

## CastleBranch Clinical Requirements for Fieldwork

Requirement	Description (provide ONE of the following)	Due Date(s)	Doses Required	Immunization or Proof of Immunity (Titers)	Time Frame/Renewal
Hepatitis B	<ul style="list-style-type: none"> <li>3 vaccinations</li> <li>Positive antibody titer (lab report required)</li> <li>Declination waiver signed by a healthcare provider</li> </ul>	11/1 first semester	3	Immunization or Titers	<ul style="list-style-type: none"> <li>Series in process is not acceptable</li> <li>3 shot series can take 4-6 months to complete</li> </ul>
Influenza	<ul style="list-style-type: none"> <li>Documentation of flu vaccine during current flu season (August-March)</li> <li>Declination waiver available</li> </ul>	11/1 annually	1	Immunization	<ul style="list-style-type: none"> <li>Current flu season required – August to March</li> </ul>
Measles, Mumps, and Rubella (MMR)	<ul style="list-style-type: none"> <li>2 vaccinations</li> <li>Positive antibody titer (lab report required)</li> </ul>	11/1 first semester	2	Immunization or Titers	<ul style="list-style-type: none"> <li>Series in process is not acceptable</li> <li>Completed series required when documenting</li> </ul>
Tetanus	<ul style="list-style-type: none"> <li>Documentation of Tdap or Td vaccine, administered within the last 10 years</li> </ul>	11/1 first semester	1	Booster Immunization	<ul style="list-style-type: none"> <li>Once every 10 years</li> </ul>
Varicella (Chicken Pox)	<ul style="list-style-type: none"> <li><b>2 vaccinations</b></li> <li>Positive antibody titer (lab report required)</li> </ul>	11/1 first semester	2	Immunization or Titers	<ul style="list-style-type: none"> <li>Series in process is not acceptable</li> <li>Completed series required when documenting</li> </ul>
Tuberculosis (TB)	<ul style="list-style-type: none"> <li>2 stage (4 step) TB skin test (administered 1-3 weeks apart) with a negative result **Complete the 2 step process TWICE within a 1-3 week period</li> <li>Positive result requires submission of a clear chest x-ray</li> </ul>	Within 1 year of first FW placement; renews annually after that	2	Titers	<ul style="list-style-type: none"> <li>1-3 weeks apart; then annually</li> </ul>
Tuberculosis (TB) Annual Renewal	<ul style="list-style-type: none"> <li>Requires 1 stage (2 step) TB skin test with negative result</li> <li>If previous positive results, a TB questionnaire will be required</li> </ul>	Annually after initial date			<ul style="list-style-type: none"> <li>Annually after initial date</li> </ul>
Health Insurance	<ul style="list-style-type: none"> <li>Current Health Insurance Card</li> <li>Proof of Coverage</li> <li>For the school-administered health insurance, a screenshot of the <a href="#">Health Services website</a> with the start/end dates for insurance may also be submitted</li> </ul>	08/01 and 02/01 annually	N/A	N/A	<ul style="list-style-type: none"> <li>Updated twice per year</li> </ul>

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CPR Certification	<ul style="list-style-type: none"> <li>American Heart Association Healthcare Provider card</li> <li>American Red Cross BLS for Healthcare Providers</li> <li>Front AND back of card must be scanned and uploaded</li> <li>"Holder's Signature" must be complete</li> </ul>	Renewal date based on expiration of certification	N/A	N/A	<ul style="list-style-type: none"> <li>Initial certification must include in-person training</li> <li>Renewals may be done fully online</li> </ul>
CPR Renewal	<ul style="list-style-type: none"> <li>ProCPR.org may be used for renewals ONLY</li> <li>Repeating the previous AHA or Red Cross course is also acceptable</li> </ul>	Renewal date based on expiration of certification	N/A	N/A	<ul style="list-style-type: none"> <li>Online certification (ProCPR) is ONLY acceptable for renewal</li> </ul>
Criminal Background Check (State and Federal)	<ul style="list-style-type: none"> <li>Completed at least annually – some sites require additional background check within 6 months of placement start date</li> </ul>	Annually or at the request of FW site	N/A	N/A	<ul style="list-style-type: none"> <li>Minimum 6-8 weeks prior to first FW placement</li> </ul>
Bloodborne Pathogens Training	<ul style="list-style-type: none"> <li>Provide certification of training completion</li> </ul>	Renews 1 year from date of training	N/A	N/A	<ul style="list-style-type: none"> <li>Annual training required</li> </ul>
Infection Control Training	<ul style="list-style-type: none"> <li>Provide certification of training completion</li> <li>Document can state Infection Control or Biological Hazards Training</li> </ul>	Renews 1 year from date of training	N/A	N/A	<ul style="list-style-type: none"> <li>Annual training required</li> </ul>
Handwashing Acknowledgement	<ul style="list-style-type: none"> <li>Provide certification of training completion</li> </ul>	Renews 1 year from date of training	N/A	N/A	<ul style="list-style-type: none"> <li>Annual training required</li> </ul>
HIPAA Training	<ul style="list-style-type: none"> <li>Completed through eLearning platform in CastleBranch</li> <li>Provide certification of training completion</li> </ul>	Renews 1 year from date of training	N/A	N/A	<ul style="list-style-type: none"> <li>Annual training required</li> </ul>
Challenging Behaviors Training	<ul style="list-style-type: none"> <li>Provide certification of training completion</li> </ul>	Renews 1 year from date of training	N/A	N/A	<ul style="list-style-type: none"> <li>Annual training required</li> </ul>
American OT Association Membership	<ul style="list-style-type: none"> <li>Provide current AOTA membership card or proof of membership</li> </ul>	Renews annually from date of issue	N/A	N/A	<ul style="list-style-type: none"> <li>Annual membership required</li> </ul>
Student Handbook Acknowledgement	<ul style="list-style-type: none"> <li>Submit signed acknowledgement form from the MOT Student Handbook for both the Student Handbook and Fieldwork Manual</li> </ul>	08/30 annually	N/A	N/A	<ul style="list-style-type: none"> <li>Review new handbook annually</li> <li>Submit new acknowledgment form</li> </ul>
Lab Safety Training	<ul style="list-style-type: none"> <li>Submit signed certificate from Anatomy instructor after reviewing lab safety manuals in class</li> </ul>	Renews 1 year from date of training	N/A	N/A	<ul style="list-style-type: none"> <li>Annual training required</li> </ul>