



**Clinical Compliance Checklist for LVN-RN Bridge**

**Required Documents**

- ☐ **Measles, Mumps & Rubella (MMR)** - Full 2-dose vaccine series or positive blood titer
  - ☐ If the titer level is Negative
    - ☐ Repeat the full vaccine series
  - OR**
  - ☐ A booster vaccine and a repeat titer 1 month after the booster
    - ☐ If the repeat titer is negative, a 2nd booster vaccine will be required
- ☐ **Varicella (Chicken Pox)** - Full 2-dose vaccine series or positive blood titer
  - ☐ If the titer level is Negative
    - ☐ Repeat the full vaccine series
  - OR**
  - ☐ A booster vaccine and a repeat titer 1 month after the booster
    - ☐ If the repeat titer is negative, a 2nd booster vaccine will be required
- ☐ **Hepatitis B** - Full two or 3-dose vaccine series or positive blood titer
  - ☐ 2-dose series (Hepilisav-B)
  - ☐ 3-dose series (Energix-B, Twinrix, or Recombivax HB) ☐ If the titer level is Equivocal
    - ☐ Booster (per physician recommendation)
    - ☐ **AND** a repeat titer level 1 month after the final vaccine ☐ If the titer level is Negative
      - ☐ Repeat the full series (2-dose or 3-dose listed above)
- ☐ **Tuberculosis (TB) Screening** - QuantiFERON-TB Gold Test or T-Spot
  - ☐ If your results are positive, you will need to upload the positive results and a Chest X-ray)
- ☐ **Tetanus (TDaP)** – Completed within 10 years or Renewal/Updated Booster Completed
- ☐ **BLS Certification** – American Heart Association Basic Life Support-Health Care Provider
  - ☐ **No other CPR certification will be accepted**
  - ☐ **Link to Collin College BLS Courses(optional):**  
[https://vssb.collin.edu/PROD/baninst1.CC\\_S\\_CEWEB\\_VIEW.courseInfo?pageid=EMSP1\\_020](https://vssb.collin.edu/PROD/baninst1.CC_S_CEWEB_VIEW.courseInfo?pageid=EMSP1_020)
- ☐ **Influenza Vaccine (Due 10/15)**- Completed annually (**Current Flu Season; August-May**) or documentation from a Medical Physician for exemption
  - ☐ Must include Lot#, Student's name, and date on documentation
- ☐ **Medical Insurance Coverage Verification Completed**
  - ☐ Front and back of the insurance card with the student's name present on one PDF
  - ☐ If the student's name is not present, a Letter of Coverage Verification must be provided from the insurance company
- ☐ **COVID-19 Vaccination**
  - ☐ If vaccinated, you must upload documentation of vaccines