

## OTD 3<sup>RD</sup> YEAR MANDATORIES

**It is the student's responsibility to ensure completion and maintain yearly compliance. Keep copies of all documents. Save this chart for reference.**

| REQUIREMENT:                       | GUIDELINES:   | DUE DATE  | EXP. DATE  | DOCUMENT REQUIRED:  | ADDITIONAL INFORMATION:   |
|------------------------------------|---|---|--|---|---|
| <b>1-Step PPD<br/>TB SKIN TEST</b> | TB Skin Test or QuantiFERON Gold test is required.  | <b>Annual Renewal</b><br>Refer to individual student due date on CastleBranch account   | 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 TB Symptom Checklist form. |
| <b>INFLUENZA VACCINATION</b>       | Influenza vaccination for current flu season  | <b>AFTER 10/1 &amp; BEFORE 10/31</b>  | Valid for current flu season   | Completed on school form or health care provider's form                       |   |
| <b>CPR</b>                         | One of the following is required: A) American Heart Association Basic Life Support for Health Care Providers OR B) American Red Cross Professional Rescuer.                                 | Refer to individual student due date on CastleBranch account                            | Prior to expiration  | Copy of front and back of CPR certification card with signature               | Certification must remain valid for entire clinical experience.   |
| <b>PROOF OF HEALTH INSURANCE</b>   | Provide a copy of your current health insurance card AND Proof of Health Insurance form.  | <b>Individual student due dates.</b><br>Refer to CastleBranch                           | 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 even if your insurance has not changed.   |
| <b>HIPAA/OSHA TRAINING</b>         | Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolveims.com/ms/uvm/default.aspx">https://www.evolveims.com/ms/uvm/default.aspx</a> | <b>BY 08/01</b>   | Annual requirement   | No need to submit a document as long as you've completed your training online | Training won't be considered complete unless all sections of the training have been completed.  |
| <b>AOTA MEMBERSHIP CARD</b>        | Copy of AOTA membership card  | <b>Upon Expiration.</b><br>Refer to individual student due date on CastleBranch account | On card<br>Annual renewal  | Copy of your AOTA membership card   | Yearly renewal is required  |
| <b>DRIVER'S LICENSE</b>            | Provide a copy of your driver's license   | <b>Upon expiration.</b><br>Refer to individual student due date on CastleBranch account | On license   | Copy of your driver's license   | Must be valid through final clinical experience.  |

### IMPORTANT NOTES:

**Many clinical education facilities have additional site-specific student requirements such as: drug screen, site-specific criminal background check, site specific documents, etc. Be prepared to provide additional documents to your clinical site assignment as needed.**

*Students that use UVM Center for Health and Wellbeing for their immunization/serology work can request receipts & submit claims to their health insurance provider.*

**It is the student's responsibility to keep track of timely submission of their documents and to keep them updated.**

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

**If you know you will be unable to meet the above deadlines due to extenuating circumstances, notify Jordan Rochon, [Jordan.Rochon@med.uvm.edu](mailto:Jordan.Rochon@med.uvm.edu)**