

## **UNDERGRADUATE NURSING MANDATORIES INFORMATION**

### **FIRST YEAR MANDATORIES DUE**

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No Mandatories Due

### **SECOND YEAR MANDATORIES DUE**

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No Mandatories Due

### **THIRD YEAR MANDATORIES DUE AUGUST 1st**

- Pre-Clinical Mandatories Form
- If you have a history of a positive PPD, use the TB Symptom Checklist which can be obtained from Christina Adamczak ([Christina.Adamczak@med.uvm.edu](mailto:Christina.Adamczak@med.uvm.edu))
- HIPAA/OSHA Training – You will complete your training through UVMHC. You will receive more information from the Nursing Program.
- CPR Certification - CNHS only accepts certification through the American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer. You will receive email notification about upcoming CPR training offered by CNHS.

Third Year Students Submit Mandatories forms and required attachments (copy of CPR card with signature and copy of health insurance card) to CastleBranch.

### **FOURTH YEAR MANDATORIES DUE AUGUST 1st**

- Annual PPD Form. If you have a history of a positive PPD, use the TB Symptom Checklist which can be obtained from Christina Adamczak ([Christina.Adamczak@med.uvm.edu](mailto:Christina.Adamczak@med.uvm.edu))
- HIPAA/OSHA Training – Required Annually. You will receive training through UVMHC.
- CPR Certification – Ensure that your CPR certification will remain valid throughout your clinical experience this year. CPR Certifications are valid for two years. If you completed the training during your third year, it should still be valid.
- Annual Influenza vaccine due after September 1st and before November 20th

Fourth Year Students Submit your Mandatories forms and required attachments (copy of CPR card with signature and copy of health insurance card) to CastleBranch.

## PRNU 4<sup>th</sup> Year Requirements

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
<b>TB SKIN TEST</b>	TB Skin Test or QuantiFERON Gold test is required.	Before 08/01	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 <b>AND</b> a copy of the radiology report.  Student with a history of positive PPD, must submit the school form <b>AND</b> the TB Symptom Checklist form.
<b>INFLUENZA VACCINATION</b>	Influenza vaccination for current flu season	After 09/01 and Before 11/20	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 ONLY	Prior to expiration of certification	Certification must remain valid for entire clinical experience	Copy of front <b>AND</b> back of CPR certification card	Certification must remain valid for entire clinical experience.  Certification is valid for two years after date on card
<b>PROOF OF HEALTH INSURANCE</b>	Provide a copy of your current health insurance card <b>AND</b> Proof of Health Insurance form.	Before 08/01	If your insurance changes, you are responsible for providing updated information	Copy of insurance card or equivalent <b>AND</b> Proof of Health Insurance form	This is an annual requirement even if your insurance has not changed.
<b>HIPAA/OSHA TRAINING</b>	Training through UVMCC	Before 08/01	Annual requirement	No need to submit a document as long as you've completed your training online	

## PRNU 4<sup>th</sup> Year Requirements

### Notes from CNHS – Christina Adamczak

Please note, some site placements may require additional mandates such as a physical exam, or criminal background check.

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.

It is your responsibility to keep track of whether you have submitted your requirements.

If you know you will be unable to meet the above deadlines due to extenuating circumstances, you should schedule a meeting with Christina Adamczak, [Christina.Adamczak@med.uvm.edu](mailto:Christina.Adamczak@med.uvm.edu).



The  
UNIVERSITY  
of VERMONT

COLLEGE OF NURSING & HEALTH SCIENCES

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.*

Subscriber/Member ID \_\_\_\_\_

Primary Subscriber's Name \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Subscriber's Relationship to You \_\_\_\_\_

**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.



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### PPD Form

**COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED**

#### PPD - Tuberculin Skin Test

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

Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Results (mm): \_\_\_\_\_

**Circle result:** pos neg

**OR**

QuantiFERON-TB Gold Plus Date Given: \_\_\_\_\_ Circle Result: Positive Negative

**OR**

T-Spot Blood Test Date Given: \_\_\_\_\_ Circle Result: Positive Negative

**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.

Signature of Licensed Health Care Provider \_\_\_\_\_ Credentials \_\_\_\_\_ Date \_\_\_\_\_

Clinic Stamp or Printed Name of Provider \_\_\_\_\_ Provider Telephone Number \_\_\_\_\_

#### It is MANDATORY that you submit form AND Attachments 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 form and submit it 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.



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Date: \_\_\_\_\_

### INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

#### Influenza Vaccination

Date Administered	_____	Manufacturer	_____
Lot Number	_____	Expiration Date	_____

#### 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.

Signature of <b>Licensed Health Care Provider</b>	<b>Credentials</b>	Date
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Clinic Stamp or Printed Name of Provider	Provider Telephone Number
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#### It is **MANDATORY** that you scan and upload this form to CastleBranch

The 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 mandates by the deadline?**

**A:** It is imperative that you plan ahead to ensure that your mandates are completed by the deadline. If you fail to submit your mandates 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.

### CPR Certification

**Q: What CPR certifications will you accept?**

**A:** American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer

**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 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:** UVM offers weekly in-person trainings on campus through the Department of Emergency Management Cat ECare as an option to complete this requirement. It includes **American Heart Association BLS CPR certification**, AED, stop the bleed training, and instruction on the use of Narcan.

Students may submit proof of American Heart Association BLS CPR plus AED certification from an alternate course provider if the certification meets the program requirement and includes an in-person Skill Check. Online CPR courses that do NOT include an in-person Skill Check will NOT be accepted.

**Q: How do I register for a CPR class?**

**A:** Information about the Cat ECare CPR training and registration is located on their website at <https://www.uvm.edu/emergency/cat-ecare-training>. If you have questions about the training or registration, please contact [CatECare@uvm.edu](mailto:CatECare@uvm.edu)

**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. PRNU 4th year students are required to take an abbreviated HIPAA refresher course. OSHA training includes a course on Bloodborne Pathogens. Information regarding these trainings will be emailed to you.

**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 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:** Christina Adamczak  
College of Nursing and Health Sciences  
106 Carrigan Drive, 216 Rowell  
Burlington, VT 05405

(802) 656-2018

[Christina.Adamczak@med.uvm.edu](mailto:Christina.Adamczak@med.uvm.edu)