Please create your CastleBranch account as soon as possible prior to the due date listed below following the instructions below:

1. Register for your account by going to: [https://portal.castlebranch.com/DD02/package-selection](https://portal.castlebranch.com/DD02/package-selection)
2. The School of Nursing requires:
   a. Background Check
   b. Drug Test
   c. Medical Document Manager: used to upload proof of immunization
3. Click on “Nursing” and select the package that corresponds with your campus and admission term. For example:
   a. For LPC students beginning in the Summer of 2023, click on package “DE69LPCsummer2023: Background Check – Drug Test – Medical Document Manager”
   b. For RFU students beginning in the Fall, click on package “DE69RFUfall”
4. When registration is complete, you can begin uploading health records.
5. To complete the drug screen requirement, an email with further instructions will be sent to you within one week of registration.
6. If you need assistance, please contact Castle Branch at 888.723.4263.

Your CastleBranch should be set up and have documents uploaded no later than the below:

- **December 1st** the for the Winter Quarter Cohort Start Date
- **February 1st** for the Spring Quarter Cohort Start Date
- **June 11th** for Summer Quarter Cohort Start Date
- **September 5th** for Autumn Quarter Cohort Start Date

Please upload all the necessary documents into your CastleBranch account. All students must be in compliance (appropriate documentation submitted and approved) from the time classes begin and throughout the entire time they are enrolled at the DePaul University School of Nursing. Lab reports or healthcare provider verification of results are required for all immunization. **When you register for your CastleBranch account, you must complete a drug screen and background check which will be included in the cost of your package.**
<table>
<thead>
<tr>
<th>Required Documentation</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| **Hepatitis B**         | 1. a) Positive Hepatitis B surface antibody (anti-HBs) indicates immunity from previous vaccination.  
                             or  
                             2. b) Positive anti-HBs and positive Hepatitis core antibody (anti-HBc) indicate immunity due to infection; a negative Hepatitis B surface antigen (HBsAG) is needed to determine whether acute or chronic infection exists, and the student will need to follow up with his or her health care provider.  
                             If immunity is not documented, the student must receive the Hepatitis B immunization series and post-vaccination bloodwork as outlined in the Health Requirements for Students Handbook. |
| **Flu (Influenza)**     | All students must upload proof of current influenza vaccine. All enrolled students must upload documentation of the flu shot into their CastleBranch account or before October 15th of each year. |
| **MMR (Measles, Mumps, & Rubella)** | A TITER is MANDATORY to document immunity. (Note: Vaccination or history of the disease is necessary to develop immunity). The titer MUST contain the titer value as well as the reference norm. The required titers are as follows:  
                             a) Rubeola IgG  
                             b) Mumps IgG  
                             c) Rubella IgG  
                             If titers indicate no immunity for Rubeola, Mumps, and Rubella, immunization is required (for Rubeola, Mumps or Rubella, this will be a booster series of 2 MMR immunizations). Follow-up titers will need to be drawn after re-immunization. |
| **Varicella (Chickenpox)** | Note: History of disease is no longer acceptable.  
                             A TITER is MANDATORY to document immunity. The titer MUST contain the titer value as well as the reference norm. The required titer is Varicella IgG. If titers indicate no immunity for Varicella, immunization is required. Follow-up titers will need to be drawn after re-immunization. |
| **Tdap (Tetanus, Diphtheria, Pertussis)** | Tetanus-Diptheria-Pertussis Booster: Must be within the last 10 years.  
                             Documentation can be in the form of a signed immunization card or statement from your healthcare provider or health department that documents the date that the TDaP was administered. |
| **Tuberculosis Screening (TB)** | All students that will provide patient care in the clinical setting are required to be screened for tuberculosis upon acceptance into the program.  
                             Documentation must be uploaded into Castle Branch and approved to fulfill this requirement. This can be done by completing one of the following:  
                             1. Two-step Tuberculin Skin Test. |
a. The student will be required to have two separate tuberculin skin tests placed 1-3 weeks apart. The results of both tests must be uploaded into Castle Branch.

2. Quantiferon Gold Test*

   a. The student will be required to have this blood test drawn and upload the results into Castle Branch.

   *Please note: some clinical sites will only accept the Quantiferon Gold test as proof of not having active tuberculosis, therefore it is recommended to have this test done.
| **Health Insurance**               | Provide a copy of your current health insurance card or proof of coverage.  
                                        | Please note that the name on the health insurance must match the student's name.  
                                        | The renewal date will be set for 1 year from date of submission. |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------|
| **Cardiopulmonary Resuscitation Certification (CPR)** | **ONLY the following certifications will be accepted:**  
                                        | • American Heart Association’s Basic (BLS)  
                                        | **ALL OTHER CPR CERTIFICATIONS WILL BE REJECTED.**  
                                        | A copy of both the front and back of the card with signature, or the AHA e-cards made available to you following your CPR course will be acceptable documentation.  
                                        | Visit this [website](#) to find a class near you. |
| **Bloodborne Pathogens Training** | All students must complete **Bloodborne Pathogens**. Submit proof of completion of the Bloodborne Pathogens Exposure Training quiz, found at: [go.depaul.edu/bbp](http://go.depaul.edu/bbp).  
                                        | Must include date and list the score for the quiz. Renewal date will be set for 1/1 of the following year. Once completed, upload the certificate of completion to CastleBranch |
| **HIPAA-FERPA Authorization**     | Download, print & complete the HIPPA-FERPA Authorization form from your CastleBranch account. Submit a completed copy of your HIPPA-FERPA Authorization to fulfill this requirement. |
| **Student Handbook Agreement**    | Download, print & complete the Student Handbook Agreement Statement form from your CastleBranch account and upload to fulfill this requirement. |
| **COVID-19 Vaccination and Booster** | Proof of initial vaccine series must be provided. Dates of vaccination plus LOT # must be specified on the documentation. |
| **Acknowledgement of Mandated Reporter Status** | Download the attached form from your CastleBranch account, sign and date, and upload to fulfill this requirement.  
                                        | Form must have the student name written at the top, and be signed and dated at the bottom. Electronic signature is acceptable. |

*Note: Some clinical sites may have additional compliance requirements, and you will be notified by the School of Nursing if additional items are needed.*