

Requirement Explanation

Package Name	Category Name	Student Notes	URL	Item Name	Field Name
Yuba College Tracking Package	Physical Exam	program start date. The only acceptable physical exam form can be found below.	http://alliedhealthyccdco	·	Document
			mpliance.com/forms/YCCP hysicalExam.pdf		Date
					Expiration Date
					Program Start Date
	Background Check	You must order and complete a background check through American DataBank. Your results will be automatically uploaded for you here once completed.		American DataBank Background Check	Document
					Date
		You will have a monthly OIG and GSA search completed for 26 months from the time or your initial order.			Results
					Document
					Date
					Expiration Date
					Results
	Drug Screening	You must order and complete a drug screen through American DataBank. Your results will be automatically uploaded for you here once completed. Your drug screen form will only be valid for 3 business days after ordering. You must complete your drug screen during this timeframe.		American DataBank Drug Screen	Document
					Date
					Results
	MMR		http://forms.complio.com /ReviewStandards/3.pdf	Repeat Rubella Titer	Document
					Results
					Expiration Date
					Date
				Rubella Titer	Document
					Results
					Expiration Date
					Date
				Mumps Titer	Document
					Results
					Expiration Date
					Date
				Measles Titer	Document
					Results
					Expiration Date
					Date
				Repeat Mumps Titer	Document



Yuba College Tracking Package	MMR		http://forms.complio.com /ReviewStandards/3.pdf		Results
					Expiration Date
					Date
				MMR Booster 2	Document
					Date
					Document
					Date
				Repeat Measles Titer	Document
					Results
					Expiration Date
					Date
				Dr. Note for Measles Non-Converter	Document
					Date
				Dr. Note for Mumps Non- Converter	Document
				Converter	Date
				Document	
				Converter	Date
	Varicella		http://forms.complio.com /ReviewStandards/3.pdf	Varicella Titer Varicella Booster 2	Document
					Results
					Expiration Date
					Date
					Document
					Date
				Dr. Note for Varicella Non-Converter	Document
					Date
				Repeat Varicella Titer	Document
					Date
					Document
					Results
					Expiration Date
					Date



Yuba College Tracking Package	Hepatitis B	A) Positive titer for Hepatitis B from within the last 10 years. If your titer is not positive, receive doses as directed by your physician and submit a positive repeat	http://alliedhealthyccdcompliance.com/forms/YCCHepBDeclination.pdf,http://forms.complio.com/ReviewStandards/3.pdf	Hepatitis B Titer	Document
					Results
					Expiration Date
					Date
				Hepatitis B Booster 3	Document
		be compliant for 5 months. After the third booster you will be compliant for 1 month. These time periods are to give you time to receive your next dose or titer.			Date
		If your repeat titer is also not immune, you must upload both titers and a note		Hepatitis B Booster 1	Document
		from your physician indicating that you are a non-converter for Hepatitis B.			Date
				Hepatitis B Booster 2	Document
					Date
				Repeat Hepatitis B Titer Dr. Note for Hepatitis B Non-Converter	Document
					Results
					Expiration Date
					Date
					Document
					Date



American DataBank					
Yuba College Tracking Package	Tuberculosis	Students must document tuberculosis screening prior to entrance into the program and on a yearly basis thereafter. Negative Tuberculin Test Results	http://alliedhealthyccdco	Annual PPD	Document
			mpliance.com/forms/YCCT BScreening.pdf		Read Date
					Result
					Implant Date
					Induration
				Chest X-Ray	Document
					Result
		If you have previous negative TB test results, you must submit a 2-step PPD. Your 2-step PPD must be dated no more than 3 months before your program start date. Your			Date of Test
					Program Start Date
		second step must be implanted 7-21 days after your first		TB Clearance Letter	Document
		step is read. See CDC for details: https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm			Expiration Date
					Date
		Tuberculin Skin Test (purified protein derivative (PPD) must include: • Date(s) administered and date read • Result reading in mm (induration) • Name/title of person reading results (must be legible) or facility stamp		PPD Step 1	Document
					Read Date
					Result
					Implant Date
					Program Start Date
		Each year thereafter, you must receive a 1-step annual PPD, not more than 1 year after your previous PPD. If more than 1 year passes, you must instead submit a new 2-step PPD.			Induration
				PPD Step 2	Document
					Read Date
					Result
		Positive Tuberculin Test Results			Implant Date
		If you have a documented history of a prior positive TB test, you must submit a negative chest x-ray results completed within 3 months of program start date (CXR is valid for time in the program) and TB surveillance/clearance letter dated within 3 months of program start date signed by you and your provider, as well as a positive PPD (mm reading included in the results). If you do not have a positive PPD results with the mm reading, you must receive either a new positive confirmation PPD or a positive confirmation QuantiFERON. Please consult your provider. Each year thereafter, you must submit a new TB surveillance/clearance letter annually signed by you and your provider. The TB surveillance/clearance letter can be found below.			



Yuba College Tracking Package	Tuberculosis	Students must document tuberculosis screening prior to	http://alliedhealthyccdco mpliance.com/forms/YCCT BScreening.pdf	PPD Step 2	Program Start Date
					Induration
				2nd Annual PPD	Document
					Read Date
		Negative Tuberculin Test Results If you have previous negative TB test results, you must			Result
					Implant Date
					Expiration Date
					Induration
		submit a 2-step PPD. Your 2-step PPD must be dated no more than 3 months before your program start date. Your		Positive Confirmation PPD	Document
		second step must be implanted 7-21 days after your first			Date
		step is read. See CDC for details: https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm			Induration
		Tuberculin Skin Test (purified protein derivative (PPD) must include: Date(s) administered and date read Result reading in mm (induration) Name/title of person reading results (must be legible) o			Result
				Positive PPD Confirmation QuantiFERON	Document
					Date of Test
					Program Start Date
					Result
	Tdap	· · · · · · · · · · · · · · · · · · ·	http://forms.complio.com	Tdap	Document
			/ReviewStandards/1.pdf		Expiration Date
					Date
	Influenza	Your flu shot must be received no earlier than 8/1 to be accepted for the current flu season. Please note, if you decline the flu shot you may not have access to all clinical facilities. Please speak to your program director before declining the flu shot or going to any clinical setting. Declinations must be submitted as an exception.	http://alliedhealthyccdco mpliance.com/forms/YCCI nfluenzaDeclination.pdf, http://forms.complio.com /ReviewStandards/1.pdf	Flu Shot	Document
					Date
					Expiration Date
		To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/1.pdf			
	CPR	You must submit your current AHA Basic Life Support (BLS) Provider. No other card will be accepted. Your course must be an in-person course. Online courses are not accepted.	http://forms.complio.com /ReviewStandards/32.pdf	AHA Basic Life Support (BLS) Provider	Document
					Expiration Date
					Date
	Photograph	You must submit a photograph. The photograph must be of only you and must clearly show your face.		Photograph	Document



Yuba College Tracking Package	Covid-19 Vaccine	You must submit your Covid-19 Vaccine doses here.	Covid- of 2		Document
rackage		You can submit A or B to become compliant:		01 2	Date
		A) Pfizer or Moderna Covid-19 vaccine dose 1 of 2 AND Pfizer or Moderna			Manufacturer
		Covid-19 vaccine dose 2 of 2. If your dose 2 is more than six months old you must also submit a booster. OR B) Johnson and Johnson Covid-19 vaccine single dose. If your dose 2 is more than two months old you must also submit a booster. NOTE: If you are going for clinical rotations in a clinical site that requires COVID-19 test, you must submit your test documentation in COVID-19 test item NOTES: If you would like to exempt from the requirement, please apply for an exception.		Covid-19 vaccine dose 2 of 2	Document
					Date
					Manufacturer
				Covid-19 vaccine single dose	Document
					Date
					Manufacturer
				COVID-19 Test	Document
					Date
					Expiration Date
					Result
				COVID-19 Booster	Document
					Date
					Manufacturer
	Health Insurance	You must submit your current health insurance here annually.		Health Insurance	Document
					Expiration Date
	Monthly OIG/GSA Check	Onthly OIG/GSA Check Your monthly OIG/GSA search results will be automatically uploaded here for you once completed. You will have a monthly OIG and GSA search completed for 26 months from the time or your initial order.		, ·	Document
					Date
					Expiration Date
					Results