

## Guide to CastleBranch

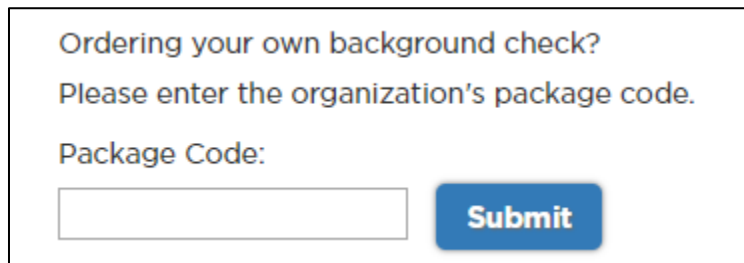
### CastleBranch / CB:

<https://www.castlebranch.com/>

Upon admission to the program and at least sixty (60) days prior to enrollment, students must provide documentation that they have met certain requirements through CastleBranch, Loyola University New Orleans School of Nursing's designated third party agency. Note: All students must be fully compliant with all items upon admission and throughout the entire program.

### Account Creation:

To create a CastleBranch account, students will need to select **Place Order** at the top of the CastleBranch main screen and enter Loyola's package code: **LO22**. The cost of the package is currently **\$150.75**.



The screenshot shows a web form with the following text: "Ordering your own background check? Please enter the organization's package code." Below this is a label "Package Code:" followed by a text input field and a blue "Submit" button.

Students will then be required to agree to the CastleBranch terms and continue to the online application. The application includes a **"Chat with Us"** feature on the webpage that students may use to contact CastleBranch if they have any questions during the process.

Once your account has been created, you will be able to manage your documentation, view what has been submitted, and see what items are still needed.

### Troubleshooting

If your documents are rejected, please review your account, as CastleBranch will provide rationale for their decision. You will also be able to correct and resubmit any documents necessary.

If you continue to experience issues, please contact their Customer Support service as they will be able to best assist you. The contact number should be located at the top of their website, as well as a link that will allow you to contact them by email.

If you still require further help or have questions that cannot be answered by CastleBranch, please contact Kacey Mills at [kmmills@loyno.edu](mailto:kmmills@loyno.edu) or Dr. Cynthia Langford at [langford@loyno.edu](mailto:langford@loyno.edu).

**SEE BELOW FOR MORE INFORMATION ON CASTLEBRANCH REQUIREMENTS**

**PRACTICUM STUDENTS: All of the components below must be completed in order for you to be registered for your practicum course.**

ONCE YOU HAVE SUBMITTED A PRACTICUM APPLICATION THROUGH MEDITREK, a School of Nursing staff member will intermittently check your CastleBranch account for compliance with all of the requirements below. Once all items have been submitted by you and approved by CastleBranch, you will receive approval for the CastleBranch component of your application.

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**Drug Test:**

The School of Nursing requires a 10-panel urine drug screen for all students.

You will receive your drug test registration form within 24 business hours of your order placement as a download from your Drug Test requirement in your To-Do List that can be viewed by clicking the blue plus signs OR you may receive your registration form by email.

**Clinical Requirements:**

Documentation of immunization status is required in order to comply with Louisiana Revised Statute 17:170, which sets forth the requirements for immunization and health clearance for schools, including colleges. During your clinical practicum, facilities may require additional health clearance, such as proof of current health insurance. Additional clearance concerns shall be addressed by the student, who will supply documentation pursuant to a particular facility policy. The following documentation will be required:

**1. Measles, Mumps, & Rubella (MMR)**

- One of the following is required:
- 2 vaccinations
- Positive results of antibody titers for all 3 components, with lab report required. Please note that lab reports with immune results are acceptable without reference range or numerical values. If titer is negative or equivocal, 1 booster is required.

**2. Tetanus, Diphtheria, & Pertussis**

- Tetanus protection is demonstrated by documentation of a tetanus immunization within the previous 10 years. It must be updated every 10 years. Adults, especially health care workers, should receive at least one TDap vaccine.
- Varicella immunity can be documented by records of the immunization against varicella or positive results of a varicella antibody titer.

**3. Poliomyelitis**

- One of the following is required:
  - Documentation of the completed primary series – at least 3 vaccinations
  - A copy of the Immunization Waiver form located on the School of Nursing Resources webpage under Practicum Forms, approved and signed by a School of Nursing staff member. You MUST check off all boxes under Polio to waive the

requirement. Submit the signed form to [kmmills@loyno.edu](mailto:kmmills@loyno.edu) and it will be processed with CastleBranch.

#### 4. Influenza

- You must submit documentation of one of the following:
  - Documentation of a flu shot administered during the current flu season. It must be administered by October 31 and the following information should be shown: Your Name; Vaccine Lot #; Vaccine Administration Date; Proof of Administration (location on body, initials or signature of administrator)
  - A copy of the Immunization Waiver form located on the School of Nursing Resources webpage under Practicum Forms must be approved and signed by Dr. Cynthia Langford. Fill out and submit the signed to [langford@loyno.edu](mailto:langford@loyno.edu).
  - If your flu shot is administered after the October deadline, submit your proof of immunization and a completed copy of the Immunization Waiver form to Dr. Langford at [langford@loyno.edu](mailto:langford@loyno.edu).

#### 5. Varicella (Chicken Pox)

- One of the following is required:
  - 2 vaccinations
  - Positive antibody titer with lab report required. If titer is negative or equivocal, 1 booster is required.

#### 6. CPR Certification

- Prior to matriculation into the School of Nursing, you must provide proof of successful completion of CPR for Health Care Providers. An educational transcript from an approved health care employer showing the date of prior CPR training is sufficient evidence of course completion. CPR certification must be renewed every two years and documentation of current certification must be provided bi-annually.
- Your CPR certification must be one of the following:
  - American Heart Association Healthcare Provider Course OR
  - American Heart Association Advanced Cardiac Life Support course OR
  - American Heart Association Basic Life Support for Healthcare Providers or American Red Cross OR
  - Military Training Certification OR
  - Any card that states the entity is an "authorized provider of American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program"
- The front and back of your card will be required. It must be signed OR an educational transcript from an approved health care employer showing the date of prior CPR training is required. The renewal date will be set based on the expiration date provided on the card.

#### 7. Hepatitis B

- One of the following is required:
  - 3 vaccinations
  - Positive antibody titer, with lab report required. If the titer is negative or equivocal, 1 booster is required.

- Submit documentation of where you are in the series. You must have at least your first and second vaccination. If your series is in process, you will receive new alerts to complete the series.
  - Immunity must be documented by records of three hepatitis B immunizations and a positive hepatitis antibody titer report. The recommended hepatitis B series is three shots, the second shot being given one month after the first, and the third shot being given six months after the first. The hepatitis B antibody titer should be drawn 1-5 months after the series is completed but may be drawn at any interval following the completion of the series. Positive titer results at any time are believed to infer lifelong immunity, even if later titers report negative results. Students who do not have documented immunity to hepatitis B must have received the first two of three hepatitis immunizations in the first series in order to matriculate. The student must continue to provide documentation that the remaining immunizations are being received at the designated intervals in order to continue in clinical courses. If at the end of the series of three immunizations, the student's titer does not demonstrate immunity to hepatitis B, the series and titer must be repeated. If the titer again does not show immunity, the student will be counseled about lack of immunity and asked to sign a statement acknowledging responsibility for practicing in health care without hepatitis B immunity. Students must inform their clinical preceptor at the facility if this form is signed by the student. In some circumstances, students may be granted a waiver of the hepatitis B immunity requirement after the first series if they have been counseled about the health risks and have signed a statement of responsibility.

#### **8. TB Test**

- One of the following is required:
  - Mantoux TB skin test within the past year
  - Quantiferon Gold TB blood test
  - T-Spot blood test
  - If results are positive, provide a clear Chest X-Ray within the past 5 years
- Renewal will be set for 1 year for negative tests and 5 years for Chest X-Rays. Upon renewal, one of the following is required:
  - Negative tests: One-step PPD or a Quantiferon Gold TB blood test or T-Spot blood test
  - Positive tests: Written proof on letterhead stationary from your physician that you have been treated and are cleared to practice in a health facility AND a clear Chest X-Ray within the past 6 months
- Students are required to provide evidence of a two-step tuberculosis (TB) test unless the student can present documentation of negative annual TB testing over 3 consecutive years prior to enrollment in the program. Subsequent single step TB testing or a quantum gold blood test is required annually and documentation shall be provided to CB annually. If TB testing is positive or contraindicated for any reason, clearance must be obtained from a licensed healthcare provider.

#### **9. Physical Examination Attestation Form**

- You must submit the Physical Examination Attestation form located on the School of Nursing Resources webpage under Practicum Forms. Your primary care provider's name and license number must be clearly stated. This will verify that you have had a complete physical exam conducted within the past 12 months by a licensed healthcare provider and are free of any condition that would prevent you from

participating in practicum experiences. Attestation of a current physical examination is required prior to your program start date AND prior to the start of any practicum course.

### **Background Check:**

The background check includes criminal, residency, fraud and abuse, sexual offender and a three-year employment verification check. The package includes a search of your current county of residence. If any additional counties are found associated with your name, they will be performed at no additional charge. The package includes researching records under your current name and any additional names you may have used, if applicable.

During the placement of your order, you will be prompted to provide information regarding your employment. Please provide your employment history for the past 3 years. Any additional fees charged by an outside vendor for employment verification will be additional charges to the base fee.