

**Wright State University**  
**School of Nursing, Kinesiology, and Health Sciences**  
*Helpful Hints for Navigating the Requirements*  
*in*  
**Castle Branch (Program Compliance Account)**

**Castle Branch (CB):** The account that you create belongs to you. It is a repository for documentation for all program requirements for the nursing program. You will keep your account for the time you are a student at WSU. Castle Branch will send advanced email alerts (notifications) when you have items coming due. It is your professional nursing student responsibility to address the CB alerts and fulfill the requirements. **Please note:** Compliance reports are generated weekly during each course. Being out of compliance could possibly jeopardize your successful progression in the nursing program, thus the importance of responding to alerts and submitting appropriate documentation.

It is highly recommended that you scan your documents and upload via a computer (Chrome or Firefox). It is not recommended to take a picture and upload with your phone.

**Castle Branch Codes that you will see:**

**OD** = Overdue (if you address alerts in a timely manner, you should never have anything overdue in your account)

**Rejected** = If a submission is rejected, please read the reason why it was rejected. With the rejection, your tab will reopen for you to submit the correct documentation for the requirement.



= you are compliant in your program account

Information and forms are available: <https://health-education-human-services.wright.edu/nursing-kinesiology-and-health-sciences/nursing-handbooks-and-requirements>

Any questions about specific school program requirements, contact your school compliance coordinator first. Do not contact CB about specific school requirements.

**Here is some information that might better explain the tabs in your Castle Branch program compliance account:**

**Physical Health Requirements**

Title	What it means	Additional Information
MMR	Provide documentation for: 2 MMR vaccinations <b>OR</b> a titer (blood test) indicating you are immune (protected from the disease)	If you are not immune to any component of the MMR, you will need a booster.
Varicella (chickenpox)	2 Varicella vaccines or a positive titer for immunity	History of the disease is not accepted
Hep B	3-part Hep B series <b>PLUS</b> a positive titer showing immunity	If you are found to have lost protection over time, your health care provider might recommend repeating the series or receiving a booster.

	<b>Or</b> 2-Part Hep B series (Heplisav-B); 2 vaccines at least 4 weeks apart	If so, subsequent tabs will be created in your account, so that you can load the repeat series/booster <b>plus</b> a final titer to see if you have gained immunity from the disease after the repeat vaccine(s). This will take some time to complete and the nursing program understands. Please make certain you follow the recommended vaccine schedule and upload your vaccine(s) and final titer into your account as you receive them.
Hep B (2 <sup>nd</sup> action tab in CB)	This tab is for the required Hepatitis B Antibody titer (lab test) that will show if you the immunity to the Hep B virus.	If you do not have immunity, then you will need to follow the recommendation of your health care provider to receive either a booster or a repeat of the Hep B series.
Final Hep B titer	If your initial Hep B titer was negative and you either receive a booster or you repeat the Hep B vaccine series, you can obtain a final titer to see if you have gained immunity after your vaccines.	The final titer is <b>optional</b> . You can waive the final titer by completing the Hepatitis B Final Titer Waiver form, located on the nursing webpage under Helpful Resources. If you want to know if you have gained immunity, then have your health care provider order a Hepatitis B Antibody Titer and submit your results into your compliance account.
TB	2-step Mantoux showing dates of administration and results with the date and signature of who read the result, <b>OR</b> Chest x-ray in the last 6 months <b>OR</b> blood test showing no active disease (QuantiFERON Gold or T-spot).	Once you have received an initial negative TB screening, for the annual renewal you will need to submit the Tuberculosis Self Report form. <b>Note:</b> If you have traveled outside of the USA prior to your annual TB renewal, you must have a skin test, blood test or chest x-ray. You cannot use the TB Symptom form for the renewal.
Tdap	Must show evidence of having a Tdap vaccine one time in your lifetime.	If you have evidence of receiving the Tdap in the last 10 years and you are up for renewal, you can receive either the Tdap <b>or</b> the Td. Please submit the initial Tdap along with Td renewals.
Influenza	Must show vaccine was given in the <u>current</u> flu season.	This is an annual requirement, due into Castle Branch by the due date.
Health Insurance	Your name <b>must</b> be visible on the insurance card. (if your name is not showing, refer to the Additional Information that will help you)	If you are covered under a parent or spouse and your name does not appear on the insurance card, you <u>must</u> submit proof of coverage by either a letter or document showing that you are covered. Items on the document that must be present: primary policy holder, name of insurance with number and the student is covered. <b>Military:</b> If the military Id contains insurance information, submit the Id card. If it does not, submit verification that you are covered under an insurance plan through the military. <b>Note:</b> Insurance is an annual renewal due by August 1. If you received a new insurance card in January of the renewal year and it is the same insurance, please upload a copy of the card received for the new year. If your insurance has not changed and is current, but you did not

		receive a new card for the renewal year, upload the card that you have to prove that your insurance is current for the renewal year.
Physical Examination	The Physical Exam form available on the nursing website is recommended for submission. If possible, the WSU form is recommended for completion. If you have a current PE on a different form, submit page 1 of the WSU form with the emergency information and then submit your current PE. The information on your form must be similar to that on the WSU nursing PE. You also need to sign the boxed area on page 5 of the WSU form and submit with your PE.	There are very important areas that you and your health care provider must complete, sign and date, thus the required use of the school form

### **Read and Sign Documents**

<b>Title</b>	<b>What it means</b>	<b>Additional Information</b>
Handbook Acknowledgement	You will be held accountable with knowing the policies of the school. Please access the <u>current</u> handbook on the school webpage. It is your responsibility to review new handbooks yearly. <a href="https://health-education-human-services.wright.edu/nursing-kinesiology-and-health-sciences/nursing-handbooks-and-requirements">https://health-education-human-services.wright.edu/nursing-kinesiology-and-health-sciences/nursing-handbooks-and-requirements</a>	One-time requirement to start the program
Simulation Confidentiality Agreement	Read and sign that you understand the policy	One time requirement to start the program
Student Success Policy	Read and sign that you understand the policy	One time requirement to start the program
Social Media Policy	Read and sign that you understand the policy	One time requirement to start the program
Code of Conduct	Read and sign that you understand the policy	One time requirement to start the program
Technical Standards Policy	Read the document and utilize the signature sheet to sign that you understand the policy	Annual requirement due by August 1

**Training Requirements:** \*Please access the Pilot course entitled **Training for the School of Nursing**  
<https://pilot.wright.edu/d21/le/content/473599/Home>

<b>Title</b>	<b>What it means</b>	<b>Additional Information</b>
* Clinical Passport	You need to read the booklet and acknowledge understanding and adherence to the guidance provided in the	This is an <b>annual</b> requirement.

	document. Submit your signed/dated <b>Statement of Understanding</b> into the Clinical Passport tab in your compliance account. This is a requirement to complete any clinical learning experiences in any Dayton Hospital.	
* Blood Borne Pathogens	This is an OSHA requirement by Wright State University. <b>Only</b> the WSU course is accepted.	When you pass the quiz, you will have a Certificate of Completion appear in the <b>AWARDS</b> tab of the Pilot course. This certificate is a Pdf, which you can download to your CB account. Only a name, date and time stamped certificate from the AWARDS tab will be accepted. This is an <b>annual</b> requirement.

**OTHER:**

CPR	<p><b>Accepted Basic Life Support CPR:</b></p> <ul style="list-style-type: none"> <li>- American Heart Association</li> <li>- American Red Cross</li> <li>- American Safety and Health Institute</li> <li>- Military Certification</li> </ul> <p><b>Note:</b> you must have a face to face skill check by a certified instructor. Courses accepted are listed on the nursing webpage.</p>	<p>You must have this prior to the start of the program.</p> <p><b>A letter or certificate indicating that you have completed a course <u>will not be accepted</u>.</b> You must download the official the official CPR card. This information must be in your CB account to begin the nursing program.</p> <p><b>Note:</b> if you are working in health care and perform CPR skills on an RQI system, that is accepted. When you load into your Castle Branch account, please notify the school compliance administrator if your submission is rejected by Castle Branch.</p>
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**Note:** When submitting documents into the compliance account, be certain the following identifying information is present:

1. Your name
2. Your date of birth
3. Dates of vaccine administration or test results