

## Clinical Requirements for Online MSN and RN to BSN Students

Please Upload the Following Requirements to Your CastleBranch Account  
 Package Code: ST12RNBSNorMSN (this is for all online MSN or RN to BSN students)

Requirement Name	Requirement Description	Renewal
<b>OSHA Compliance Training (option for free online training provided on the next page)</b>	Upload confirmation of compliance training: Hazardous materials and Bloodborne Pathogens training through a clinical agency or work agency or online training program. Documentation on Clinical Placement Assignment Ticket is acceptable.	Must Renew Annually
<b>HIPAA Certification</b>	Upload documentation of HIPAA Certification. Documentation on Clinical Placement Assignment Ticket is acceptable. If you do not currently have documentation or access to a course, please contact the Nursing Department or your advisor for a link to a free online course.	Must Renew Annually
<b>Handbook Acknowledgement</b>	Download, print, complete and upload Handbook Acknowledgement.	Must Renew Annually
<b>Health Insurance</b>	Provide a copy of your current health insurance card OR proof of coverage. Both sides of insurance card are required. Renewal will be set at 1 year from date of upload.	Must Renew Annually
<b>Influenza</b>	Upload documentation of a flu shot administered during the current flu season. The renewal date will be set for 10/01 of the following flu season.	Renewal set at October 1st each year
<b>TB Skin Test</b>	<p>Upload one of the following: a 2 step skin test or QuantiFERON Gold Blood Test or Tspot. (Please note that your next renewal will only require a 1 step or quantiferon test)</p> <p>If your initial result is NEGATIVE, Renewal date will be set at 1 year for you to upload a new 1 step skin test OR QuantiFERON Gold Blood Test OR a T-SPOT test.</p> <p>If initial results are POSTIVE, student must provide clear chest x-ray documentation no older than 5 years AND "review of TB symptoms" which is included in the Physical Exam form. Upload chest x-ray documentation AND the Physical Exam form together. The renewal date will be set for 1 year for you to upload clear chest x-ray documentation AND the "review of TB symptoms" form. (Please note: upon renewal you can upload the same chest x-ray results from the previous year as long as they are still within the past 5 years span)</p>	Must Renew Annually (please note that your next renewal will only require a 1 step)
<b>Physical Examination</b>	Provide your physical exam form (see Nursing Handbook) completed and signed by a medical professional.	Must Renew Annually
<b>CPR Certification</b>	Must be the American Heart Association Healthcare Provider Course OR Military Training Network. Copy must be front and back of the card and card must be signed. Renewal will be set based on the expiration on the card.	
<b>Tdap</b>	Documentation of a Tdap booster within the past 10 years OR a Td booster within the past 2 years. The renewal will be set at 10 years if Tdap Uploaded OR 2 years if Td Uploaded.	
<b>Measles, Mumps and Rubella (MMR)</b>  Measles, Mumps, & Rubella Booster	<p>ONE of the following is required: 2 vaccinations OR positive antibody titer for all 3 components (lab report required). If the titer is negative or equivocal, student must receive 1 booster shot. A new alert will be created for you to Upload the booster documentation.</p> <p>Upload booster documentation.</p>	
<b>Varicella (Chicken Pox)</b>  Varicella (Chicken Pox) Booster	<p>ONE of the following is required: 2 vaccinations OR positive antibody titer (lab report required) OR medically documented history of disease. If the titer is negative or equivocal, student must have 1 booster shot.</p> <p>If the titer is negative or equivocal, student must have 1 booster shot.</p>	
<b>Hepatitis B</b>  Hepatitis B Negative/Equivocal Follow Up Question  Hepatitis B Booster OR Hepatitis Repeat Series (3 shots)	<p>A positive titer is required B20(record of vaccinations without titer are NOT acceptable). If titer is negative or equivocal, you must either repeat series or obtain booster as recommended by your health care provider and upload documentation.</p> <p>Your titer was negative or equivocal. Please select the follow up action your Healthcare Provider recommends you take from the selections below. A new alert will be created for you to Upload your follow up documentation.</p> <p>If your Healthcare Provider recommended you receive 1 booster shot, please Upload documentation of 1 booster shot.</p> <p>If your Healthcare Provider recommended you receive a repeat series, please Upload your 1st repeat series vaccine and a new alert will be created for you to complete the series.</p>	
<b>RN License</b>	Provide a copy of your current RN License OR verification of licensure through the state website. The renewal will be set according to the expiration date of your license.	