

# Compliance Requirements for Students in the Communication Sciences and Disorders Undergraduate Program

{ For Compliance questions, contact Tammy Jo Edge  
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# Requirements

- ⌘ Full Background Check
- ⌘ 10 Panel Drug Screening
- ⌘ Clinical Requirements:
  - ⌘ Health Insurance (annual)
  - ⌘ Influenza Shot (annual)
  - ⌘ Tuberculosis Two-Step Skin Test (annual)
  - ⌘ Compliance Form
  - ⌘ Commitment to Behavioral Standard in Patient Care
  - ⌘ Discrimination and Harassment Training
  - ⌘ HIPAA training
- ⌘ Standards Acknowledgements
  - ⌘ Handbook
  - ⌘ CSD Clinic Manual
  - ⌘ Personal Phone Usage
  - ⌘ CSD Dress Code
  - ⌘ Bloodborne Pathogen Exposure Policy

**\* The background check and drug screening MUST be completed prior to the first day of classes in August.**

**\* All other requirements need to be completed by the end of the Fall semester, though it is strongly advised to complete them as soon as possible in case problems arise.**

# How to get started: Create an account on Castle Branch



HOME

PACKAGE SELECTION

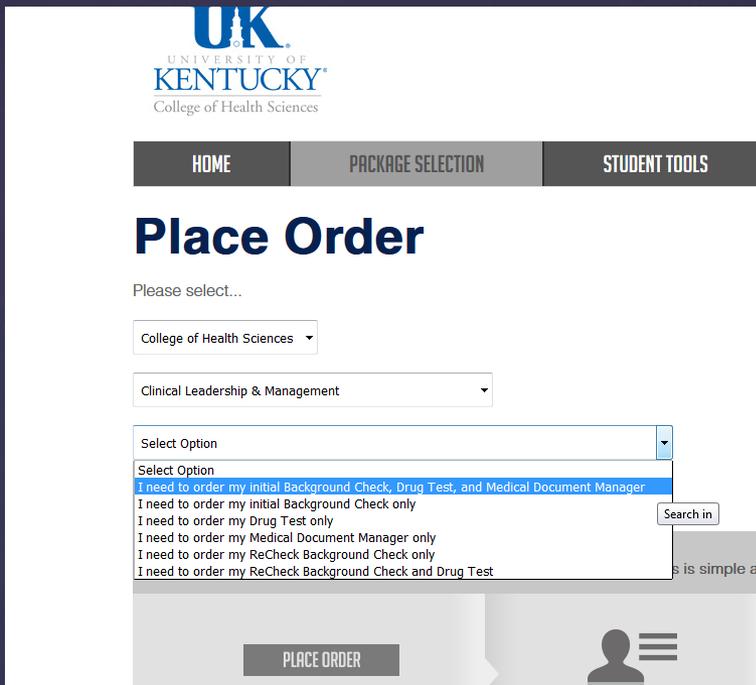
FAQ

CONTACT US

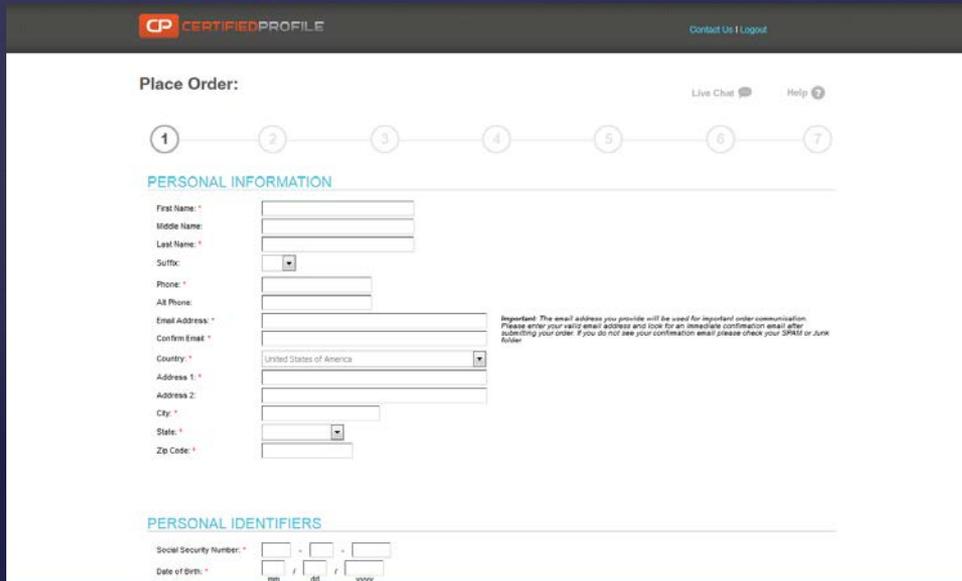
**University of Kentucky - College of Health Sciences** and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

[PLACE ORDER](#)





- <http://uky-health.castlebranch.com>
- Select “Place Order”
- Select “College of Health Sciences”
- Select “Communication Science and Disorders – Undergraduate”
- Select “I need to order my initial Background Check, Drug Test, and Medical Document Manager”



- You will then be directed to review your order, and then enter your personal details
- The cost is \$95

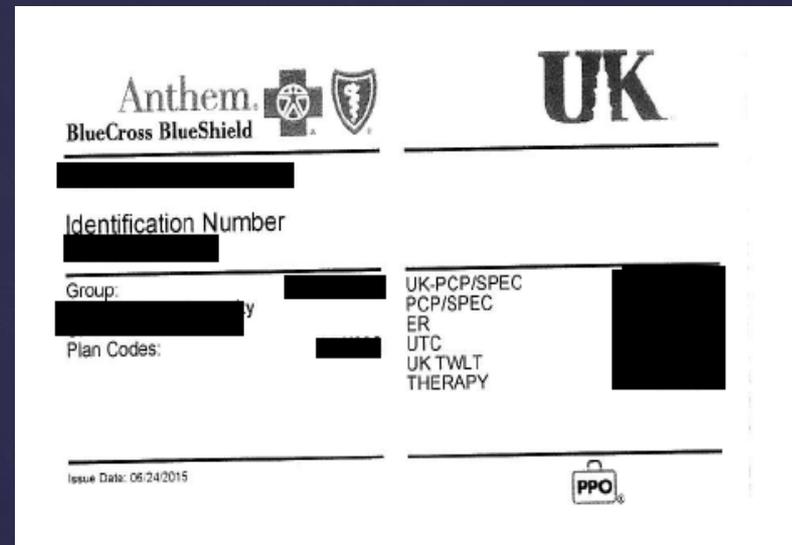
& Your background check will begin immediately upon purchasing.

& Instructions for your Drug Screening will be provided within your “To Do List” within three business days. You will be able to download the registration form and locate a LabCorp near you to process the specimen. **It is your responsibility to make sure that you allow enough time for us to receive the result prior to the start of courses.**

# Clinical Requirements

# Health Insurance

& You must provide a copy of your current health insurance card or proof of coverage. (must renew every year)



# Influenza Vaccination

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

**Immunization Record**  
[REDACTED]

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**Other ID:** [REDACTED]      **Date of Birth:** [REDACTED]      **Status:** Compliant, Verified  
**Gender:** [REDACTED]      **Date Printed:** [REDACTED]

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CPT Code	Description	Verified	Immunization Date	Validation Results	Result Date	Waiver	Expiration Date
<b>Clinical Services Rendered</b>							
90658	Employee Health Influenza Vaccine 2014 - 2015 Season	Yes	[REDACTED]				
90658	Employee Health Influenza Vaccine 2015 - 2016 Season	Yes	[REDACTED]				

**Missing Requirements:**  
None

- ⌘ You will need to get a flu shot for the **CURRENT FLU SEASON SEPT 1 – MARCH 31.**
- ⌘ **This document is due no later than November 1<sup>st</sup>.**
- ⌘ Note that this document will look a little different depending on where you get your flu shot.
- ⌘ (must renew every year)

# Compliance Form

1/5/2016 Student Health - myUK : University of Kentucky

Patient Name: [REDACTED] Compliance form for health science colleges  
Student ID #: [REDACTED] Date of Birth: [REDACTED]  
Program: College of Health Sciences PA  
Year: [REDACTED]  
TB screen: Compliant.  
Annual screening: by TB Skin test. Valid copy of TB skin test from outside source received. ...

Outside results: Date of placement: [REDACTED] Date of read: [REDACTED] Result: [REDACTED]  
Administered by: [REDACTED] This satisfies the two step TB skin test.  
Second TB skin test placed on [REDACTED] Read on [REDACTED] Result: [REDACTED] Read by: [REDACTED]  
[REDACTED] This satisfies the first step of the two step TB skin test.  
TB Screen EXPIRATION DATE: 1 year after the date of the most recent TB skin test, IGRA (blood test) or TB Questionnaire.

Hepatitis B: Compliant.  
Date(s) of Administration [REDACTED]  
Hepatitis B EXPIRATION DATE: none

MMR: Compliant.  
Date(s) of Administration [REDACTED]  
MMR EXPIRATION DATE: none

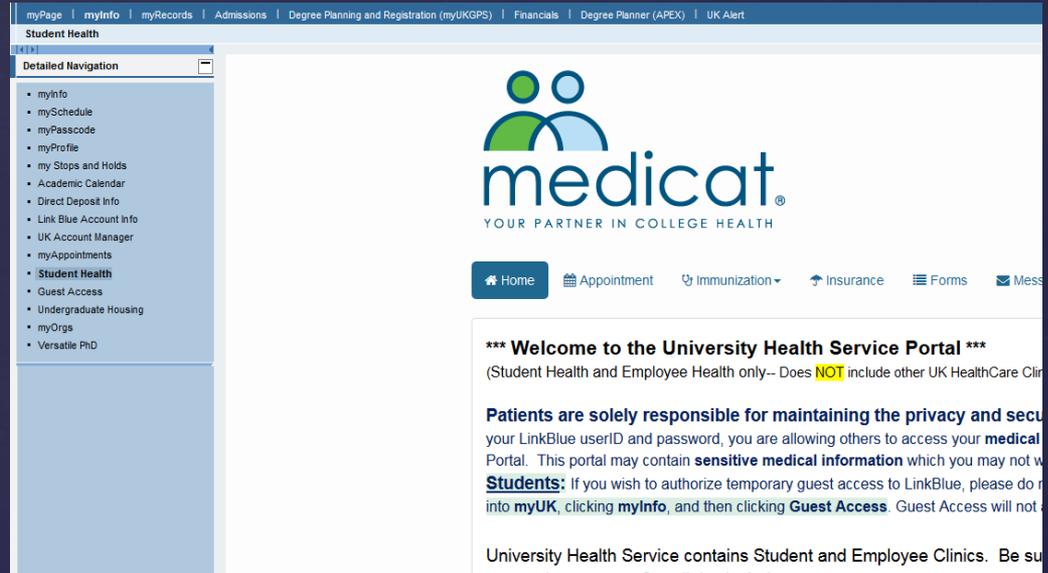
Varicella: Compliant.  
[REDACTED]  
Varicella EXPIRATION DATE: none

Tdap: Compliant.  
Administration Date [REDACTED]  
Tdap/Td EXPIRATION DATE: Tetanus and Diphtheria-10 years after the date of administration listed.  
EXPIRATION DATE: Pertussis: None.

- & You must turn in ALL your immunization records (TB, Hepatitis B, MMR, Varicella, and Tdap) to University Health Services and get the one-page Compliance Form, which looks like this.
- & You can do this in-person or online.
- & Appointments may be made by calling 859-323-2778.

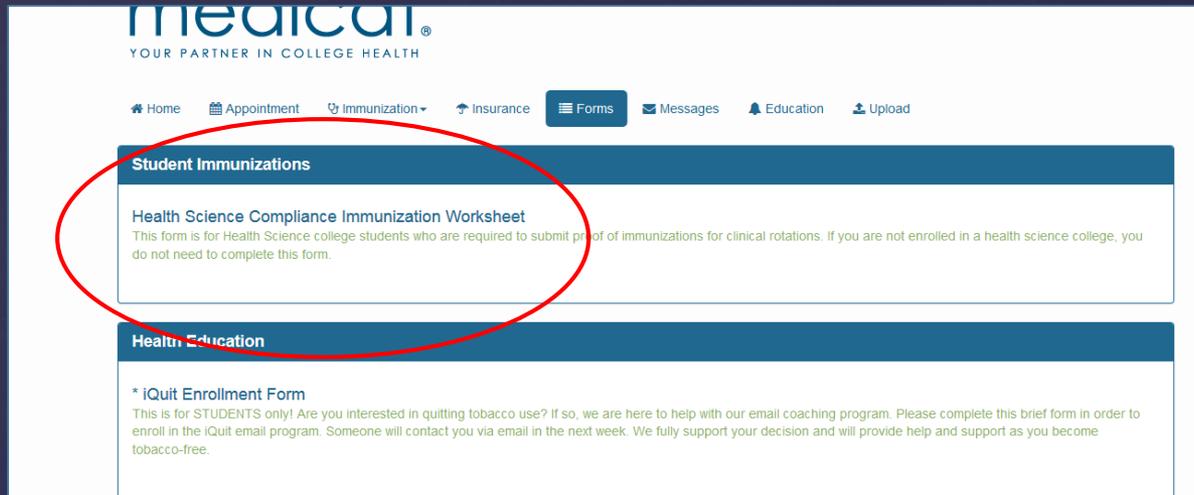
# Compliance Form

- & You can get your compliance form online by uploading your immunization records to your MyUK health portal.
- & Go to your MyUK and select “myInfo” and “Student Health.”
- & You can select “Upload” on the Medicat toolbar and upload your immunization records.



Once your immunization records are uploaded, you will need to email [uhsnurse@uky.edu](mailto:uhsnurse@uky.edu) and alert them that the forms have been uploaded and that you need a compliance form.

# Compliance Form



- ⌘ There is a “Compliance Immunization Worksheet” that will help you prepare all your immunization records.
- ⌘ It can be found by selecting “forms” and then “Health Science Compliance Immunization Worksheet.”
- ⌘ **THIS IS NOT YOUR COMPLIANCE FORM. IT IS JUST A TOOL TO HELP YOU PREPARE YOUR DOCUMENTATION.**

# Tuberculosis Test

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

⌘ For this requirement in your Castle Branch Profile: UPLOAD YOUR COMPLIANCE FORM AGAIN. It needs to show your name and the word “compliant” next to “TB Screen.”

⌘ (must renew every year)

1/5/2016 Student Health - myUK : University of Kentucky

Patient Name: [REDACTED] Compliance form for health science colleges  
Student ID #: [REDACTED] Date of Birth: [REDACTED]  
Program: College of Health Sciences PA  
Year: [REDACTED]  
TB screen: Compliant.  
Annual screening: by TB Skin test. Valid copy of TB skin test from outside source received. ...

Outside results: Date of placement: [REDACTED] Date of read: [REDACTED] Result: [REDACTED]  
Administered by: [REDACTED] This satisfies the two step TB skin test.  
Second TB skin test placed on [REDACTED] Read on [REDACTED] Result: [REDACTED] Read by: [REDACTED]  
[REDACTED] This satisfies the first step of the two step TB skin test.  
TB Screen EXPIRATION DATE: 1 year after the date of the most recent TB skin test, IGRA (blood test) or TB Questionnaire.

Hepatitis B: Compliant.  
Date(s) of Administration [REDACTED]  
Hepatitis B EXPIRATION DATE: none

MMR: Compliant.  
Date(s) of Administration [REDACTED]  
MMR EXPIRATION DATE: none

Varicella: Compliant.  
[REDACTED]  
Varicella EXPIRATION DATE: none

Tdap: Compliant.  
Administration Date [REDACTED]  
Tdap/Td EXPIRATION DATE: Tetanus and Diphtheria-10 years after the date of administration listed.  
EXPIRATION DATE: Pertussis: None.

# Commitment to Behavioral Standard in Patient Care

- ⌘ In Castle Branch, there is a link to this document. Follow this link or click [here](#) to go to the document.
- ⌘ You will need to print, read, and sign this document. Then, scan it and upload it to Castle Branch

University of Kentucky  
Chandler Medical Center

**COMMITMENT TO BEHAVIORAL STANDARD IN PATIENT CARE**

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

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

Signature	Date
Name Printed	Social Security #
College/Division	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Volunteer/Auxillary

Original – Department Personnel File

# HIPAA and Discrimination and Harassment Trainings

- ⌘ Go to [this link](#) and enroll in the Canvas course. (NOTE: You will need your LinkBlue ID and password to do so. If you do not yet have it, you will have to wait until you do.)
- ⌘ Go to “Assignments.” You will find the HIPAA training presentation and quiz. Before beginning the quiz, carefully read and review all the information in the presentation. When you are familiar with the material, take the quiz. You will have multiple attempts, but you MUST receive a 100% in order to get credit.
- ⌘ Follow the same instructions for the Discrimination training.
- ⌘ When both are complete, go to the “Grades” tab. You will then select the “Print Grades” option. Save the document as a PDF (you only need the first page that displays the two grades and your name).
- ⌘ Upload this PDF for BOTH the HIPAA and Discrimination training requirements in Castle Branch.

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

Grades for Test Student: HIPAA Education - Level 1 College of Health S... <https://uk.instructure.com/courses/1685838/grades>

Grades for **NAME**

Arrange by

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

# Policy and Standard Acknowledgments

# Policy and Standard Acknowledgements

- ⌘ For each of the following, carefully read and review the pertinent information (some of which you will receive at orientation) and confirm that you have read and understand them.
  - ⌘ Student Handbook
  - ⌘ CSD Clinic Manual
  - ⌘ Personal Phone Usage
  - ⌘ CSD Dress Code
  - ⌘ Bloodborne Pathogen Exposure Policy

# Important Notes

- ⌘ **Pay attention to due dates!** If you do not complete the requirements in time, a hold could be placed on your UK account.
- ⌘ If Castle Branch rejects one of your submissions, **promptly** address this. They will provide a reason for the rejection. If you still do not understand why a document is not being accepted, you can contact Tammy Jo Edge at [tammy.edge@uky.edu](mailto:tammy.edge@uky.edu)
- ⌘ Occasionally, flu shots get rejected if the flu season is not explicitly stated on the document. It is preferable for the flu season to be written on the document prior to uploading, but this can be overridden by Tammy Jo Edge if necessary. **CHECK FIRST** to see if this is the reason a flu shot is rejected.