

### CastleBranch Requirements

Health Insurance	Please submit a copy of your current health insurance card OR proof of coverage. Verification of coverage from the provider is required if the name on the document does not match.
Tetanus, Diphtheria & Pertussis (Tdap)	Please submit documentation of a Tdap booster administered within the past 10 years. This must be the full booster (Tdap.)
CPR Certification	Please submit documentation of your current CPR Certification.  Must be the American Heart Association Healthcare Provider Course (BLS) or ACLS . Note: American Red Cross is no longer acceptable.
Tuberculosis (TB)	Please submit documentation of one of the following for your initial submission:  Negative <b>2-Step</b> TB skin test: Two 1-Step TB skin tests administered 1-3 weeks apart dated within the past 12 months. OR Initial 2 step TB skin test (administered 1-3 weeks apart) and all subsequent annual tests. Most recent test dated within the past 12 months.  OR Negative QuantiFERON Gold blood test (lab report required) administered within the last 12 months.  OR Negative T-Spot blood test administered within the past 12 months (lab report required.)  If positive - please see requirements in CastleBranch on details on how to proceed.
Varicella (Chicken Pox)	Submit documentation of one of the following: <ul style="list-style-type: none"><li>• 2 Vaccines</li><li>• Positive Antibody Titer (lab report or physician verification of results required)</li><li>• Medically documented history of disease</li></ul>

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Measles (Rubeola)	<p>Submit documentation of one of the following:</p> <ul style="list-style-type: none"> <li>• 2 Vaccines</li> <li>• Positive Antibody Titer (lab report or physician verification of results required)</li> </ul>
Mumps	<p>Submit documentation of one of the following:</p> <ul style="list-style-type: none"> <li>• 2 Vaccines</li> <li>• Positive Antibody Titer (lab report or physician verification of results required)</li> </ul>
Rubella	<p>Submit documentation of one of the following:</p> <ul style="list-style-type: none"> <li>• 2 Vaccines</li> <li>• Positive Antibody Titer (lab report or physician verification of results required)</li> </ul>
Professional Liability Insurance	<p>Submit documentation of your current Professional Liability insurance coverage. Must cover the following:</p> <ul style="list-style-type: none"> <li>• Professional Liability: \$1M per claim and \$6M aggregate</li> <li>• Information Privacy (HIPAA) Fines &amp; Penalties: \$25K per incident and \$25K aggregate.</li> </ul> <p>To purchase insurance please go to <a href="http://www.nso.com">www.nso.com</a>.</p>
Physical Examination	<p>Submit documentation of your physical exam completed within 12 months of upload date.</p> <p>Documentation can be a simple note stating you had a physical on (set date), state you are healthy for school and/or work OR be a full physical record.</p> <p>It must contain your name and must be signed by a medical professional.</p>
Influenza (flu)	<p>Influenza vaccination administered for the current flu season (September - March.) Due 10/01</p> <ul style="list-style-type: none"> <li>• Documentation MUST indicate that the vaccination received is from a batch intended for the current flu season.</li> <li>• Documentation MUST include the Facility location (eg Walgreens, CVS, etc.)</li> </ul>

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CCP/HIPPA/Orientation	<p>Submit your HIPAA CCP ticket to this requirement.</p> <p>The college of nursing will communicate with you by 8/1 on how to enter the CCP site and complete the modules required for the start of your clinical semester. The renewal date will be set for 1 year from the date of submission. Do not enter CCP before August 1.</p>
Baystate Facility Specific Ticket	New Requirement - Information currently unavailable
Alzheimer's and Dementia Training	New Requirement - Information currently unavailable
Rubella	<p>Submit documentation of one of the following:</p> <ul style="list-style-type: none"> <li>• 2 Vaccines</li> <li>• Positive Antibody Titer (lab report or physician verification of results required)</li> </ul>
Driver's License	Submit a copy of your current Driver's License or other official State or Federal Photo identification.
Security and Release Authorization	After you complete your forms through the link on CastleBranch, you will receive an email that you will need to confirm and your form will be securely routed directly to the College of Nursing using the latest encryption.
Hepatitis B	Submit documentation of 3 vaccinations AND a positive antibody titer (lab report required)
NWFA Screening	Please submit documentation of the results of your NWFA (Nationwide Fraud & Abuse) screening, completed within the past year. Please see CastleBranch requirement for more details.

Other requirements: Drug test every semester. Undergraduate Handbook Acknowledgment Form, UMass Criminal Background/CORI Form, Fingerprinting and Specialties School Background CORI (this will be due when you enter clinical.)