University *of* North Florida

Doctor of Physical Therapy Program

# Requirements for Clinical Education

## To Be Completed Prior to Arrival on Campus

| ***Requirement*** | ***Appropriate Documentation*** | ***Updates Needed*** | ***Date Completed*** |
| --- | --- | --- | --- |
| Varicella Immunity | **Titer -** Lab Report from Healthcare Provider Uploaded to [www.castlebranch.com](http://www.castlebranch.com)*Note: If negative must repeat series, can take 8 months to complete* | One-time documentation |  |
| Hepatitis B Antibody | **Titer -** Lab Report from Healthcare Provider Uploaded to [www.castlebranch.com](http://www.castlebranch.com)*Note: If negative must repeat series, can take 8 months to complete* | One-time documentation |  |
| MMR (Measles, Mumps, Rubella) | Documentation from Healthcare Provider or Titer. Uploaded to [www.castlebranch.com](http://www.castlebranch.com) | One-time documentation  |  |
| COVID-19 | Proof of vaccination – (Most sites require per CMS Guidelines) | Current |  |
| Td Booster | Documentation from Healthcare Provider Uploaded to [www.castlebranch.com](http://www.castlebranch.com) | Every 10 years  |  |
| HIPAA Training | Completed at: [www.castlebranch.com](http://www.castlebranch.com)  | One-time documentation |  |

## To Be Completed Once on Campus (Sept 1 - Oct 31st)

| ***Requirement*** | ***Appropriate Documentation*** | ***Updates Needed*** | ***Date Completed*** |
| --- | --- | --- | --- |
| Physical Exam | “UNF Student Health Exam” form completed by healthcare provider Uploaded to [www.castlebranch.com](http://www.castlebranch.com) | Annually |  |
| Tb Skin Test (or Chest X-ray if positive skin test) | Documentation from Healthcare ProviderTb blood test can be substituted for skin testUploaded to [www.castlebranch.com](http://www.castlebranch.com) | Annually- Chest X-ray (Every 3years) |  |
| Health Insurance | Download copy of current insurance card (or letter) reflecting your nameUploaded to [www.castlebranch.com](http://www.castlebranch.com) | Annually |  |
| Drug Screen | Completed at: [www.castlebranch.com](http://www.castlebranch.com) | Annually |  |
| Criminal Background Check-**Level 1** | Completed at: [www.castlebranch.com](http://www.castlebranch.com) | Annually |  |
| Criminal Background Check-**Level 2** | Completed through: [www.castlebranch.com](http://www.castlebranch.com) | Annually and/or as needed |  |
| HIV/AIDS Training | Completed in Clinical Skills Class | One-Time documentation |  |
| BLS for Healthcare Providers  | Copy of current certification card American Heart Assoc. Uploaded to [www.castlebranch.com](http://www.castlebranch.com) | Must Remain Current -Renewal every 2 years |  |

**Important: Students should keep the original of all healthcare information in a secure place for any future access that might be needed, in addition to uploading the required forms. Requirements may change and/or require updating based on clinical placement/partner request.**