Compliance Requirements for Athletic Training Graduate Program

For compliance questions, contact Tammy Jo Edge
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C.T. Wethington Building Room 111

Requirements

➢ Full Background Check

➢ 10 Panel Drug Screening

➢ Clinical Requirements:

    o MMR (Measles, Mumps, Rubella

    o Varicella (Chicken Pox)

    o Tetanus, Diphtheria, Pertussis (Tdap)

    o Hepatitis B

    o Two-Step Tuberculosis Test (annual renewal)

        • One step annual renewal

    o Flu Immunization   (annual renewal)

    o CPR Certification

    o Physical Examination

    o Health Insurance   (annual renewal)

    o Professional Liability Insurance (annual renewal)

    o Commitment to Behavioral Standard in Patient Care

    o HIPAA Certification

    o Discrimination & Harassment Training

    o OLE Guide   (annual renewal)

    o HIPAA Education and Consent form   (annual renewal)

    o Bloodborne Pathogens Training

    o FERPA Training

    o Health Care Colleges Code of Student Acknowledgement

Due Dates

- The full background check and drug screening are due BY April 1st before class registration and start of program.

- The clinical requirements are due by May 1st each year you are in the program.

- Flu Immunization is due September 15th each year.

- It is highly recommended that you begin gathering these materials as early as possible, especially if you are an out-of-state student or you are far from your primary health care provider. Get them done as early as possible in case problems arise!

How to get started: Create an Account on CastleBranch

University of Kentucky — College of Health Sciences / CastleBranch

HOME | PACKAGE SELECTION

- Please Select
  - Clinical Leadership & Management
  - College of Health Sciences
  - Communication Sciences and Disorders
  - Doctor of Physical Therapy
    - Hazard Campus
    - Lexington Campus
      - UK40: I need to order my initial Background Check, Drug Test, and Medical Document Manager.
      - UK40bg: I need to order my initial Background Check only.
      - UK40dt: I need to order my Drug Test only.
      - UK40im: I need to order my Medical Document Manager only.
      - UK40re: I need to order my Recheck Background Check only.
      - UK40redt: I need to order my Recheck Background Check and Drug Test.
  - Human Health Sciences
  - Medical Laboratory Sciences
  - Physician Assistant Studies

CastleBranch — Place Order: PERSONAL INFORMATION / PERSONAL IDENTIFIERS

http://uky-health.castlebranch.com/

- Select "Place Order"
- Select "College of Health Sciences"
- Select "University of Kentucky Athletic Training"
- Select "I need to order my initial Background Check, Drug Test, and Medical Document Manager"
- You will then be directed to review your order, and then enter your personal details
- **The cost is $95.00**

Background Check and Drug Screen

➢ Your background check will begin immediately upon purchasing.

➢ Instructions for your Drug Screening will be provided within your CastleBranch "To Do List" within three business days.

    o You will be able to download thee registration form and locate a LabCorp near you to process the specimen. <u>It is your responsibility to make sure that you allow enough time for us to receive the result prior to the start of courses.</u>

   o For issues processing a drug screen, please call CastleBranch directly at (888) 723-4263

Clinical Requirements

- MMR (Measles, Mumps, Rubella
- Varicella (Chicken Pox)
- Tetanus, Diphtheria, Pertussis (Tdap)
- Hepatitis B
- Two-Step Tuberculosis Test (annual renewal)
  - One step annual renewal
- Flu Immunization (annual renewal)
- CPR Certification
- Physical Examination
- Health Insurance (annual renewal)
- Professional Liability Insurance (annual renewal)
- Commitment to Behavioral Standard in Patient Care
- HIPAA Certification
- Discrimination & Harassment Training
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- HIPAA Education and Consent form (annual renewal)
- Bloodborne Pathogens Training
- FERPA Training
- Health Care Colleges Code of Student Acknowledgement

Health Insurance

➢ You must provide a copy of your current health insurance card or proof of coverage.

➢ If your name is different than the name listed on the card, you will need to upload documentation confirming your coverage.

➢ Make sure that you upload a copy of the front AND back of the insurance card.

Example of uploaded card:
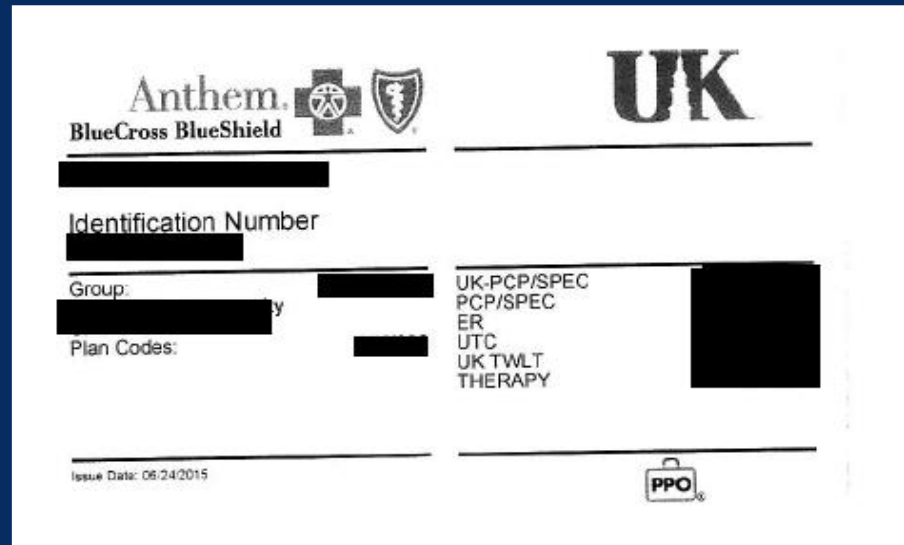
Professional Liability Insurance

➢ Students are responsible for obtaining their own liability insurance. Popular insurers include Mercer and HPSO.

➢ The "Per Incident" amount should be at least 1 million and the "annual aggregate" should be at least 3 million. 2 million per incident and 4 million annual aggregate is also acceptable.

➢ Typically costs $30-$50 per year.

➢ Must be renewed annually.

Client # ▮▮▮

MEMORANDUM OF INSURANCE	Date Issued ▮▮▮

Producer

Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14576
Des Moines, IA 50306-3576
1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
Liberty Insurance Underwriters Inc

Insured

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Student Speech Language Pathologist	▮▮▮	▮▮▮	▮▮▮	Per Incident/ Occurrence	$1,000,000
				Annual Aggregate	$3,000,000

PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Influenza Vaccination

University Health Service- Employee Health
830 S. Limestone
Lexington, KY 40536-0582
(859) 323-5823

Immunization Record

| Other ID: | | Date of Birth: | | Status: | Compliant, Verified |
| Gender: | | Date Printed: | | | |

CPT Code	Description	Verifed	Immunization Date	Validation Results	Result Date	Waiver	Expiration Date
			Clinical Services Rendered				
90658	Employee Health Influenza Vaccine 2014 - 2015 Season	Yes					
90658	Employee Health Influenza Vaccine 2015 - 2016 Season	Yes					

Missing Requirements:
None

➢ You will need to get a flu shot for the current flu season SEPT 1- MARCH 31.

- Any flu shot administered outside of the current flu season will be rejected.
- Note that this document will look a little different depending on where you get your flu shot.

➢ This requirement has a different deadline than the others. You must complete this by September 15th.

Required Immunizations

➢ Required vaccines: please obtain documentation from your healthcare providere.

  o TB

  o Hep B

  o MMR

  o Varicella

  o Tdap

➢ Vaccines can be administered by University Health Services (UHS).

➢ Appointments may be made by calling 859-323-2778.

MEASLES, MUMPS AND RUBELLA (MMR) vaccine

Compliance can be obtained by providing:
1. Two MMR vaccines with first dose given at 1 year of age or older AND second dose given at age four or older; OR
2. Documentation of positive antibody titers showing proof of immunity for each of the three diseases: [measles (rubeola), mumps AND rubella]

Note: If a student submits documentation of negative or indeterminate titers, but they have also submitted proof of two MMR vaccines as listed above, this is acceptable.

Documentation must include:
Student's Name
Student's date of birth
If series is completed, dates of each shot OR
If titers are provided, dates of positive titers are required and information will include: "immune," "positive" or number that when compared to range given on record indicates the student is positive/immune; AND
Name of the healthcare provider OR UHS compliance form OR Employee compliance form OR state immunization certificate or registry.

MMR Vaccine

Evidence of one dose of TDaP given at 11 years or older.
If more than 10 years since date of TDap, then one dose of Td in the last 10 years.

Documentation must include:
-Student's Name
-Student's date of birth
-Date of TDaP shot; AND
-Name of the healthcare provider OR UHS compliance form OR Employee compliance form OR state immunization certificate or registry.

TDaP

(Tetanus-Diphtheria Acceular Pertussis)

Note: TDaP is a different vaccine than the tetanus (Td) vaccine, which is recommended every 10 years. TDaP is also different than the childhood DTaP vaccine.

VARICELLA (Please note that oral history of disease or an X on immunization record is not accepted.)

Compliance may be obtained by providing:
1. Evidence of varicella two-dose series after one year of age; OR
2. Positive antibody titer showing proof of immunity; OR
3. Medically documented history of disease (chicken pox/varicella or shingles/zoster) from a healthcare provider (Doctor, APRN, or PA) with date of disease.   An X on the immunization form by varicella is NOT acceptable proof of disease.

Note: If a student submits documentation of negative or indeterminate titers, but they have also submitted proof of two varicella vaccines as listed above, this is acceptable

Documentation must include:
- Student's Name
- Student's date of birth
- If series is completed, dates of each shot; OR
- If titer is provided, date of positive titer is required and information will include: "immune," "positive" or number that when compared to range given on record indicates the student is positive/immune; OR

- If providing medical history, submit a medical record from healthcare provider (Physician, APRN or PA) stating patient diagnosed with Chicken pox (Varicella) or Shingles (Herpes zoster); AND
- Name of the healthcare provider OR UHS compliance form OR Employee compliance form OR state immunization certificate or registry.

Compliance may be obtained by providing:
1. Evidence of three Hepatitis B vaccines; OR
2. If series is in process or historical documentation of vaccines could not be obtained, 2 vaccines are required upon initial submission to this requirement. You will be able to submit record of the third shot when it is due.

Documentation must include:
-Student's Name
-Student's date of birth
-Dates of HEP B shots; AND
-Name of the healthcare provider OR UHS compliance form OR Employee compliance form OR state immunization certificate or registry.

Subsequent Requirement: If only two initial vaccines obtained, Hepatitis B third dose due 6 months after the 1st dose.

HEPATITIS B
(Positive Titer not accepted)

Tuberculosis Test

➢ You must obtain a TWO-step TB Test. Each year you will have to renew it with a one-step TB test.

Commitment to Behavioral Standard in Patient Care

➢ In Castle Branch, there is a link to this document. Follow this link or click here to go to the document.

➢ You will need to print, read, and sign this document.

➢ Then, scan it and upload it to Castle Branch (there are scanner apps you can download for free on your phone.)

University of Kentucky
Chandler Medical Center

COMMITMENT TO BEHAVIORAL STANDARD IN PATIENT CARE

I hereby acknowledge that I have received a copy of the Behavioral Standards in Patient Care. I have been informed that the code of behavior described herein is the official behavior code for all employees, medical staff, faculty, students, and volunteers of University Hospital and the Ambulatory Care Program, and that the standards apply to all individuals who come into contact with patients or participate in activities associated with patient care.

I understand that as a participant in patient care services I shall be expected to maintain and uphold these specific standards and the intent of these standards in the performance of my duties and responsibilities.

_____ _____
Signature   Date

_____ _____
Name Printed   Social Security #

☐ Faculty   ☐ Staff   ☐ Student
_____   ☐ Volunteer/Auxillary
College/Division

Original – Department Personnel File

CPR Certification

➢ Acceptable documents:
   o American Heart Association **Basic Life Support** OR
   o American Red Cross BLS/CPR for Healthcare Providers
   o Must be an in-person course (not online)

➢ A copy of BOTH the front and the back of your card is required and the card MUST be signed.

➢ More information can be found at the following links:
   o http://www.redcross.org/take-a-class/bls
   o http://cpr.heart.org/AHAECC/CPRAndECC/Training/HealthcareProfessional/BasicLifeSupportBLS/UCM_473189_Basic-Life-Support-BLS.jsp

Physical Examination

➢ Upload documentation of your completed physical examination. The form must be completed and signed by a medical professional, be completed within the past 12 months, AND must be completed on the 2 page form available for download from the following link.

- https://www.uky.edu/chs/sites/chs.uky.edu/files/AT/professional_master_of_science_in_athletic_training_ppe_form.pdf

Bloodborne Pathogens Training Certification

➢When you complete the Bloodborne Pathogens training, upload a copy of your UK certificate to this requirement. Student name must be included.

https://ehs.uky.edu/classes/classes_ohs_0001.php#bloodborne_pathogens_general

HIPAA and Discrimination and Harassment Trainings

➢ Go to this link and enroll in the Canvas course. (NOTE: You will need your LinkBlue ID and password to do so. If you do not yet have it, you will have to wait until you do.)

➢ Go to "Assignments." You will find the HIPAA training presentation and quiz. Before beginning the quiz, carefully read and review all the information in the presentation. When you are familiar with the material, take the quiz. You will have multiple attempts, but you MUST receive a 100% in order to get credit.

➢ Follow the same instructions for the Discrimination training.

➢ When both are complete, go to the "Grades" tab. You will then select the "Print Grades" option. Save the document as a PDF (you only need the first page that displays the two grades and your name).

➢ Upload this PDF for BOTH the HIPAA and Discrimination training requirements in Castle Branch.

The document you upload for the HIPAA and Discrimination training should look like this:

Grades for NAME

Arrange by | Due Date

NAME	DUE	SCORE	OUT OF
Discrimination and Harassment Policy Acknowledgement Assignment	Dec 1, 2017 by 11:59pm	100	100
HIPAA Test Exam	Dec 1, 2017 by 11:59pm	100	100
ASSIGNMENT		100%	
ATTENDANCE		N/A%	
ESSAY		N/A%	
EXAM		100%	
EXTRACREDIT		N/A%	
FINALEXAM		N/A%	

Important Notes

➢ **<u>Pay attention to due dates!</u>** If you do not complete the requirements in time, a hold could be placed on your UK account.

➢ If Castle Branch rejects one of your submissions, **<u>promptly</u>** address this. They will provide a reason for the rejection. If you still do not understand why a document is not being accepted, you can contact Tammy Jo Edge at tammy.edge@uky.edu

➢ Occasionally, flu shots get rejected if the flu season is not explicitly stated on the document. It is preferable for the date to be written on the document prior to uploading, but this can be overridden by Tammy Jo Edge if necessary. **<u>CHECK FIRST</u>** to see if this is the reason a flu shot is rejected.