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
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
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)
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
ASU Edson College of Nursing and Health Innovation
Academy of Lactation Programs
Clinical Paperwork Requirements

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
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
         - www.nso.com
         - www.hpsocom

17. **HIPPA training - ASU Edson School of Nursing and Health Innovation**
   a. **SUBMIT:** Verification of Training
   b. **HIPAA for Health Services Students (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