

Health Clearance & CastleBranch

The health clearance forms can be found at the following link:

<http://www.hunter.cuny.edu/nursing/repository/files/graduate/forms/graduate-clinical-clearance-forms.pdf>.

The health clearance forms are also accessible from the School of Nursing website (www.hunter.cuny.edu/nursing) under “Current Students,” then “Graduate Students,” and then “Graduate Forms.”

The screenshot shows the Hunter-Bellevue School of Nursing website. The navigation menu includes: HBSON, PROSPECTIVE STUDENTS, CURRENT STUDENTS, FACULTY, RESEARCH, ADMINISTRATION, ALUMNI, CONTINUING ED, and INITIATIVES. The 'CURRENT STUDENTS' menu is expanded, showing: Student Support, Undergraduate Students, Graduate Students, Blackboard Information, InPlace Student Placement Management System, Student Organizations, Sigma Theta Tau, Enrollment and Degree Verification, and Criminal Background Checks. The 'Graduate Students' link is highlighted, and a dropdown menu shows: Student Handbook (PDF), Graduate Forms (highlighted), and Graduate Course Catalog. The main content area features a banner for the 'School of Nursing' and a message from Dean Gail C. McCain. A calendar for April 2018 is visible on the right side.

The screenshot shows the Hunter-Bellevue School of Nursing website's 'Graduate Forms' page. The navigation menu is visible, and the 'Graduate Forms' link is highlighted in the dropdown menu. The main content area features a banner for 'Graduate Forms' and a list of links: Graduate Forms on Registrar's Office Website, Graduate Transfer of Credit – Instructions and Form, Course Waiver Request Form (Master's Students), Request for Graduate Leave of Absence, Academic Integrity Policy Form, and Dean's Request Form: Add-Delete Student Records (Graduate). The 'Health & Clinical Clearance' section is highlighted with a red box and contains the following text: **Health Requirements and Clinical Practice Clearance Forms**
Version: 8/17. Always check that this version number matches the version shown on the bottom-left corner of your forms' cover page. Failure to use the most current version of these clearance forms may result in your submission being incomplete and regarded as late.
Influenza Vaccine Waiver
Clinical Logs
Clinical Log
A calendar for April 2018 is visible on the right side.

The instructions on how to create a CastleBranch account are found on page 2 of the health clearance packet. Students need to use the following link to create their CastleBranch account: <https://portal.castlebranch.com/UV15>.

Student last name (print) _____ First name (print) _____
Month and year of birth date (numbers) _____ Student ID # _____
Hunter email: myhunter.cuny.edu (circle) fall, spring, summer 20 _____



Managing Clinical Compliance Requirements in CastleBranch

The School of Nursing has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into www.castlebranch.com and entering your username (email used during order placement) and your secure password.

To place your order, go to:

<https://portal.castlebranch.com/UV15>



When placing your initial order, you will be prompted to create a secure *myCB* account. From within *myCB*, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

Please have ready personal identifying information needed for security purposes.
The email address you provide will become your username.

Need Help?

Visit <https://mycb.castlebranch.com/help> for more information.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

Version # 8/17

Once at this link (<https://portal.castlebranch.com/UV15>), click on “Place Order”:

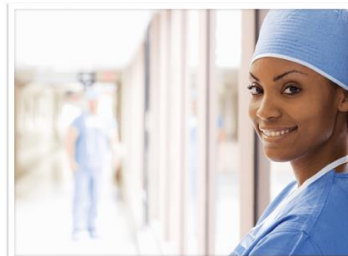


CUNY - Hunter College - Nursing Portal

This user-friendly portal guides you through program and package selection to quickly place your order and create your secure account.

After you complete your order and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements. You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

Now let's get started by clicking the Place Order button below.



Then select the **GRADUATE** package:




HOME	PACKAGE SELECTION	FAQ	CONTACT US
------	-------------------	-----	------------

Please Select

Nursing

- UV15grad: I am a GRADUATE student and I need to order my Background Check, Drug Test & Graduate Compliance Tracker
- UV15r: Recheck only
- UV15undergrad: I am an UNDERGRADUATE student and I need to order my Background Check, Drug Test & Undergraduate Compliance Tracker



Once you select the **GRADUATE** package, read the information on the following page and check the “I have read this information” option and click on the green box to continue.



HOME	PACKAGE SELECTION	FAQ	CONTACT US
------	-------------------	-----	------------

[Print](#)

Order Instructions for CUNY - HUNTER COLLEGE - NURSING

Package Code UV15grad: I am a GRADUATE student and I need to order my Background Check, Drug Test & Graduate Compliance Tracker

ABOUT

About CastleBranch
CUNY - Hunter College - Nursing has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

ORDER SUMMARY

Payment Information
Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account
To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us
For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.

I have read this information [Click to Continue](#)

Please note: There is a fee of \$160.75, which covers the cost of the health clearance tracker, background check, and drug test.



A CastleBranch Solution.

Please Review

CUNY - Hunter College - Nursing includes the following package contents:

Package: UV15grad
Statewide Criminal NY
Nationwide Healthcare Fraud And Abuse Scan
Drug Test
Nationwide Record Indicator with SOI
Social Security Alert
Residency History
Medical Document Manager CRR

Package Cost: \$160.75

Additional Information
The package price above includes a statewide search within the State of NY. If additional addresses are found associated with your name outside the State of NY, they will be performed at no additional charge.


At the end of the order process, you will be prompted to upload specific documents required by your organization for immunization, medical or certification records.

Click the button below to continue your order and create your myCB account. You will access your account to manage your order and view your results. If you already have a myCB account, you will have the option to log in.

I have read, understand and agree to the [Terms and Conditions of Use](#).

Continue

Once you read the Terms and Conditions and click on “Continue,” you will be prompted to the following page to enter your personal information and create your CastleBranch account.



Contact Us [Logout](#)

Place Order: [Chat With Us](#)

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9

PERSONAL INFORMATION

First Name: *

Middle Name:

Last Name: *

Suffix:

Phone: *

Alt Phone:

Email Address: * **Important: The email address you provide will be used for important order communication. Please enter your valid email address and look for an immediate confirmation email after submitting your order. If you do not see your confirmation email please check your SPAM or Junk folder.**

Confirm Email: *

Country: *

Address 1: *

Address 2:

City: *

State: *

Zip Code: *

PERSONAL IDENTIFIERS

Social Security Number: * - - *If you are not a US citizen and therefore do not have a Social Security Number, please enter 111-1111 to proceed with your order placement*

Date of Birth: * / / *mm dd yyyy*

Sex: Female Male

STUDENT INFORMATION

Designation: Undergraduate Graduate

Degree/Certification:

Expected Date of Graduation: /

* Indicates required information

Next

Clinical Requirements

Titers:

CLINICAL REQUIREMENTS UV15 GRADUATE

Please use the Need Help? menu to request assistance from the CastleBranch Service Desk should you have questions on completing your requirements.



1. Measles, Mumps & Rubella (MMR)

Submit a positive antibody titer (results documented by medical professional OR lab report required). If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series and the titer. If your titer was negative or equivocal, new alerts will be created for you to receive 1 booster vaccine (administered after your titer), and provide a 2nd titer.

04/06/2018 01:53:29 PM EDT - Castle Branch

UPLOAD FILE



2. Varicella (Chicken Pox)

Submit a positive antibody titer (results documented by medical professional OR lab report required). If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series and the titer. If your titer was negative or equivocal, new alerts will be created for you to receive 1 booster vaccine (administered after your titer), and provide a 2nd titer.

04/06/2018 01:53:27 PM EDT - Castle Branch

UPLOAD FILE



3. Hepatitis B

One of the following is required:

- 3 vaccinations OR
- Positive antibody titer (lab report required)
- OR declination signed by healthcare provider

If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. If your titer was negative or equivocal, new alerts will be created for you to receive 1 booster vaccine (administered after your titer), and provide a 2nd titer.

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UPLOAD FILE

- You will need to submit **ACTUAL** lab reports for MMR, Varicella, and Hepatitis B surface antibody titers.
- **Titers must be within the last 7 years.**
- If all titers are positive, they will only be required once.
- If any of your MMR or Varicella titers are equivocal or negative, you will need to submit documentation of revaccination dated **AFTER** your titer and then a repeat titer.
- If your Hepatitis B surface antibody titer is equivocal or negative, you can submit documentation of revaccination dated **AFTER** your titer and then a repeat titer, **OR** a signed Hepatitis B vaccine waiver (**must be signed by your healthcare provider**).

Student last name (print) _____ First name (print) _____
Month and year of birth date (numbers) _____ Student ID # _____
Home email _____ help@castlebranch.com (weekdays, spring, summer 20) _____

Hepatitis B Vaccine Waiver (If vaccine waived, submit this form one time only)

I understand that during my clinical placement I may be exposed to blood or other potentially infectious materials, and I may be at risk of acquiring hepatitis B virus (HBV) infection, a serious disease.

Please check the appropriate statement:

_____ I decline hepatitis B vaccination at this time. I have been informed and understand the possible risks of acquiring hepatitis B.

_____ I am currently in the process of receiving the 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. I will obtain anti-HB serologic testing 1-2 months after dose #3. Until this process is completed, I have been informed and understand that I continue to be at risk of acquiring hepatitis B.

Print Student Name: _____

Students Signature: _____

Date: _____

I have informed the above student of the risks associated with acquiring Hepatitis B.

Signature Healthcare Provider _____

Print name _____ Date _____

Adapted from Occupational Safety & Health Administration
U.S. Department of Labor
Standard Number: 1910.1330 App A
Can be waived: If a student has waived the Hepatitis B vaccination, the healthcare provider's signature indicates that the student has been advised by their healthcare provider of and understands the risks of not receiving the Hepatitis B vaccination.

Female students who believe they are pregnant must provide a letter from their health care provider indicating their expected delivery date and the lab result for Anti-Hepatitis B; although Hepatitis B vaccine is not contraindicated during pregnancy, the decision to receive their vaccination should be made in consultation with one's health care provider.

Students are advised that some health care/clinical agencies will not allow anyone who has not received the Hepatitis B vaccination and/or demonstrated immunity to Hepatitis B to participate in a clinical rotation at their site.

TB:

- All TB screenings must include the date of the screening and the result.
- If you submit a Quantiferon gold blood test, please include a copy of the lab report.
- For any positive results, a copy of a chest x-ray report is **required**.

4. TB (Tuberculosis)

One of the following completed within the past 12 months is required:

- 1 step TB skin test OR
- QuantiFERON Gold blood test (lab report required) OR
- If positive results, submit a clear chest x-ray (lab report required) within the past 10 years AND physician clearance documented on letterhead within the past year.

The renewal date will be set for 1 year. Upon renewal, one of the following is required:

- 1 step TB skin test OR
- QuantiFERON Gold blood test (lab report required) OR
- T-Spot blood test (lab report required) OR
- If previous positive results, submit physician clearance documented on letterhead within the past year.

04/06/2018 01:53:25 PM EDT - Castle Branch

UPLOAD FILE

TD/TDaP:

- Documentation of a TD or TDaP vaccination must be **within the past 10 years**.

5. Tetanus, Diphtheria & Pertussis (TDaP)

Submit documentation of a Diphtheria/Tetanus Toxoid (TD) or Tetanus, Diphtheria & Pertussis (TDaP) vaccination, administered within the past 10 years. The renewal date will be set for 10 years from the date administered.

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UPLOAD FILE

BLS/CPR Certification:

- If you submit a letter stating that you completed the BLS course instead of submitting the actual card, the letter will be accepted temporarily. A new alert will be set for about 4 weeks to give you time to receive the actual card.

6. CPR Certification

Submit your American Heart Association Healthcare Provider CPR certification. The front AND back of the card must be submitted at the same time and the "Holder's Signature" line on the back of the card must be signed.

The renewal date will be set based on the expiration of your certification.

04/06/2018 01:53:23 PM EDT - Castle Branch

UPLOAD FILE

Influenza/Flu Vaccine:

7. Influenza

One of the following is required:

- Documentation of a flu vaccine administered during the current flu season (August -March) OR
- Declination Waiver.

The renewal date will be set for 1 year.

Documentation MUST indicate that the vaccination you received is from a batch for the current flu season.

Documentation MUST include Lot #.

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UPLOAD FILE

- Documentation of your flu vaccine must include:
 - **Date the vaccine was given**
 - **Lot number**
 - **Name of the healthcare provider or administering agency**
- OR you may submit a flu vaccine waiver.

Student last name (print) _____ First name (print) _____
 Month and year of birth (date, numbers) _____ Student ID # _____
 Hunter email (_____.@hunter.cuny.edu) (circle) fall, spring, summer 20 _____

Influenza Vaccine Waiver
 (If vaccine waived, submit this form.)

Influenza is easily spread from person to person and those infected can be contagious before any signs of the flu are present. Young children, the elderly, and those with chronic health problems are at particular risk for complications from the flu.

I understand that if I do not receive the influenza vaccine, I am at greater risk of acquiring influenza and exposing patients, other healthcare providers, fellow students, faculty, and my family to influenza.

Please check both statements:

_____ I decline the influenza vaccination at this time. I have been informed and understand the possible risks of acquiring influenza.

* _____ I will wear a mask when in the patient care areas at my clinical placement sites.

I understand that some health care/clinical agencies may not allow students who have not received the Influenza vaccination to participate in a clinical placement at their site.

Print Student Name: _____

Student Signature: _____

Date: _____

* Required by New York State Department of Health.
 (New York State Department of Health Regulation: Section 2.59 of the New York State Sanitary Code, New York Codes Rules and Regulations (10 NYCRR). Effective as of the 2013-2014 influenza season.

Version # 8/17

Health Insurance:



8. Health Insurance

One of the following is required:

- Current health insurance card OR
- Proof of coverage.

The renewal date will be set for one year from the date of upload.

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UPLOAD FILE

Physical Exam:



9. Physical Examination

Submit your Physical Exam completed on the school form within the past 12 months and signed by a medical professional. **Only the following pages are required in order to gain approval:**

- **Page 3 (Personal Medical Record)**
- **Page 4 (Health History)**
- **Page 5 (Physical Exam)**
- **Page 6 (Healthcare Provider Documentation of Required Titers, Vaccines and Screening Tests)**
- **Page 7 (Student Health Clearance Form)**

The renewal date will be set for 1 year from the date of the exam. Physician must complete the section stating whether or not there are any limitations. If limitations are indicated, this requirement will be rejected and you will need to see your school admin. 04/06/2018 01:53:20 PM EDT - Castle Branch

UPLOAD FILE

Communication History:

04/06/2018 01:53:21 PM EDT - Castle Branch: [Graduate Clearance Forms](#)

- **Your physical exam must be completed on the school forms.**
- **You must upload the following 5 pages to complete the physical exam requirement:**

Student last name (print) _____ First name (print) _____
 Month and year of birth date (month/year) _____ Student ID # _____
 Hunter email _____ @hunter.cuny.edu (print) fall, spring, summer 20 _____

PERSONAL MEDICAL RECORD INFORMATION - To be filled out by Student

Student's Name (PRINT) First _____ Middle _____ Maiden _____
 Address: _____
 City _____ State _____ Zip _____
 Call Phone #: _____ (Area Code - Number)
 Date of Birth: _____ Sex: (circle) M F
 Parents Name if Dependent: _____
 Emergency Contact Person: _____
 Above Person's Phone #: _____
 Above Person's Relationship to you: _____

PERSONAL HEALTH HISTORY (completed by student)

Childhood Illnesses
 Place a check in the column marked yes after each of the childhood illnesses you have had.

	Yes	No	Yes	No	Yes	Others (if H)
Mumps			Rubella		Chicken Pox	
Mumps			Polio		Rheumatic Fever	

Place a check in the column marked yes after all of the conditions/problems that you currently have or had in the past:

	Yes	No	Yes	No	Yes
Cardiac Disease		Impetison		Stroke	
Diabetes		Joint Disease		TB	
Emphysema		Asthma		Brucellosis	
Cancer		Kidney Disease		Vertical disease	
Eye Problems		Hearing Problems		Thyroid disease	
Anemia		Allergies		Drug Sensitivities	
Skin Rash/ Psoriasis		Ulcers		Sexual Disease	
Hospitalizations		Headaches		Nervous condition	

Student to sign here: _____
 Date: _____
 Version # B17

Student last name (print) _____ First name (print) _____
 Month and year of birth date (month/year) _____ Student ID # _____
 Hunter email _____ @hunter.cuny.edu (print) fall, spring, summer 20 _____

PHYSICAL EXAM (Health Care Provider to Complete)

General: _____
 Vital Signs: HT: _____ WT: _____ BP: _____
 Skin: _____
 Head/Hair: _____
 Eyes: _____
 Ears: _____
 Nose: _____
 Mouth/Throat: _____
 Neck/Shoulders: _____
 Back/Chest/Lungs: _____
 Breasts: _____
 Heart: _____
 Abdomen: _____
 Extremities/Joints: _____
 Peripheral Pulses: _____
 Genitalia: _____
 Rectum: _____
 Neurology: _____

ASSESSMENT

PLAN

Healthcare Provider Signature: _____
 Date: _____
 Version # B17

Student last name (print) _____ First name (print) _____
 Month and year of birth date (month/year) _____ Student ID # _____
 Hunter email _____ @hunter.cuny.edu (print) fall, spring, summer 20 _____

HEALTH HISTORY (Health Care Provider to Complete)

PAST MEDICAL HISTORY

FAMILY HISTORY

SOCIAL HISTORY

Review of Systems:

General: _____
 Skin: _____
 Head: _____
 Eyes: _____
 Ears: _____
 Nose/Sinuses: _____
 Mouth/Throat: _____
 Neck: _____
 Breasts: _____
 Pulmonary: _____
 Cardiac: _____
 Gastrointestinal: _____
 Genitourinary: _____
 Musculoskeletal: _____
 Endocrine: _____
 Neuropsychiatric: _____
 Hematologic: _____
 Peripheral Vascular: _____

Date: _____ Healthcare Provider Signature: _____
 Version # B17

Student last name (print) _____ First name (print) _____
 Month and year of birth date (month/year) _____ Student ID # _____
 Hunter email _____ @hunter.cuny.edu (print) fall, spring, summer 20 _____

Healthcare Provider Documentation of Required Titers, Vaccines and Screening Tests

- To be completed and signed by healthcare provider.
- Revaccinations for negative titers are required.
- Attach actual titer laboratory reports & vaccination history for negative titers.
- Titers must be within the last 7 years. **TITERS ARE REQUIRED ONLY ONCE.**

Titer	Date Drawn	Results/Pass state	Revaccination Status if applicable
Measles (Rubella) Titer		Positive, Negative, or Equivocal	
Mumps Titer		Positive, Negative, or Equivocal	
Rubella Titer		Positive, Negative, or Equivocal	
Vaccinia Titer		Positive, Negative, or Equivocal	
Varicella Titer		Positive, Negative, or Equivocal	
Hepatitis B Surface Antibody Titer		Positive, Negative, or Equivocal	Date of Vaccination: #1 _____ #2 _____ #3 _____ OR Signed Waiver
Vaccinations	Date Given		
Diphtheria/Tetanus Toxoid (DT) or TdP*			
Administered within 15 years *		No, signed waiver	Lot # Administered by:
Annual Screening	Date	Result/Pass state	Follow-up
PPD or Quantiferon-Gold Blood Test (Screening)		Negative/Positive	If positive, please attach chest X-ray report with physician clearance. Results Date

Healthcare Provider Signature _____
 Date _____
 * Number: Bellevue School of Nursing requires documentation of:
 1. Date influenza vaccine was given
 2. Lot #
 3. Health Care Provider or agency administering vaccine.
 Version # B17

Student last name (print) _____ First name (print) _____
 Month and year of birth date (month/year) _____ Student ID # _____
 Hunter email _____ @hunter.cuny.edu (print) fall, spring, summer 20 _____

Student Health Clearance Form

Health Care Provider to Complete

Does the student have any disease or condition that would limit his or her full participation in the nursing program?
No

By signing below, the health care provider has determined that the named individual is eligible for clinical practice and agrees with the following statement:
 I find member to be in good physical and mental health, holds no free from any health impairment that is of potential risk to patients, personnel, students, or faculty and which might interfere with the performance of nursing nursing student responsibilities, with or without a reasonable accommodation. If a reasonable accommodation is required, I have identified the accommodation and the basis of the accommodation on a separate attachment.

Health Care Provider (print name): _____
 New York State License # _____
 Signature: _____ Date: _____
 Address: _____
 Telephone #: _____

Does the student have any disease or condition that would limit his or her full participation in the nursing program?
Yes

If yes please describe: _____

Health Care Provider (print name): _____
 New York State License # _____
 Signature: _____ Date: _____
 Version # B17

HIPAA Certification:



10. HIPAA Certification

Submit completed HIPAA Certification 04/06/2018 01:53:19 PM EDT - Castle Branch

UPLOAD FILE

- You can view the HIPAA video at the Health Professions Education Center (HPEC) located at the Brookdale Campus (425 E 25th Street, in the mezzanine level). After viewing the video, have the HIPAA certificate (shown below) stamped by a member of the HPEC staff.
- The HIPAA certification **MUST be stamped**.

Student last name (print) _____ First name (print) _____
Date and time of sign (mm/dd/yyyy) _____ Signed by _____
Hunter email _____ (mailto:____@hunter.cuny.edu) (date) (M, spring, summer 20)

HUNTER COLLEGE CITY UNIVERSITY OF NEW YORK
HUNTER-BELLEVUE SCHOOL OF NURSING

HIPAA PRIVACY TRAINING
CERTIFICATION OF COMPLETION

Please view "HIPAA: A Guide for Healthcare Workers" video at the Health Professions Education Center (HPEC), Hunter College Brookdale Campus (425 East 25th Street, West Mezzanine). After viewing the film, fill out the Certificate of Completion below and have it stamped by a member of the HPEC staff. The signed form is not valid without the HPEC stamp.

NOTE: If you have completed HIPAA training from another institution, you may submit documentation of that training.

CERTIFICATE OF COMPLETION

This is to certify that I have read the HIPAA Training Handbook and viewed "HIPAA: A Guide for Healthcare Workers", video. I understand the confidentiality and privacy issues involved in client care and private health information sharing. As a health care professional, I am fully aware of my responsibilities involving patient confidentiality and privacy.

Name (Print): _____

Signature: _____

Date: _____

HPEC Stamp _____

Version # 8/17

- Or if you have completed HIPAA training at another institution, such as your workplace, you may submit documentation of that training.

Handbook Acknowledgement:



11. Handbook Acknowledgment

Submit completed Handbook Acknowledgment 04/06/2018 01:53:18 PM EDT - Castle Branch

UPLOAD FILE

- The handbook can be found at the following link:
<http://www.hunter.cuny.edu/nursing/repository/files/hbson-student-handbook.pdf>.
- Please read the student handbook and sign the handbook acknowledgement (shown below).

Student last name (print) _____ First name (print) _____
Month and year of birth (date numbers) _____ Student ID # _____
Hunter email (____@hunter.cuny.edu) (circle) fall, spring, summer 20 _____

**HUNTER-BELLEVUE SCHOOL OF NURSING
CLINICAL PRACTICE CLEARANCE
and
STUDENT HANDBOOK ACKNOWLEDGEMENT**

I, _____ understand the agency to which I am
STUDENT'S NAME
assigned may require more health data than listed on the Hunter-Bellevue School of Nursing website.

I acknowledge that I have read the **Hunter-Bellevue School of Nursing Student Handbook** found at <http://www.hunter.cuny.edu/nursing/repository/files/hbson-student-handbook.pdf>

I hereby authorize Hunter-Bellevue School of Nursing to release my health clearance information and all associated documents, including: laboratory reports and immunization waivers, to any health care provider, who may require it in connection with my participation in a clinical course.

I also understand that it is my responsibility to update and keep current my H&P, PPD or Quantiferon, influenza vaccine, BCLS, NYS RN Registration, and health insurance.

I have kept three (3) copies for my own records if requested to present to the assigned official at the clinical site.

I agree that if I become ill, have surgical procedure and/or become hospitalized, develop a condition, or have an exacerbation of a condition that limits my ability to fulfill the HBSO Program requirements, I will obtain health clearance again from a health care provider before returning to the Program.

Student Signature: _____ Date: _____

Program: _____

RN License and Registration:

12. RN License & Registration

One of the following is required:

- Current RN License **AND** Registration

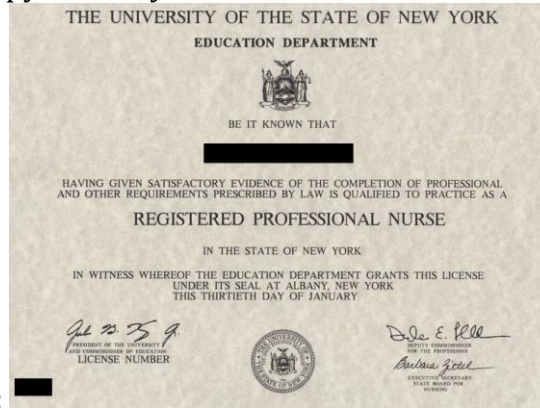
OR

- Verification of your licensure through the state website.

The renewal date will be based on the expiration of your registration or the expiration date listed on your verification of your licensure through the state website. 04/06/2018 01:53:18 PM EDT - Castle Branch

UPLOAD FILE

- Please submit a copy of both your RN license **AND** current registration.



- RN license: [REDACTED]



- RN registration: [REDACTED]
- Or you may submit verification of your license through the state website (<http://www.op.nysed.gov/opsearches.htm>).

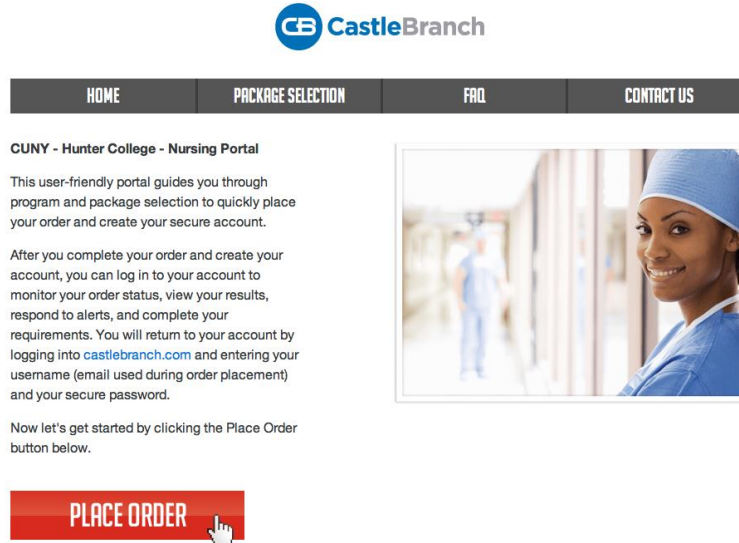
FAQS

How do I place an order/create a CastleBranch account?

Use the following link to create your CastleBranch account:

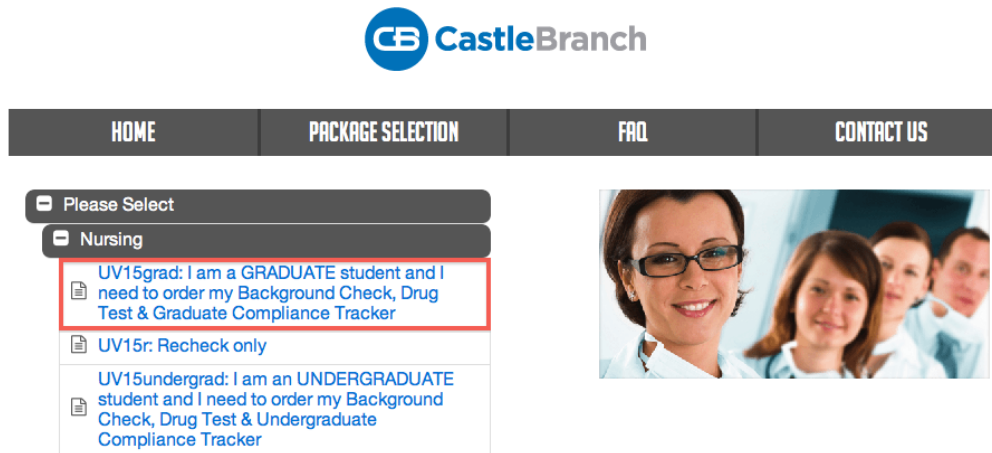
<https://portal.castlebranch.com/UV15>. This link is specific to Hunter College.

Once at this link (<https://portal.castlebranch.com/UV15>), click on “Place Order”:



The screenshot shows the CastleBranch website interface. At the top, there is a navigation bar with four tabs: HOME, PACKAGE SELECTION, FAQ, and CONTACT US. Below the navigation bar, the page title is "CUNY - Hunter College - Nursing Portal". The main content area contains a paragraph explaining the user-friendly portal, followed by a paragraph detailing the account creation and login process. To the right of the text is a photograph of a smiling female nurse in blue scrubs. At the bottom of the page, there is a prominent red button labeled "PLACE ORDER" with a mouse cursor hovering over it.

Then select the **GRADUATE** package:



The screenshot shows the CastleBranch website interface. At the top, there is a navigation bar with four tabs: HOME, PACKAGE SELECTION, FAQ, and CONTACT US. Below the navigation bar, the page title is "Please Select". The main content area contains a dropdown menu with the following options: "Nursing", "UV15grad: I am a GRADUATE student and I need to order my Background Check, Drug Test & Graduate Compliance Tracker", "UV15r: Recheck only", and "UV15undergrad: I am an UNDERGRADUATE student and I need to order my Background Check, Drug Test & Undergraduate Compliance Tracker". The "UV15grad" option is highlighted with a red border. To the right of the text is a photograph of a smiling female nurse in blue scrubs.

Once you select the **GRADUATE** package, read the information on the following page and check the “I have read this information” option and click on the green box to continue.

Print

Order Instructions for CUNY - HUNTER COLLEGE - NURSING

Package Code UV15grad: I am a GRADUATE student and I need to order my Background Check, Drug Test & Graduate Compliance Tracker

ABOUT

About CastleBranch

CUNY - Hunter College - Nursing has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.



You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

ORDER SUMMARY

Payment Information



Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account



To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us



For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.



I have read this information

Click to Continue →

Once you read the Terms and Conditions on the next page click on “Continue.”



A CastleBranch Solution.

Please Review

CUNY - Hunter College - Nursing includes the following package contents:

Package: UV15grad
Statewide Criminal NY
Nationwide Healthcare Fraud And Abuse Scan
Drug Test
Nationwide Record Indicator with SOI
Social Security Alert
Residency History
Medical Document Manager CRR

Package Cost: \$160.75

Additional Information

The package price above includes a statewide search within the State of NY. If additional addresses are found associated with your name outside the State of NY, they will be performed at no additional charge.

At the end of the order process, you will be prompted to upload specific documents required by your organization for immunization, medical or certification records.

Click the button below to continue your order and create your myCB account. You will access your account to manage your order and view your results. If you already have a myCB account, you will have the option to log in.

I have read, understand and agree to the [Terms and Conditions of Use](#).

Continue

You will then be prompted to the following page to enter your personal information and create your CastleBranch account.

The screenshot shows the 'Place Order' page for CastleBranch. At the top, there is a progress bar with 9 steps, where step 1 is highlighted. The 'PERSONAL INFORMATION' section includes fields for First Name, Middle Name, Last Name, Suffix, Phone, Alt Phone, Email Address, Confirm Email, Country (set to United States of America), Address 1, Address 2, City, State, and Zip Code. An important note states: 'Important: The email address you provide will be used for important order communication. Please enter your valid email address and look for an immediate confirmation email after submitting your order. If you do not see your confirmation email please check your SPAM or Junk folder.' The 'PERSONAL IDENTIFIERS' section includes Social Security Number (with a note: 'If you are not a US citizen and therefore do not have a Social Security Number, please enter 111-1111 to proceed with your order placement'), Date of Birth (mm/dd/yyyy), and Sex (Female/Male). The 'STUDENT INFORMATION' section includes Designation (Undergraduate/Graduate), Degree/Certification, and Expected Date of Graduation. A 'Next' button is located at the bottom right. A red asterisk indicates required information.

What is the fee for CastleBranch?

There is a fee of \$160.75, which covers the cost of the health clearance tracker, background check, and drug test.

Is this fee a one-time fee or is it recurring?

The health clearance tracker service is a one-time fee. Students would not need to pay for this service again. The only fee that a student would need to pay for again would be if they needed an updated background check and/or drug test.

What are the payment options?

Options include: MasterCard, Visa, Discover or debit card. You may choose to pay for your order in monthly installments. The monthly installment amount depends upon the amount of the order. The installment payment also includes a \$2.99 per installment payment fee. CastleBranch also offers electronic check and money order for an additional \$10. Please note: use of electronic check or money order will delay order processing until total payment is received. (Information retrieved from: <http://go.castlebranch.com/newclientfaq>).

What is the process for a drug test?

Within 24 business hours of your order being placed, CastleBranch will register you to take your test with a lab in your area. Registration information will be communicated to you within your account or via an email. You will be responsible for scheduling your appointment at the designated collection site and providing your registration information at the time of collection.

The collection site will ship your specimen to the lab. A negative test result will report out to you within 3 days from collection. If the test is non-negative, it will transmit to a Medical Review Office (MRO) to review. The MRO will contact you if they need information that would impact the results of your test. You will be contacted via the phone number you entered during order placement. You will also be able to view the "Pending MRO" status and the contact information for the MRO within your drug test To-Do List item. Tests that go through an MRO will report out to you within 5-7 days from collection. (Information retrieved from: <http://go.castlebranch.com/newclientfaq>).

Will I be given a reminder when I have an approaching due date or when something is overdue?

Yes, CastleBranch will send an email once a week if you have requirements that are approaching or have passed their due date.

Why was my documentation rejected?

Documents may be rejected if they are illegible, loaded to the wrong requirement, or do not meet the specific guidelines.

If I am continuing clinical, do I need to "redo" my CastleBranch?

If you already have a CastleBranch account, you do not need to create another account or re-upload your documents for the new semester. You will only have to upload your documents as they expire.

PLEASE NOTE

- If all titers are positive, you will only have to submit them once. If any of your MMR or Varicella titers are equivocal or negative, you will need to submit documentation of revaccination dated **AFTER** your titer and then a repeat titer. If your Hepatitis B surface antibody titer is equivocal or negative, you can submit documentation of revaccination dated **AFTER** your titer and then a repeat titer, OR a signed Hepatitis B vaccine waiver (**must be signed by your healthcare provider**).
- Your TB screening and physical exam expire annually.
- Your TD/TDaP vaccination is valid for 10 years.
- Your BLS/CPR certification is valid for 2 years.
- Your influenza/flu vaccine is valid for the current flu season.
- You will need to upload your health insurance card every year.

- Your HIPAA certification and handbook acknowledgement is only required once.
- The renewal date for your RN registration is based on the expiration date listed on your document.

If I am a new student with a recent physical, can I use documentation of that physical exam and then update it when it expires?

If you have documentation of a recent physical, you can use that information as long as it is documented on the school forms. Documentation of a physical exam not completed on the school forms will not be accepted.

The health clearance form requires the health care provider's New York State license number, however, my health care provider is from another state. Can my health care provider fill out my health clearance forms or do I need a health care provider from New York State?

A New York State health care provider is not required. You can have your health care provider write in his/her license number from whatever state you seek medical care.

Is the CastleBranch ID Badge required?

You do not need to purchase the CastleBranch ID Badge.