that states you are in good health</td>
</tr>
<tr>
<td>CPR</td>
<td>American Heart Association Basic Life Support for Health Care Providers Plus AED</td>
<td>Upon Expiration</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</td>
</tr>
<tr>
<td>PROOF OF HEALTH INSURANCE</td>
<td>Provide a copy of your current health insurance card AND Proof of Health Insurance form.</td>
<td>BY 7/15/18</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 even if your insurance has not changed.</td>
</tr>
<tr>
<td>HIPAA/OSHA TRAINING</td>
<td>Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolveu.com/">https://www.evolveu.com/</a></td>
<td>BY 7/15/18</td>
<td>Annual requirement</td>
<td>No need to submit a document as long as you’ve completed your training online</td>
<td>Training won’t be considered complete unless all sections of the training have been completed.</td>
</tr>
<tr>
<td>APTA MEMBERSHIP CARD</td>
<td>Copy of APTA membership card</td>
<td>Upon Expiration</td>
<td>On card Annual requirement</td>
<td>Copy of your APTA membership card</td>
<td>Yearly renewal is required</td>
</tr>
<tr>
<td>DRIVER’S LICENSE</td>
<td>Provide a copy of your driver’s license</td>
<td>Upon expiration</td>
<td>On license</td>
<td>Copy of your driver’s license</td>
<td>Must be valid through final clinical experience.</td>
</tr>
<tr>
<td>CRIMINAL BACKGROUND CHECK</td>
<td>2-Year Recheck: follow instructions as indicated by CERTIPHI</td>
<td>AFTER 4/30/18 &amp; BEFORE 6/15/18</td>
<td>Background check results from provider</td>
<td>Complete on-line application</td>
<td>Follow instructions as indicated by CERTIPHI</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTES:**

Some clinical education facilities require additional site requirements such as: drug screen, site specific criminal background check, site specific documents, etc. Be prepared to provide additional documents to your site assignment as needed.

If you visit the 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 timely submission of your requirements and to keep them updated.

*Keep a copy of all requirements in a binder for your reference and use during your clinical experiences*

If you know you will be unable to meet the above deadlines for extenuating circumstances, you should schedule a meeting with Lisa McClintock – Lisa.McClintock@med.uvm.edu
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 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.
Third Year DPT REQUIREMENTS

**PPD - Tuberculin Skin Test**

*BCG vaccine does not preclude the need for PPD testing or chest x-ray*

1) Date given: _____________  Date read: _____________  Results (mm): _____________
   *circle result*: pos  neg

2) Date given: _____________  Date read: _____________  Results (mm): _____________
   *circle result*: pos  neg

Per CDC guidelines, placement of 2nd PPD should be 1-3 weeks after first PPD is read.

<table>
<thead>
<tr>
<th>IF FIRST TIME WITH A POSITIVE PPD:</th>
<th>Must have chest x-ray. Please attach copy of radiology report, and list results.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF HISTORY OF A POSITIVE PPD:</td>
<td>1) Obtain TB Symptom Checklist from Department</td>
</tr>
<tr>
<td></td>
<td>2) Take the TB Symptom Checklist to your appointment and give to your health care provider to complete</td>
</tr>
</tbody>
</table>

*Please note, depending on your site placement, an updated chest x-ray 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>

<table>
<thead>
<tr>
<th>Clinic Stamp or Printed Name of Provider</th>
<th>Provider Telephone Number</th>
</tr>
</thead>
</table>

**Submit Form 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 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.
PHYSICAL EXAMINATION PRE-CLINICAL REQUIREMENT

<table>
<thead>
<tr>
<th>PHYSICAL EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I affirm that this student had a physical examination on this date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed Heath Care Provider Attestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 <strong>unable to progress in his/her major</strong> at the University of Vermont.</td>
</tr>
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<th>Clinic Stamp or Printed Name of Provider</th>
<th>Provider Telephone Number</th>
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</table>

**It is MANDATORY that you scan and upload this form 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 documents and submit them to CastleBranch.

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.
# Influenza Vaccine Pre-Clinical Requirement

## Influenza Vaccination

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

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

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

## 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>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinic Stamp or Printed Name of Provider</th>
<th>Provider Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It is MANDATORY that you scan and upload this form 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 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.
Frequently Asked Questions

General Questions

Q: How do I submit my documentation?
A: The College of Nursing and Health Sciences uses an online immunization tracker for health clearance and mandatory requirements for all programs. Once you register 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 mandates will be emailed to you. Please note, UVM Student Health will not submit your documents for you. You will need to pick up your documents 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.

Physical Examination

Q: Is a physical examination required??
A: Third year DPT students are required to show proof of a physical exam by their healthcare provider.

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 your clinical starts 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, the American Red Cross Challenge Exam is not accepted. It serves as a refresher and not a certification course.

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/ 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. 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 are $40 and are offered at a substantially discounted cost for UVM students.

HIPAA/OSHA Training

Q: How often do I need to complete HIPAA/OSHA training?
A: Annually. DPT 2nd and 3rd year students are required to take an abbreviated refresher course.

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?
As a CNHS student you are required to receive the influenza vaccination to protect yourself, and patients with whom you come into contact. Most internship sites require students to receive the influenza vaccination within flu season. This is typically October – April.

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. First time positive, 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 then 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.com account display a green check mark.** 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: It is your responsibility to cover the cost. If you visit Student Health 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
College of Nursing and Health Sciences
106 Carrigan Drive, 310 Rowell
Burlington, VT 05405

(802) 656-3014
lisa.mcclintock@med.uvm.edu