

# ASU Edson College of Nursing and Health Innovation

## Academy of Lactation Programs

### Clinical Paperwork Requirements

Clinical paperwork and medical testing must be documented and include, at a **minimum** (*subject to change*), the following: Each facility will have additional mandatory paperwork requirements that will be communicated to the intern upon acceptance to the program and individual facility. Students will upload files to [CastleBranch](#).

#### 1. **Measles (Rubeola):**

- a. Positive Titer:
  - i. **SUBMIT:** Documentation of antibody titer for Measles (Rubeola)
  - ii. Requirement Complete - no further action required
- b. Negative or Equivocal Titer with proof of 2 vaccinations before titer was done:
  - i. **SUBMIT:** Negative or equivocal titer
  - ii. **SUBMIT:** Proof of 2 vaccinations at least 28 days apart - before the titer was done
  - iii. **SUBMIT:** Signed "Potential Exposure" form (download form)
- c. Negative or Equivocal Titer without proof of 2 vaccines:
  - i. **COMPLETE and SUBMIT:**
    1. After negative Titer - Complete TWO vaccine Series - at least 28 days apart
    2. Second titer following the vaccines
      - a. Positive titer - **SUBMIT** and no further action
      - b. Negative or Equivocal: **SUBMIT**
        - i. Initial negative or Equivocal titer
        - ii. Proof of 2 vaccinations at least 28 days apart - after the titer was done
        - iii. 2nd negative titer (Done at least 28 days after 2nd vaccine)
        - iv. Potential for Exposure Form

#### 2. **Mumps:**

- a. Positive Titer:
  - i. **SUBMIT:** Documentation of antibody titer for Mumps
  - ii. Requirement Complete - no further action required
- b. Negative or Equivocal Titer with proof of 2 vaccinations before titer was done:
  - i. **SUBMIT:** Negative or equivocal titer
  - ii. **SUBMIT:** Proof of 2 vaccinations at least 28 days apart - before the titer was done
  - iii. **SUBMIT:** Signed potential exposure to MMR form (download form)
  - iv. Requirement will be marked complete and no further actions will be needed
  - v. Note: If you submit a negative or equivocal titer to this requirement (without proof of two vaccines prior to your titer), this requirement will be rejected, and you will be required to complete the 2 vaccination series and receive a 2nd titer.
- c. Negative or Equivocal Titer without proof of 2 vaccines:
  - i. **COMPLETE and SUBMIT:**
    1. After negative Titer - Complete TWO vaccine Series - at least 28 days apart
    2. Second titer following the vaccines
      - a. Positive titer - **SUBMIT** and no further action

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- b. Negative or Equivocal: **SUBMIT**
  - i. Initial negative or Equivocal titer
  - ii. Proof of 2 vaccinations at least 28 days apart - after the titer was done
  - iii. 2nd negative titer (Done at least 28 days after 2nd vaccine)
  - iv. Potential for Exposure Form

3. **Rubella**

- a. Positive Titer:
  - i. **SUBMIT:** Documentation of antibody titer for Mumps
  - ii. Requirement Complete - no further action required
- b. Negative or Equivocal Titer with proof of 2 vaccinations before titer was done:
  - i. **SUBMIT:** Negative or equivocal titer
  - ii. **SUBMIT:** Proof of 2 vaccinations at least 28 days apart - before the titer was done
  - iii. **SUBMIT:** Signed potential exposure to MMR form (download form)
  - iv. Requirement will be marked complete and no further actions will be needed
  - v. Note: If you submit a negative or equivocal titer to this requirement (without proof of two vaccines prior to your titer), this requirement will be rejected, and you will be required to complete the 2 vaccination series and receive a 2nd titer.
- c. Negative or Equivocal Titer without proof of 2 vaccines:
  - i. **COMPLETE and SUBMIT:**
    - 1. After negative Titer - Complete TWO vaccine Series - at least 28 days apart
    - 2. Second titer following the vaccines
      - a. Positive titer - **SUBMIT** and no further action
      - b. Negative or Equivocal: **SUBMIT**
        - i. Initial negative or Equivocal titer
        - ii. Proof of 2 vaccinations at least 28 days apart - after the titer was done
        - iii. 2nd negative titer (Done at least 28 days after 2nd vaccine)
        - iv. Potential for Exposure Form

4. **Varicella (Chicken Pox)**

- a. Positive Titer:
  - i. **SUBMIT:** Documentation of antibody titer for Mumps
  - ii. Requirement Complete - no further action required
- b. Negative or Equivocal Titer with proof of 2 vaccinations before titer was done:
  - i. **SUBMIT:** Negative or equivocal titer
  - ii. **SUBMIT:** Proof of 2 vaccinations at least 28 days apart - before the titer was done
  - iii. **SUBMIT:** Signed potential exposure to MMR form (download form)
  - iv. Requirement will be marked complete and no further actions will be needed

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- v. Note: If you submit a negative or equivocal titer to this requirement (without proof of two vaccines prior to your titer), this requirement will be rejected, and you will be required to complete the 2 vaccination series and receive a 2nd titer.
- c. Negative or Equivocal Titer without proof of 2 vaccines:
  - i. **COMPLETE and SUBMIT:**
    - 1. After negative Titer - Complete TWO vaccine Series - at least 28 days apart
    - 2. Second titer following the vaccines
      - a. Positive titer - **SUBMIT** and no further action
      - b. Negative or Equivocal: **SUBMIT**
        - i. Initial negative or Equivocal titer
        - ii. Proof of 2 vaccinations at least 28 days apart - after the titer was done
        - iii. 2nd negative titer (Done at least 28 days after 2nd vaccine)
        - iv. Potential for Exposure Form
- 5. **Hepatitis B: 3-shot series or titer (Negative or positive, result is required):**
  - a. Positive Titer:
    - i. **SUBMIT:** One of the following
      - 1. Documentation of a positive antibody titer - OR -
      - 2. Documentation of three Hepatitis B vaccinations  
Engerix-B or Recombivax HB that meet the minimum durations:
        - a. Dose 1
        - b. Dose 2 - At least 4 weeks (28 days) after Dose 1
        - c. Dose 3 - At least 8 weeks (56 days) between Dose 2 and Dose 3  
and at least 16 weeks (112 days) between Dose 1 and Dose 3.
    - OR**
    - 3. Documentation of two Heplisav-B vaccinations that meet minimum durations:
      - a. Dose 1
      - b. Dose 2 - At least 4 weeks (28 days) after Dose 1
  - b. Negative or equivocal titer:
    - i. **SUBMIT:**
      - 1. Titer results
      - 2. Documentation of the administration of vaccine series prior to the negative titer result
      - 3. Signed potential exposure to Hepatitis B form  
(Potential exposure to Hepatitis B form)

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6. **TB (Tuberculosis): QuantiFERON/T-Spot – blood test preferred:**
  - a. Negative Titer:
    - i. **SUBMIT:** Titer results
    - ii. **SUBMIT:** ONLY 1 of the following (Lab report required)
      1. Negative IGRA
      2. Negative Quantiferon
      3. Negative T-spot
      4. Negative Chest X-Ray for TB
  - b. Positive Titer:
    - i. **SUBMIT:** Annual ASU TB Screening Questionnaire signed by licensed Healthcare Provider
  - c. Renewals: Must be current to continue at clinical site
    - i. **SUBMIT:** Annual ASU TB Screening Questionnaire signed by licensed Healthcare Provider
    - ii. **SUBMIT:** ONLY 1 of the following:
      1. 1 step TB test
      2. Negative IGRA
      3. Negative Quantiferon
      4. Negative T-spot
      5. Negative Chest X-Ray for TB
7. **Tdap: Tetanus, Diphtheria, & Pertussis (Whooping Cough)**

(Tdap Vaccination/Booster must have been done within the last 10 years)

  - a. **SUBMIT:** Proof of vaccination or booster dated within last 10 years
  - b. Student/ Intern must stay current to remain in active clinical
8. **Influenza Vaccine:**
  - a. **SUBMIT:** Proof of influenza vaccine given within the current influenza season (Aug 1 - May 31)
  - b. Declining flu vaccination:
    - i. **SUBMIT:** Declination of Flu Vaccination form
    - ii. Note: Students/Interns declining flu vaccination are subject to cancellation of clinical time and/or may be required to wear PPE equipment (Personal Protection Equipment) provided at the student/Intern expense
9. **Covid 19 – CoronaVirus Testing:**
  - a. **SUBMIT:** Testing within 10 days of placement at a clinical site. Recurring testing if exposed, symptomatic or as necessary.
  - b. **SUBMIT:** Vaccination 1 - Documentation of COVID-19 vaccinations with name of vaccine manufacture and date
  - c. **SUBMIT:** Vaccination 2 - Documentation of COVID-19 vaccinations with name of vaccine manufacture and date
10. **Drug Screen:** Drug screen must be done **after initial acceptance** into the program

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- a. **SUBMIT:** 10-panel drug screen + Triglycerics
11. **Statement of Health Clearance:**
- a. **SUBMIT:** Completed Statement of Health Clearance form (See form section)
  - b. Requirements:
    - i. Must be signed and dated by licensed HealthCare Provider (MD, DO, NP, PA)
    - ii. Only Statement of Health Clearance form will be accepted
    - iii. Must state student/intern is able to function as Lactation Consultant student/intern
    - iv. Exam must be within 2 months of application
    - v. A routine physical at ASU Health Services, or another provider, within 2 months of start of the program, message provider to ask if they can sign the form
12. **BLS/CPR for healthcare providers issued by American Heart Association:**
- a. **SUBMIT:** E-card or copy of physical card
  - b. Note:
    - i. Must be American Heart Association
    - ii. Adult not neonatal or NNRP
    - iii. Evidence of in-person skill component required
    - iv. Must be current to attend clinical rotation
13. **Fingerprint Clearance Card:**
- a. **SUBMIT:** “Level One Fingerprint Clearance Card”
  - b. Note:
    - i. If student/intern doing clinical rotation in the state of Arizona - card must be issued by Arizona Department of Public Safety
    - ii. Out of state clinical subject to local jurisdiction for level 1 fingerprinting
    - iii. If the card indicates “restricted”, then the student must submit a petition to the Clinical Director requesting a review of this requirement
    - iv. Renewal date is set for 6 years from date card was obtained
14. **Background Check:**
- a. **SUBMIT:** Submitted by Background checking Agency
  - b. **SUBMIT:** Student/Intern submits proof of clearance
  - c. Note: Student contacts Clinical Director for any variance
15. **Health Insurance:**
- a. **SUBMIT:** Copy of current health insurance card and proof of coverage

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- b. Note: Renewal date will be set for one year from date reviewed, student/intern must stay current with compliance
  
- 16. **Individual Malpractice Insurance in the minimum amount of 1M/3M:**
  - a. **SUBMIT:** Proof insurance (1M per incident and 3M aggregate)
  - b. Note:
    - i. Mandatory for all students/interns regardless of employment status
    - ii. Insurance is at highest current medical license
    - iii. Suggested companies:  
[www.CMFgroup.com](http://www.CMFgroup.com)    [www.nso.com](http://www.nso.com)    [www.hpsso.com](http://www.hpsso.com)
  
- 17. **HIPPA training** - ASU Edson School of Nursing and Health Innovation
  - a. **SUBMIT:** Verification of Training
  - b. [HIPAA for Health Services Students \(asu.edu\)](http://asu.edu)
  - c. Note: Additionally, may be required to do facility specific HIPPA training by the individual clinical site
  
- 18. **ASU College of Nursing & Health Innovation Statement of Disclosure**
  - a. **SUBMIT:** Statement of Disclosure form
  
- 19. **Consent to Verify Personal Information to Clinical Agencies**
  - a. **SUBMIT:** Consent to Release Personal Information to Clinical Agencies form