

MMR	You must submit A or B: A) 2 doses of the MMR vaccine B) Positive Titers for Measles, Mumps, and Rubella Please note the following: 1) If you submit 1 or 2 non-immune titers for any of the MMR titers, you will be required to submit 1 Post-Titer MMR Booster dated after your titer for compliance. 2) If you submit non-immune titers for ALL 3 MMR titers, you will be required to submit 2 Post-Titer MMR Boosters dated after your titers for compliance.
2 doses 28 days apart	
Varicella	You must submit A or B: A) 2 doses of the Varicella vaccine B) Positive Varicella Titer Please note, if you submit a non-immune titer for Varicella, you will be required to submit 2 Post-Titer Varicella Boosters dated after your titer.
2 doses 28 days apart	
Hepatitis B	You must submit A, B, or C: A) 3 doses of the Hepatitis B vaccine according to CDC guidelines B) 2 doses of the Heplisav 2 Shot Hepatitis B vaccine according to CDC guidelines. Please note - your documentation MUST state "Heplisav" for it to be approved as a 2 shot series. C) Positive Hepatitis B Titer Please note, if you submit a non-immune titer for Hepatitis B, you will be required to submit 3 Post-Titer Hepatitis B Boosters or 2 Heplisav 2 shot Hepatitis B Boosters dated after your titer. You will be provided temporary compliance if your are going through the Post-Titer Booster series: 1st dose = 1 month of temporary compliance 2nd dose = 5 months of temporary compliance
2 doses (Heplisav-B) or 3 doses (Energix-B or Recombivax HB)	
Tuberculosis	If you test Negative for Tuberculin exposure, you must submit either A or B annually: A) Negative 2-Step PPD, where the 2nd Step is dated 7-21 days after the 1st Step. Annually thereafter, you will only need to submit an Annual 1-Step PPD. B) Negative Annual QuantiFERON or T-Spot Please note, if you test positive for TB exposure or have a history of the BCG vaccine, you must submit both C and D: C) Negative Chest X-Ray every 2 years D) CSN TB Symptoms Screening Questionnaire every year completed on the below form Any test expiring within the next 4 months cannot be submitted.
2-Step PPD QuantiFERON T-Spot	
Tdap	Initially, you must submit proof of a full Tdap vaccine, which is good for 10 years. After that time, you may submit a TD Booster, which will expire after 10 years. No other variations of these shots will be acceptable.
1 dose within 10 yrs	
Influenza	You must submit your flu shot for the upcoming flu season. Please note, the earliest you can receive your flu shot to have it count towards the upcoming flu season is 8/1. If you choose to decline the flu shot, your rotation placements may be impacted.
October - March	
CPR	You must submit your American Heart Association BLS (Basic Life Support) Healthcare Providers CPR Certification. BLS - AHA Please note, no other provider nor version of CPR will be acceptable.
Every 2 yrs	
Physical Exam	You must submit proof of a Physical Exam provided by your healthcare provider. Please note - both the CSN Health History Questionnaire AND the Physical Examination form must be filled out for compliance. This will be due each year and the only acceptable form can be found below.
Medical Insurance	You must submit proof of your Health Insurance. Must cover the dates throughout your entire clinical days. Other Options: Nevada Health Link website - see if you qualify for low to no-cost insurance plans. EJSmith – short-term insurance options
Background Check	You must order a Background Check through the American DataBank. Once it has been completed, it will upload to your account automatically. You must complete your background check prior to the start of every semester. Submissions must be within the below timeframe: For Spring semester: August 1st-December 31st of the previous year For Summer semester: January 1st-May 14th For Fall semester: May 15th-July 31st
Drug Screening	You must order a Drug Screening through the American DataBank. Once it has been completed, it will upload to your account automatically. You must complete your drug screen prior to the start of every semester. Submissions must be within the below timeframe: For Spring semester: June 1st-December 31st of the previous year For Summer semester: January 1st-May 14th For Fall semester: May 15th-July 31st
COVID-19	You must submit one of the following for compliance: A) 2 doses of the COVID-19 vaccine B) A single dose of the Johnson & Johnson vaccine C) A single dose of the COVID-19 Bivalent vaccine *A Covid-19 ""bivalent"" dose did not become available until September 2022. The documentation you upload must indicate ""bivalent"" and should be uploaded to the bivalent category. If you are unsure if you have received the bivalent vaccine, please contact your healthcare provider. Please note: All vaccinations received after 04/18/2023 are the Bivalent series.
1 dose JJ 2 doses Moderna/Pfizer 1 dose Bivalent after 4/18/23	