

Student/Faculty Clinical Passport Guidance

The Clinical Passport is a digital PDF and should not be handwritten.
For best results, we recommend the free version of Adobe that can be downloaded by [clicking here](#)

By contract with your academic institution, all students and faculty participating in learning experiences at this healthcare site must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in the clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. Documentation must meet requirements at all times. Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE

TUBERCULIN STATUS The baseline Tuberculin Status requirement at the time of program admission can be met through one of the following options:

- **2-step TST**
- **TB Blood Tests (IGRA)**
- **Past or New Positive TB Test**

1. 2-step TST

- First Skin Test:
 1. Administer the first skin test.
 2. Read the reaction between 48 and 72 hours after administration.
 3. Retest if not read within this time period.
- Second Skin Test:
 1. If the first TST is negative, administer the second TST within 1-3 weeks after the first test.
 2. Read the second skin test 48-72 hours later.

Positive First TST

If the first TST is positive with no prior history of disease, an IGRA, provider examination, and Chest X-ray are recommended to confirm.

Rationale: A 2-step TST is performed at baseline because people infected with TB many years ago may have a negative reaction to the initial TST. The first "step" may stimulate the immune system's ability to react to the test. If the second "step" is not performed, a subsequent positive TST reaction could be misinterpreted as a new infection.

2. TB Blood Tests (IGRA)

- Interferon Gamma Release Assays (IGRAs)
 1. Used to determine if a person is infected with M. tuberculosis.
- Measures the immune response to TB proteins in whole blood.
- Common tests: QuantiFERON Gold In-Tube (QFT-IT) and TSPOT tests.

Note: Individuals who have received the BCG vaccine may show a false positive with TST. It is recommended to complete a TB IGRA for more accurate results.

3. Past or New Positive TB Test

- Positive TB Test Result: Undergo a separate medical evaluation by your healthcare provider. Upload documents of diagnostic and treatment progression (e.g., exam date, secondary TST results, IGRA, Chest X-ray, treatment notes).
- History of Positive TB Test: Complete the Tuberculosis Symptom Screening form and upload past documents of diagnostic and treatment progression.

HEPATITIS B The hepatitis B requirement can be met through completion of one of the following:

- A.** Proof of immunity (after 2 or 3 step series) by Titer (anti-HBs or HepB SAb are the ONLY accepted titers)
- B.** Signed Series in Process Form
- C.** Non-converter/History of disease
 - For those with a history of disease, upload associated provider documentation. For those who are Non-Converters, outline the completion of 2 series types, with proper titers drawn, indicating ongoing Negative titer results.
 - Series # 1. If titer remains negative after initial series, then include the secondary series information with proper titers drawn and results
 - Series # 2

MMR (Measles, Mumps, Rubella) or MMRV (Measles, Mumps, Rubella, and Varicella)

- A.** MMRV is accepted if received prior to the age of 12 years.
 - Proof of Measles immunity by titer **and**
 - Proof of Mumps immunity by titer **and**
 - Proof of Rubella immunity by titer

VARICELLA

- Proof of vaccination (2 doses administered at least 4 weeks apart) **OR**
- Proof of immunity by titer

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- 1 initial dose of Tdap required followed by a dose of Td or Tdap every 10 years.

SUBMITTED YEARLY

TUBERCULIN STATUS All users must respond to the following two questions annually:

1. Have you traveled to any [WHO-identified high burden countries](#) for TB in the past year?

Rationale: The World Health Organization (WHO) identifies high burden countries to monitor TB progression and reduce global incidence. Individuals who spend any time in one of these identified countries will complete the Annual Symptom Check form and follow any subsequent guidelines based on reported information.

2. Have you had any new known exposure to untreated TB in the past 12 months?

Rationale: If aware of any new exposure, complete the Annual Symptom Check form to screen for active TB symptoms and follow any subsequent guidelines based on reported information.

- No to Both Questions:
 - By answering 'No' to both questions the annual TB requirement is fulfilled, No further action is required.
- Yes to Any Question:
 - By answering 'Yes' to either question the TB Symptom Self-Screening form must be completed.

Completing the Symptom Self-Screening Form

- By answering 'No' to all questions the student will sign the document and upload it to their CPNW account. The TB requirement is fulfill, and no further action is required.
- By answering 'Yes' to questions in the Symptom Self-Screening Form, they must sign and upload the document to their CPNW account and share the information with their academic program representative.

INFLUENZA Include name of provider or location where the vaccination was received (CVS, Walmart, health dept., etc.), location address is NOT required.

- Proof of seasonal vaccination(s)

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW43.43.830 and OIG and GSA screens. Excluded Provider search on:
 1. [OIG http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/) (conducted bi-monthly by CPNW)
 2. [GSA http://www.sam.gov](http://www.sam.gov) (conducted bi-monthly by CPNW)
- Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.
- If your program does not provide a disclosure form you can find one by [clicking here](#).

AHA/BLS Course

- You are required to have an:
 - AHA BLS Provider Approved Course card/e-card
 - AHA BLS Provider Resuscitation Quality Improvement Plan (RQI) meets this requirement
 - Any BLS course not through the AHA is not accepted at this time.

INSURANCE

- Professional Liability policy (This may be coverage via the school or individual)

COVID-19

- Not all Healthcare facilities require annual boosters, confirm with the Site Requirements on the CPNW website. Healthcare Partners must report vaccination status for all employees, volunteers, and students. Therefore, users must submit all available COVID-19 vaccination information, even if it is not required for clinical access. This information is essential for mandatory reporting, and student participation is crucial.
- Annual information must include the vaccine manufacturer and date of vaccine.

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SUBMITTED ONCE

COVID-19

- Confirm with the Site Requirements on the CPNW website to determine specific COVID-19 vaccination requirements.

RESPIRATOR DOCUMENTATION *Verify with Academic/Program Coordinator for more information regarding this standard. This requirement is for high-risk students in direct patient care, such as nursing, respiratory therapy, MA's, Rad Tech's, and those in the Surgical Suite. If directed by Program Coordinator complete the following:

- [Respiratory Medical Questionnaire](#)
- [Respiratory Fit Test Record](#)

MILITARY IMMUNIZATION Status for certain vaccines according to military code are acceptable. Upload military exempt status paperwork to account users CPNW folder.

- If immunization occurred during Military service

ADDITIONAL REQUIREMENTS (if applicable)

- Some healthcare settings may have additional student onboarding requirements. Visit the Site Specific Requirements for your assigned facility to determine what additional requirements and/or education is required, on the CPNW website.

SUBMITTED YEARLY

RESPIRATOR DOCUMENTATION Verify with Academic/Program Coordinator for more information regarding this standard. If directed by Program Coordinator complete the following:

- [Respiratory Medical Questionnaire](#)
- [Respiratory Fit Test Record](#)

LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)

- Current

Pursued Exemptions (If applicable)

- Users must meet the health and safety requirements of the hosting facility. Inquiry for exemption must be initiated through the educational institution.
- Approved exemptions are to be uploaded to the individuals CPNW account.





Student/Faculty Clinical Passport Guidance

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What is the Clinical Passport?

The Clinical Passport is a set of established health and safety standards required of all students and faculty participating in a learning experience within the health-care setting. It serves as a record of immunity status for vaccine-preventable diseases. The record should show all pertinent information about that vaccine and when it was administered.

Why are vaccinations important?

You are likely to come into contact with infective material from patients, potentially placing you at risk for exposure and possible transmission of vaccine-preventable diseases.

Why is the Clinical Passport so important?

Employers and healthcare providers have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. Vaccines help maintain immunity, safeguard healthcare professionals from infection and protect vulnerable patients.

Keeping Current

The Clinical Passport is intended to follow a student through their academic program and therefore updated when any field expires and/or from year to year, as indicated. There is no need to introduce or start a new Passport document each academic year.

The only exception to this standard is when a regulatory standard has changed or a new regulatory standard is added.

Annual Clinical Passport Review

To uphold the highest standard of safety requirements the Clinical Passport is reviewed annually by CPNW membership in conjunction with healthcare and epidemiology experts. An updated version of the Clinical Passport is made available in June of each year. In the event of a new regulatory standard CPNW and membership will work together to notify program coordinators of such changes and whether students must transition to the new Clinical Passport.

* Other arrangements will be identified between healthcare and education if student placements are taking place during the conversation period from the previous version to the new version.

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Student/Faculty Name: _____ DOB: _____ Form Verified By: Name: _____ Date: _____
 College: _____ Name: _____ Date: _____
 Program: _____ Name: _____ Date: _____
 Student Employment Facility: _____

SUBMITTED ONCE

TUBERCULIN (Tb) Required upon admission to the program. If past or new positive, please see [Clinical Passport Guidance](#) document for further instructions. The Tuberculin requirement can be met through completion of one of the following:

A. Two-step TST#1
 Place Date: _____ Read Date: _____
 Result: _____mm _____Neg _____Pos
 If first TST is positive or new positive with no history of disease then an IGRA and/or provider examination with Chest X-ray is recommended to confirm.

Two-step TST#2
 Place Date: _____ Read Date: _____
 Result: _____mm _____Neg _____Pos OR

B. TB IGRA (blood test) Date: _____ Result: _____
 TB Chest X-ray Date: _____ Neg _____Pos

C. Past or new positive, history of BCG vaccine* Upload document(s) of diagnostic and treatment progression (i.e. date of exam, secondary TST results, IGRA, chest xray, treatment, provider notes etc.)
 Date: _____ (Self-Screening Tool)
 TB Chest X-ray Date: _____ Neg _____Pos

*Note: Individuals who have previously received the BCG vaccine may potentially show a false positive with Tuberculosis Skin Testing (TST). In these instances, it is encouraged that users complete a TB Interferon-Gamma Release Assay (IGRA) for more accurate results.

HEPATITIS B The Hepatitis B requirement can be met through completion of one of the following:

A. Proof of Immunity (Titer and 3 step series) by Titer (anti-HBs or HepB SAb are the ONLY accepted titers)
 Date: _____

B. Signed Series in Progress Form Date: _____

C. Non-convertor/History of disease For those with a history of disease, upload associated provider documentation. For those who are Non-Convertors, upload Immunization Release Assay (IGRA) with proper titers drawn, indicating ongoing Negative test results.
 Yes No

Vaccination Dates: _____
 1. _____ Date drawn: _____
 2. _____ Date drawn: _____
 3. _____ Date drawn: _____
 Result: _____Neg _____Pos
 If titer remains negative after initial series, then include the secondary series information with proper titers drawn and results.

Series #2 2-Step Series 3-Step Series
 Vaccination Dates: _____
 1. _____ Date drawn: _____
 2. _____ Date drawn: _____
 Result: _____Neg _____Pos

Measles, Mumps, and Rubella (MMR) or Measles, Mumps, Rubella, and Varicella (MMRV) MMRV if received prior to the age of 12.

A. Vaccination Dates _____ OR _____

B. Immunity by titers: Measles titer Date: _____
 Mumps titer Date: _____
 Rubella titer Date: _____

SUBMITTED YEARLY

TUBERCULIN (Tb) All users must respond to the following questions:
 1. Have you traveled to any of the [WHO identified high burden countries](#) for tuberculosis in the past year?
 Yes No
 If Yes complete [Self-Screening](#).

2. Have you had any new known exposure or untreated TB in the past 12 months?
 Yes No
 If Yes complete [Self-Screening](#).

By answering 'No' to both questions the annual TB requirement is fulfilled, no further action required.

Complete the following section ONLY if further diagnostic testing was completed, based on the Self-Screening tool guidelines

A. 2-step TST
 Place Date: _____ Read Date: _____
 Result: _____mm _____Neg _____Pos

B. 1-step TST
 Place Date: _____ Read Date: _____
 Result: _____mm _____Neg _____Pos

C. Annual TB IGRA
 Result: _____

D. Past or new positive, history of BCG vaccine* Upload document(s) of diagnostic and treatment progression (i.e. date of exam, secondary TST results, IGRA, chest xray, treatment, provider notes etc.)
 Date: _____
 TB Chest X-ray Date: _____ Neg _____Pos

INFLUENZA Include name of provider or location where the vaccination was received (CVS, Walgreens, health dept., etc.). Location address is NOT required.

A. Healthcare administered seasonal vaccination
 Provider/Agency: _____ Date: _____
 Provider/Agency: _____ Date: _____
 Provider/Agency: _____ Date: _____

BACKGROUND CHECK

A. National Criminal Background Check Including the Exclusion Provider Search on OIG and GSA upon admission.
 Date: _____

B. Washington State Patrol Check (WATCH) upon admission and then annually.
 Date: _____

C. Criminal History Disclosure School keeps this on file.
 Date: _____

D. Provider Search: OIG/GSA -Automatically (run monthly on 1st and 15th of every month per CPNW)
 Student on boarded before cycle: manually run on _____ Date: _____

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SUBMITTED ONCE

VARICELLA

A. Vaccination Dates _____ OR _____
 1. _____ Date drawn: _____
 2. _____ Date drawn: _____
 Immunity by titer: Date: _____

TETANUS/DIPHTHERIA/PERTUSSIS (Tdap) 1 dose of Tdap required followed by a dose of Td or Tdap every 10 years.

A. Initial Tdap Date: _____ **B. Td/Tdap Date:** _____

COVID-19 VACCINATION Confirm with the Site Requirements on the CPNW website to determine specific COVID-19 vaccination requirement.

A. Vaccine Information
 Manufacturer: _____ 1 or 2 dose series: _____
 Date of first dose: _____ Date of second dose: _____

RESPIRATOR DOCUMENTATION *Verify with Academic/Program Coordinator for more information regarding this standard. This requirement is for high risk students in direct patient care, such as nursing, respiratory therapy, MA's, Bed Tech's, and those in the Surgical Suite. For more details see tutorial. If directed by Program Coordinator complete the following:

A. Biennial Respiratory Medical Questionnaire complete?
 Yes, date completed: _____ No

B. Annual Respiratory Fit Test Record complete?
 Yes, date completed: _____ No

*Individual forms from different organizations are acceptable alternatives if the contents is the same. Please ensure forms are uploaded to user's CPNW account.

- Respiratory Fit Test Record
- Respiratory Medical Questionnaire

MILITARY IMMUNIZATION Exempt Status for certain vaccines according to military code are acceptable. Upload military exempt status paperwork to account users CPNW folder.

Exempt status for certain vaccines according to military code:
 Hepatitis B MMR Varicella
 Other _____
 Click Here

ADDITIONAL REQUIREMENTS (if Applicable) The healthcare organization may have additional requirements that must be completed.

Other _____
 Date: _____
 Date: _____
 Date: _____

SUBMITTED YEARLY

AHA/BSL COURSE (Course must be American Health Association (AHA) BLS)

A. Expiration Date: _____
B. Expiration Date: _____

INSURANCE Professional Liability policy in place.
 Insurance verified by program.
 Individual Insurance. If insurance is carried by the individual, upload certificate of current coverage to user account.
 Individual Insurance Expiration Date: _____

COVID-19 BOOSTER Not all Healthcare facilities require annual boosters with the Site Requirements on the CPNW website. Healthcare Partners must report vaccination status for all employees, students, and students. Therefore, users must submit all available COVID-19 vaccination information, even if it is not required for clinical access. This information is essential for mandatory reporting, and students participation is crucial.

A. Vaccine Information
 Manufacturer: _____ Date: _____
 Manufacturer: _____ Date: _____
 Manufacturer: _____ Date: _____

RESPIRATOR DOCUMENTATION *Verify with Academic/Program Coordinator for more information regarding this standard. This requirement is for high risk students in direct patient care, such as nursing, respiratory therapy, MA's, Bed Tech's, and those in the Surgical Suite. For more details see tutorial. If directed by Program Coordinator complete the following:

A. Annual Respiratory Fit Test Record complete?
 Yes, date completed: _____ No

*Individual forms from different organizations are acceptable alternatives if the contents is the same. Please ensure forms are uploaded to user's CPNW account.

- Respiratory Fit Test Record
- Respiratory Medical Questionnaire

LICENSE (Any healthcare license, registration)

A. State: _____
 Expiration date: _____ License# _____
 State: _____ License# _____
 Expiration date: _____ OR _____

B. Not Applicable

***Office Use Only**
 Purposed Exemptions: Users must meet the health and safety requirements of the hosting facility. Inquiry for an exemption must be initiated through the educational institution. Approved exemptions are to be uploaded to the individual's CPNW account.

Facility Name: _____ Date: _____
 Exemption Type: _____
 Facility Name: _____ Date: _____
 Exemption Type: _____

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TUBERCULIN STATUS

The baseline Tuberculin Status requirements can be met through completion of one of the following:

- 2-step TST
- TB blood tests (IGRA)

TST: The first skin test reaction should be read between 48 and 72 hours after administration. You will have to retest if not read within this time period.

If the first TST is negative, you will need to obtain a second TST within 1-3 weeks after first skin test, the second skin test is placed, and then read 48-72 hours later.

If first TST is positive, with no prior history of disease, then an IGRA with a provider examination and Chest Xray is recommended to confirm.

Rationale – A 2-step is one of two options performed at baseline because people who were infected with TB many years ago may have a negative reaction to an initial TST. The first “step” may stimulate (or boost) the immune system’s ability to react to the test. If the second “step” is not performed as part of baseline screening, a subsequent positive TST reaction could be misinterpreted as a new infection. Additionally, the TST (Tuberculin Skin Test) and a live vaccine must be done on the same day or separated by 30 days. If done sooner, there is potential for a false positive, resulting in increased cost and unnecessary treatment (chest x-rays).

TB Blood Tests - Interferon Gamma Release Assays (IGRAs) are blood tests used to determine if a person is infected with M. tuberculosis. The IGRA measures the immune response to TB proteins in whole blood. The IGRA tests most commonly available are the QuantiFERON Gold In-Tube (QFT-IT) and TSPOT tests.

Note: If you have a positive TB Test result, you must have a separate medical evaluation by your healthcare provider. If you have a history of positive TB test results, you must complete the Tuberculosis Symptom Screening form as per Clinical Passport requirements. [Click here](#) to download the Tuberculosis Symptom Screening form.

Note: Individuals who have previously received the BCG vaccine may potentially show a false positive with Tuberculosis Skin Testing (TST). In these instances, it is encouraged that users complete a TB Interferon-Gamma Release Assay (IGRA) for more accurate results.

Annual Tuberculin Status All users must respond to the following two questions annually:
#1: Have you traveled to any of the WHO identified high burden countries for tuberculosis in the past year?

Rationale: The World Health Organization (WHO) releases a global list of the high burden countries for tuberculosis (TB). This list promotes global monitoring of TB progression and an opportunity to reduce global incidence of TB. Individuals who spend any time in one of these identified countries will complete the Annual Symptom Check form and follow any subsequent guidelines based on reported information.

TUBERCULIN STATUS The Tuberculin Status requirements can be met through completion of one of the following:

A. Completed 2-step TST

- If first TST is positive or new positive with no history of disease then an IGRA and/or provider examination with Chest XRay is recommended to confirm.

B. TB IGRA

C. Past or new positive, history of BCG vaccine*

- Upload document(s) of diagnostic and treatment progression (i.e. date of exam, secondary TST results, IGRA, chest xray, treatment, provider notes etc..)

***Note: Individuals who have previously received the BCG vaccine may potentially show a false positive with Tuberculosis Skin Testing (TST). In these instances, it is encouraged that users complete a TB Interferon-Gamma Release Assay (IGRA) for more accurate results.**

TUBERCULIN STATUS All users must respond to the following questions:

1. Have you traveled to any of the [WHO identified high burden countries](#) for tuberculosis in the past year?
 2. Have you had any new known exposure or untreated TB in the past 12 months?
 - By answering ‘No’ to both questions the annual TB requirement is fulfilled, no further action required.
 - If you answered ‘Yes’ to either question, complete [Self-Screening](#).
- Complete the following section ONLY if further diagnostic testing was completed, based on the Self-Screening tool guidelines**
- 2-step TST
 - 1-step TST
 - Annual TB IGRA
 - Past or new positive, history of BCG vaccine* Upload document(s) of diagnostic and treatment progression (i.e. date of exam, secondary TST results, IGRA, chest xray, treatment, provider notes etc..)

#2: Have you had any new known exposure or untreated TB in the past 12 months?

Rationale: If aware of any new exposure or untreated TB in the past 12 months the user will need to complete the Annual Symptom Check form to screen for active TB symptoms and follow any subsequent guidelines based on reported information.

Completing the Symptom Self-Screening Form

- By answering 'No' to all questions the student will sign the document and upload it to their CPNW account. The TB requirement is fulfill, and no further action is required.
- By answering 'Yes' to questions in the Symptom Self-Screening Form, they must sign and upload the document to their CPNW account and share the information with their academic program representative.

Further TB Evaluation Process

- Program Representative's Role:
 1. The program representative will review the Self-Screening Symptoms Check form.
 2. In collaboration with the student, they will determine if further evaluation by a healthcare provider is warranted.
- Guidance for Evaluation:
 1. There are no strict guidelines that mandate further evaluation based solely on Self-Screening responses.
 2. Instead, the decision should be based on a collaborative evaluation of symptoms and individual circumstances, guiding both the program and the student.
- No Further Evaluation Needed:
 1. If no further evaluation is needed, the program coordinator will document this in the student's account and approve the TB requirement.
 - Scenario: An example of no further evaluation needed may be:
 1. Symptom: Prolonged cough
 2. Cause: Diagnosed with Covid-19
 - **Explanation:** Since the prolonged cough is a symptom associated with a diagnosed illness (Covid-19) and not related to any known potential TB exposure, it is reasonable to conclude that no further evaluation for TB is needed.
- Further Evaluation Needed:
 1. If further evaluation is warranted, the program coordinator will note this in the student's CPNW account.
 2. The student will upload subsequent evaluation dates, provider notes, treatments, etc., to the student account.

By following these instructions, students will ensure that their TB requirements are properly documented and addressed within the CPNW system.



HEPATITIS B The Hepatitis B requirement is to provide proof of immunity to the virus through positive antibodies in your blood. The Hepatitis B requirement can be met through completion of one of the following:

- **Proof of immunity** (after 2 or 3 step series) by Titer (anti-HBs or HepB SAb are the ONLY accepted titers)
- **Signed Series in Process Form**
- **History of Disease/non-converter**

Individuals with a history of disease need to upload any associated provider documentation related to their previous history.

Non-Responder. Approximately 5-10% of people do not develop protective antibodies following the completion of the hepatitis B vaccine series. This is confirmed with a blood test called an anti-HBs titer test which is given 4 weeks following the completion of the series. If the test shows the titer is less than

10 mIU/mL the general recommendation is to complete the series again using a different brand of vaccine (e.g. if you received Engerix B, the first time, switch to Recombivax the 2nd time or vice-versa). A person is considered to be a “non-responder” if they have completed 2 full vaccination series’ without producing adequate protective antibodies.

For persons who do not respond to the primary hepatitis B vaccine series they must complete a second vaccine series. For the second series (vaccine #4, 5, &/or 6), a different brand of vaccine should be administered. They may re-titer after vaccine #4 OR receive vaccines #5 and #6 and then re-titer.

Note: A student is permitted in the clinical setting if they have begun, but not yet completed their Hep B vaccine series if they have submitted a signed declination stating that they are in process of completing their vaccine series.

Adult Hep B Schedule: In the event an individual did not receive their Hepatitis B following the Pediatric or Adolescent Schedule and require an initial Hepatitis B Vaccination, they will need to complete the following Adult Schedule, either a 2 or 3 series Hepatitis B vaccination.

- **2 series:** shots administered one month apart
- **3 series:** receive the first shot, followed in one month by the second shot, six months following the first shot, you should receive your third and final shot of the series. The anti-HBs (HBsAb) titers are checked 4-8 weeks following the last shot of the vaccine series.

Measles, Mumps, and Rubella (MMR) or Measles, Mumps, Rubella, and Varicella (MMRV), MMRV if received prior to the age of 12.

You are required to have 2 MMR vaccines or proof of titer (3 titers, one each of Measles [Rubeola], Mumps and Rubella).

NOTE: In most cases getting the MMR/MMRV is far less expensive than having blood titers drawn. Revaccination with MMR is safe. MMRV is accepted if received prior to the age of 12 years.

HEPATITIS B The hepatitis B requirement can be met through completion of one of the following:

- 3-series (Recombinex HB or Engerix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titer confirmation 6-8 weeks later.
 - For persons who do not respond to the primary hepatitis B vaccine series they must complete a second vaccine series. For the second series, a different brand of vaccine should be administered. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer.
- 2-series (Heplisav) Series shots are administered one month apart.
 - If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer
- Immunity by Titer (anti-HBs or HepB Sab)
- History of Disease/non-converter

* Signed Declination: A student is permitted in the clinical setting if they have begun, but not yet completed, their Hep B vaccine series. A signed declination is required if the student is in process and has not completed their vaccine series.

MMR (Measles, Mumps, Rubella) or MMRV (Measles, Mumps, Rubella, and Varicella)

- MMRV is accepted if received prior to the age of 12 years.
 - Proof of Measles immunity by titer **and**
 - Proof of Mumps immunity by titer **and**
 - Proof of Rubella immunity by titer

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VARICELLA

You are required to have 2 Varicella vaccines or proof of titer.

NOTE: The titer is only recommended if you have had chicken pox disease. Titer after Varicella vaccine is not recommended by the CDC as most Varicella tests are not sensitive enough to detect antibody level for immunity post vaccination.

VARICELLA

- Proof of vaccination (2 doses administered at least 4 weeks apart) **OR**
- Proof of immunity by titer

Tetanus/Diphtheria/pertussis (Tdap)

Students and faculty are required to show proof of initial dose of Tdap. After initial dose of Tdap, either a subsequent dose of Td or Tdap is required every 10 years.

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- 1 initial dose of Tdap required followed by a dose of Td or Tdap every 10 years.

COVID-19

Vaccine information must include the vaccine manufacturer, 1 or 2 dose series, date of first dose, date of second dose (if applicable).

Covid requirements continue to update frequently, for most current requirements by healthcare partners go to the Site Requirements page on CPNW's website, select the facility name from the drop down menu, and then open the Covid-19 Healthcare Facility Updates Form.

COVID-19

- Annual information must include the vaccine manufacturer and date of vaccine.

INFLUENZA

Students and faculty are required to show:

- Proof of seasonal vaccine (either the flu shot or nasal spray flu vaccine and where administered [pharmacy, personal medical provider, etc.]

INFLUENZA Include name of provider or location where the vaccination was received (CVS, Walmart, health dept., etc.), location address is NOT required.

- Proof of seasonal vaccination(s)

NOTE: Some healthcare institutions require vaccination without exception. Others may allow you to decline on a basis of medical condition, religious belief or creed, or on the basis of a strongly held personal belief. That requires your signature on a declination form stating the reason for declining and committing to wear a mask at all times during flu season when in the institution. Keep in mind that all live vaccines, such as MMR, Varicella, LAIV (nasal flu) have to be administered on the same day or separated by 28 days.

Military Immunization Exempt Status

Vaccination programs are important to military public health and readiness. Sometimes, however, an individual may be considered exempt from a particular vaccination. There are two general types of vaccine exemptions: medical and administrative. A medical exemption may be validated by a health care professional. An administrative exemption is a non-medical function that may be considered by an individual's command or employer. [Click here](#) for exemption code listing with definitions.

MILITARY IMMUNIZATION Status for certain vaccines according to military code are acceptable. Upload military exempt status paperwork to account users CPNW folder.

- If immunization occurred during Military service



ADDITIONAL REQUIREMENTS

Some healthcare settings may have additional requirements. Visit the Site Specific Requirements for your assigned facility to determine what additional requirements and/or education is required, on the CPNW website. It is the school's responsibility to also check with each organization for any additional requirements not represented within the CPNW website.

BACKGROUND CHECKS

A. The school runs a National Background Check and WATCH (Washington State Patrol background check on admission/readmission).

B. Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.

C. Criminal History Disclosure: This document is completed upon admission into the education program and completed annually thereafter. This form serves as a personal attestation providing the student to disclose any criminal convictions that will be discovered on the background checks.

D. The National Criminal Background should include all of the following: Social Security Trace, County Felony/Misdemeanor (all counties form SS trace), Healthcare search (OIG, GSA, national and international terrorist lists, DHHS), National Sex offender Search, National Federal Criminal Search.

E. WATCH needs to include: Rap sheet (This is considered original source documentation that the WATCH was run correctly and is clear.), current legal name, previous name/aliases, birth date.

F. OIG/GSA are included in the initial Background Check and run bi-monthly by CPNW. If a student enters the program mid-cycle the check must be run by the school.

AHA/BLS Course

You are required to complete an American Heart Association (AHA) BLS Provider Course and have a current Course card/ eCard at all times. AHA BLS Provider Resuscitation Quality Improvement Program (RQI) meets this requirement. The BLS Course teaches both single rescuer and team basic life support skills for application in both in and out-of-hospital settings.

NOTE: Course must be AHA Provider only. A course following AHA Guidelines only is not acceptable.

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW43.43.830 and OIG and GSA screens. Excluded Provider search on:
 1. [OIG http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/) (conducted bi-monthly by CPNW)
 2. [GSA http://www.sam.gov](http://www.sam.gov) (conducted bi-monthly by CPNW)
- Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.
- If your program does not provide a disclosure form you can find one by [clicking here](#).

AHA CPR

- You are required to have an:
- AHA BLS Provider Approved Course card/e-card
- AHA BLS Provider Resuscitation Quality Improvement Plan (RQI) meets this requirement
- Any BLS course not through the AHA is not accepted at this time.

Student/Faculty Clinical Passport Guidance

The Clinical Passport is a digital PDF and should not be handwritten.
For best results, we recommend the free version of Adobe that can be downloaded by [clicking here](#)

Note about RQI: After successfully completing the AHA RQI BLS course, students will be issued a BLS card. The expiration date on this card will determine the validity of their BLS certification, rather than being contingent on the date of their last quarterly skill check-off. This means that the expiration date for BLS certification will align with the expiration date printed on the card they receive upon completing the full RQI course.

INSURANCE

Every student must be covered by liability insurance. Students are responsible to verify that their college provides adequate coverage. If the college does not provide coverage, students need to secure insurance from an agency. If insurance is carried by the individual, they must upload a certificate of current coverage to their user account.

INSURANCE

- Professional Liability policy (This may be coverage via the school or individual)

RESPIRATOR DOCUMENTATION

Verify with Program Coordinator for more information regarding this standard. Your program may have a Respiratory Questionnaire and Fit Testing process in place to meet this standard. Please ensure forms are uploaded to user's CPNW account.

This requirement is for high-risk students in direct patient care, such as nursing, respiratory therapy, MA's, Rad Tech's, and those in the Surgical Suite. If utilizing CPNW provided documents note that the Respiratory Medical Questionnaire is completed Biennially and the Respiratory Fit test Record is completed Annually.

LICENSE

Students and faculty are required to provide all healthcare licenses, certifications, or registrations; past or present; active or expired. State of issue and expiration date(s) are required.

LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)

- Current

PURSUED EXEMPTIONS

Exemptions of any kind are reviewed on a case by case basis. All exemptions must be discussed between the program and facility, utilizing facility approved exemption forms. Both an approved program exemption and approved facility exemption are to be uploaded to the students CPNW account.

Pursued Exemptions (If applicable)

- Users must meet the health and safety requirements of the hosting facility. Inquiry for exemption must be initiated through the educational institution.
- Approved exemptions are to be uploaded to the individuals CPNW account.

Expiration

If any of your immunizations are set to expire in the middle of the quarter or semester, it is up to the individual to ensure that up-to-date immunizations are provided prior to the expiration date. A lapse in any requirement may result in removal from the clinical site till all requirements are once again current.

