# **Wilkes University Castle Branch Clinical Clearance Guide**

#### Welcome to your upcoming clinicals!

Wilkes University requires all students to create a singular CastleBranch "My CB" account, which is an online portal to collect your **current** medical and non-medical documentation for clinical placement services. We use this information for both accreditation purposes and to submit any necessary documentation to potential clinical sites on your behalf. We ask that you read this clinical clearance guide carefully and begin preparing to ensure that you are clinically compliant by the assigned deadline.

# **CastleBranch Package Order**

Please follow the instructions to create a CastleBranch "My CB" account.

- 1. Go to <a href="https://portal.castlebranch.com/WC01">https://portal.castlebranch.com/WC01</a>. \*Please do not google or search for CastleBranch and follow this link directly.
- 2. Once there, you will need to press the red button that says, "Place Order." After pressing that button, you will get to a screen with a drop-down box that says, "Please Select." After pressing that drop down box, the related options for Wilkes will appear and you must press the drop-down box that correlated with your program.
- 3. After pressing that drop down box, there will be a list of states and you will need to select the code that is appropriate for **your state** the states are alphabetized and contain a **unique ordering code per individual state**. Therefore, a student from Alaska should only select the code for Alaska, etc. After the unique state code has been selected, the next page will ask you to review your package.
- 4. Verify that you selected the current program and state. Please order your package in accordance with your program's concentration. Once that is done and you have completed the 8-step student information process, you will be able to order your package and view all of the mandatory clearance information needed for you to be considered clinically cleared for your upcoming clinical rotations.

If you have any questions or issues regarding ordering your CastleBranch package, please contact the Clinical Placement Department at <a href="mailto:placement@onlinenursingdegrees.wilkes.edu">placement@onlinenursingdegrees.wilkes.edu</a>.

<sup>\*</sup>Please purchase the Graduate level package

<sup>\*\*</sup>Students only need to purchase and create a My CB account once for their current track

#### **CastleBranch Package Required Clearances**

Please note while reviewing these items that each clearance has specific instructions that **must** be followed. CastleBranch will not accept any documentation that does not follow the requirements below, so read this section carefully. It is every student's responsibility to ensure that they are clinically compliant.

#### **Background Check**

Your background check is ordered with your package code upon creating your My CB account, and the results will automatically be uploaded to your account. If your background check indicates any previous records, our team will reach out to have you sign a verification letter that your prior record may impact our placement services.

**Expiration Date:** Background checks will not need to be renewed for the duration of the program.

#### **Pennsylvania Fingerprints - Department of Human Services**

Please see additional attachment "<u>Pennsylvania Fingerprints – Department of Human Services</u>" for more detailed information on how to complete this requirement. <u>This</u> is an example of what your fingerprint results will look like. Note that ALL students must complete this requirement regardless of which state they live in.

#### Pennsylvania Child Abuse History Clearance - Department of Human Services

Please see additional attachment "Pennsylvania Child Abuse History Check – VOLUNTEER ONLY" for more detailed information on how to complete this requirement. This is an example of what your child abuse history results will look like. Note that ALL students must complete this requirement regardless of which state they live in.

Students who live in the following states will require additional child abuse history checks for their state: Alaska, California, Connecticut, Delaware, Georgia, Hawaii, Maryland, Texas, Vermont, and Virginia.

#### **Drug Test**

Upon creating your account, CastleBranch will register you for your drug test. You will receive your registration form within 24 hours of placing your order. When your registration is complete, the status on your requirement will update to "Registered." Click on the blue plus sign to expand the requirement and select the blue "Download File" link in order to obtain your registration form. Print your form and take it with you to your collection site. Your registration will have an expiration date listed, so take the test before it expires. You will need to bring a government-issued ID and your drug test registration form to the collection site.

Most Quest Diagnostics locations can process your 10-panel drug test for you. Please complete the new screening regardless of any prior drug exams for employment. If you have any medications that would flag in a drug screening, our team will need a doctor's note from your PCP that states you have a medical prescription.

# **Litmos eLearning Modules**

The eLearning modules cover OSHA and HIPAA materials and are required for all students to complete regardless of employment training or previous certification.

Your registration will be managed by CastleBranch. It will be completed within 2-3 business days from your date of order. After registration has been completed, your action items will populate in this section. Once they do, you can download the instructions and beginning completing the courses. Please make sure that when you are uploading your certificates that you are uploading the correct certificate for each course.

## **Measles & Mumps**

Provide one of the following for measles and mumps:

- a) Documentation of 2 doses of live MM vaccine or
- b) Submit positive antibody titers for both components (lab report or physician verification required) or
- c) Medically documented history of disease (physician verification and date required)

If titer is negative or equivocal, new alerts will be created for you to upload your healthcare provider plan. If a healthcare provider plan is necessary, please submit a doctor's note with their medical recommendation based on your results.

**Expiration Date:** Measles & Mumps documentation will require no renewal for the duration of the program. Vaccinations in series are not accepted.

#### Rubella

Provide one of the following for rubella:

- a) Documentation of one dose of rubella containing vaccine on, or after, the first birthday or
- b) Submit positive antibody titer for Rubella (lab report or physician verification required)

If titer is negative or equivocal, new alerts will be created for you to upload your healthcare provider plan. If a healthcare provider plan is necessary, please submit a doctor's note with their medical recommendation based on your results.

**Expiration Date:** Rubella documentation will require no renewal for the duration of the program. Vaccinations in series are not accepted.

# Varicella (Chicken Pox)

Provide one of the following for varicella:

- a) Documentation of 2 doses of the vaccine at least 28 days apart or
- b) Submit positive antibody titer (lab report or physician verification required) or
- c) Lab confirmation of diagnosis or
- d) Provide healthcare provider verification of history of disease for varicella (chicken pox) or shingles (date of disease required)

If titer is negative or equivocal, new alerts will be created for you to upload your healthcare provider plan. If a healthcare provider plan is necessary, please submit a doctor's note with their medical recommendation based on your results.

**Expiration Date:** Varicella documentation will require no renewal for the duration of the program. Vaccinations in series are not accepted.

# **Hepatitis B**

Provide one of the following for hepatitis B:

- a) Documentation of 3 vaccines or
- b) Positive antibody titer (lab report or physician verification required) or
- c) Signed declination waiver for hepatitis B immunization

If titer is negative or equivocal, new alerts will be created for you to upload your healthcare provider plan. If a healthcare provider plan is necessary, please submit a doctor's note with their medical recommendation based on your results.

**Expiration Date:** Hepatitis B documentation will require no renewal for the duration of the program. Vaccinations in series are not accepted.

#### **TB Skin Test**

Provide one of the following for TB:

- a) Provide results from two separate 1-step TB Skin tests with results 1-3 weeks apart (example here) or
- b) Submit results from a QuantiFeron Gold Blood Test or
- c) If positive results, provide QuantiFeron Gold Blood Test. If blood test positive, submit a clear chest x-ray (completed in the last 12 months) and TB Questionnaire

**Expiration Date:** TB documentation will require a renewal on an annual basis. Upon renewal, submit documentation of one of the following:

- a) 1-Step TB Skin Test or
- b) QuantiFeron Gold Blood Test or
- c) If previous results positive, the TB Questionnaire is required.

**PLEASE NOTE FOR ALL STUDENTS: T-SPOT TESTS WILL NOT SATISFY THIS REQUIREMENT.** If you have tested positive for TB in the past, Wilkes University will require annual chest x-rays.

### **TDaP (Tetanus, Diphtheria, & Pertussis)**

Provide one of the following for TDaP:

a) Documentation of a Tetanus, Diphtheria, & Pertussis booster within the past 10 years

**Expiration Date:** TDaP documentation requires renewal every 10 years. Please note that you may have to renew this item during the program depending on your medical documentation.

If renewal is needed, a full component TDAP hooster is required.

# **CPR Certification**

Please submit your American Heart Association Healthcare Provider CPR certification. Copy must be front AND back of the card, it has to be signed. Certificates OR letters from provider are accepted temporarily until card arrives with a renewal date of 30 days.

**Expiration Date:** CPR Certifications typically renew every 2 years. Please note that you may have to renew this item during the program depending on your documentation.

PLEASE NOTE FOR ALL STUDENTS: Wilkes University only accepts CPR certifications from the AHA, and no other certifications will be accepted. CPR course must demonstrate a Skills & Cognitive Evaluation test.

# **Influenza Vaccine or Declination**

Please submit one of the following for Influenza:

- a) Documentation of a flu shot administered during the current flu season (October 15 March 15) or
- b) Declination waiver for influenza

**Expiration Date:** Influenza vaccinations require renewal every flu season. Wilkes has the preference that students get immunized after October 15 of any given year.

## **Physical Examination**

Please submit the <u>physical examination form</u> required by the School of Nursing. The documentation must be filled out by healthcare provider and healthcare provider CANNOT be related to you.

Please note: Sections D & E must state "NO" for approval. If yes, reviewers will reject the physical and students will need to refer to <a href="mailto:lori.drozdis@wilkes.edu">lori.drozdis@wilkes.edu</a> for approval.

**Expiration Date:** Physical examinations require renewal on an annual basis.

#### **RN License**

Please submit one of the following for your RN License:

- a) A copy of your current RN License or
- b) Verification of licensure through the state website

**Expiration Date:** RN Licenses have variable expiration dates. Please note that you may have to renew your license during the duration of the program.

## **National Specialty Nursing Certification**

Please submit one of the following for your National Specialty Nursing Certification:

- a) Select "No" if you do not have a Specialty Certification
- b) Select "Yes" if you do have a Specialty Certification

**Expiration Date:** National Specialty Nursing Certifications have variable expiration dates. Please note that if you select "Yes," that you may have to renew your certification during the duration of the program.

#### **Advanced Practice License**

Please submit one of the following for your Advanced Practice License:

- a) Select "No" if you do not have an Advanced Practice License
- b) Select "Yes" if you do have an Advanced Practice License

**Expiration Date:** Advanced Practice Licenses have variable expiration dates. Please note that if you select "Yes," that you may have to renew your license during the duration of the program.

# **Additional Clinical Affiliation Agreement Requirements**

Please select the following option for your Additional Clinical Affiliation Agreement Requirements:

a) Select "No"

**Expiration Date:** Additional Clinical Affiliation Agreement Requirements will not expire or need to be renewed during the program.

#### COVID-19

Please submit one of the following for your COVID-19 immunizations:

- a) Select "No" if you do not have a COVID-19 vaccination
- b) Select "Yes" if you do have a COVID-19 vaccination series, and then submit your COVID-19 card with your full dosage (minimum: 2 doses) information

**Expiration Date:** COVID-19 vaccinations do not expire once submitted.

PLEASE NOTE FOR ALL STUDENTS: COVID-19 Vaccinations are not a requirement for Wilkes University but could be a requirement for certain clinical sites who work with our students. If you decline to provide your COVID-19 vaccination information, this could impact your clinical placement.

# **FAQ**

#### Q: How soon should I start working on my clinical clearances?

A: You should be working on your clinical clearances as soon as possible. Each document you upload is reviewed and approved by a human, not a computer, and can take up to 10 days to be reviewed. On average, 25% of clinical documentation is rejected from failing to meet the program's standards. The sooner you submit your documentation, the more time you will gain if issues arise.

#### Q: I have a previous CastleBranch account from another school. Can I use this?

A: Students must still purchase a Wilkes CastleBranch account but may call CastleBranch to see if they can transfer account information and merge with the correct Wilkes package. If not, you will have to upload the documentation to your newly purchased account.

# Q: I recently completed a Background Check/Pennsylvania Fingerprints Check/Pennsylvania Child Abuse History Check with my current employer. Can I submit this?

A: We encourage all students to complete these items on CastleBranch, as we cannot guarantee that the results you received from your previous checks follow the security clearance level that is required for Wilkes University and your clinical clearance status. Submitting outside results and documentation may be rejected.

# Q: I do not live in Pennsylvania. Do I have to complete the Pennsylvania fingerprint and child abuse requirements?

A: All students must complete the Pennsylvania fingerprint and child abuse requirements, regardless of location. Please note that some states may have you complete additional requirements as well.

# Q: I still have not received my fingerprint results or my child abuse history results. Will this impact my ability to meet the deadline?

A: Receiving fingerprint results and child abuse history results can take up to ~100 days to receive from the Department of Human Services. As long as you are on the final step of each of these clearance items, our team will consider you conditionally cleared for the deadline.

# Q: One of my clinical clearance items was rejected. Why?

A: For any item marked "Rejected" simply click on the "+" sign next to the requirement to view helpful guidance and the recommended next steps. Items can be rejected on technicalities (such as the date not being on lab results or your physical sheet). If you believe there is an error on why your item was rejected, you can contact Placement at <a href="mailto:placement@onlinenursingdegrees.wilkes.edu">placement@onlinenursingdegrees.wilkes.edu</a> for additional assistance.

#### Q: My CPR certification was rejected and they follow AHA guidelines.

A: Wilkes University only accepts CPR Certifications from the American Heart Association. Any other CPR certifications will not be accepted.

# **FAQ** cont.

#### Q: What is required of a healthcare provider plan?

A: If a student's clearance submissions result in needing to provide a healthcare provider plan, your doctor must provide medical documentation with their medical recommendations based on your results. For example, your doctor may recommend an adult booster series, additional PPE in clinical, or no further medical recommendation at this time.

# Q: How long are titers good for?

A: Titer results do not expire and are good for a lifetime.

### Q: How often do I renew my clearances?

A: Each clearance item has a separate renewal timeline. Please review each clearance item in this packet to reference their renewal date. CastleBranch will e-mail you with a 60 day and 30 day notification prior to an item expiring. It is the student's responsibility to maintain their clinical clearance status. Please note that failure to renew your clearance items can impact your ability to attend your clinical rotation and document your hours.

CastleBranch Contact Information: 1-888-723-4263

Identogo Contact Information: 1-844-321-2101