

Information/Instructions for Uploading Document to Castle Branch

1. Access your student portal at the web address below.

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

2. Once on the El Centro College Castle Branch page you can either click the **red** button to “Place Order” **or** chose the “Package Selection” tab.
 - a. If you chose “Place Order” it will take you to a window where you’ll see a plus sign (+) next to the words “Please Select”.
 - b. Click the plus sign button and a drop-down window of programs to select will appear.
 - c. Choose your program by clicking the plus (+) button.
 - d. Once you click the plus (+) button you’ll see a code (EO##im) and the words “I need to order my Compliance Tracker”.
 - i. Note: E O are capital letters **not** numbers.
3. You’ll receive a confirmation email after placing your order.
 - a. If you don’t see your confirmation email in your inbox please check the following
 - i. Spam or Junk folders for the email
 - ii. Please note your username is the email address you entered when you created your account.
 - b. You’ll then need to enter your secure password for your account
 - c. After payment your account is created and your requirements will appear in your “To-Do List”.
4. You can also view the student tutorial video that will walk you through the process as well.
 - a. <http://go.castlebranch.com//15312/2016-08-01/655ph3>

On the next four (4) pages you’ll find the following information:

- a. El Centro Castle Branch order sheet (one sheet)
- b. Program listings including their application filing dates (one sheet)
- c. Immunizations (two sheets)



How to Place Order

Welcome to **my** 

To place your order go to:






Package Name (if applicable):

PLACE ORDER

SELECT PROGRAM

SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

-  View order results
-  Upload documents
-  Manage requirements
-  Place additional orders
-  Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: **888.914.7279** or **servicedesk.cu@castlebranch.com**

El Centro College Health Occupations
Immunization and Physical Exam Requirements

El Centro College Allied Health & Nursing Program

Program	Filing Period
Associate Degree Nursing	Spring: May 1 – July 15
	Fall: November 1 – January 31
Cardiac Sonography	September 1 – December 31
Dental Hygiene	April 1 – May 15
Diagnostic Medical Sonography	September 1 – December 31
Invasive Cardiovascular Technology	September 1 – March 15
LVN to RN Advance Placement “Bridge”	Spring: May 1 – July 15
	Fall: November 1 – January 31
Magnetic Resonance Imaging (MRI)	January 1 – March 15
Medical Assisting	Spring: August 1 – October 31
	Fall: January 1 – May 31
Medical Laboratory Technology	January 1 – March 15
Paramedic Civilian	<i>Spring:</i> September 1 – November 15
	<i>Summer:</i> March 1 – May 15
Paramedic Department	<i>Spring:</i> September 1 – November 15
	<i>Summer:</i> March 1 – May 15
Perioperative Nurse Internship	<i>Fall Only:</i> May 1 – June 15
Radiologic Sciences	January 1 – May 31
Respiratory Care	January 1 – May 17
Surgical Technologist	January 1 – May 31
Vocational Nursing	January 1 – May 31

El Centro College Health Occupations
Immunization and Physical Exam Requirements

Additional documents to submit to with your immunization records and physical exam:

- 1) TB Skin Test, **QuantiFERON Gold Blood test**, **or T-Spot test** are good for one (1) year.
 - a. If chest x-ray is required please submit the chest x-ray report **and** the positive result of either
 - i. Your positive TB skin test **or**
 - ii. QuantiFERON Gold blood test **or**
 - iii. Proof that you received the BCG injection
 - b. We will **not accept** a chest x-ray report alone. You **must** have documentation of one of the above as to why you received the chest x-ray.
 - c. **BOTH** the positive TB skin test, QuantiFERON Gold, or T-SPOT test and the negative x-ray report **must be** submitted together.

Applicants may also submit titers, *blood drawn to check for antibodies in your system from prior immunization or infection*, as proof of immunization. **Please note**, if titers are negative then the applicant will need to show proof of full vaccination series completed **after** receiving the negative titer. The titers for MMR and Varicella must be Immunoglobulin G (**IgG**). For Hepatitis B the titer must be *Hepatitis B Surface Antibody* and for Hepatitis A the titer must be *Hepatitis A Total Antibody*. Titer reports **must** include range or reference value if a number result is given. **We do not** accept TDAP titers. You must show proof of a full TDAP shot **not** TD.

1. **MMR: (2 doses required to apply):**
 - a. Documentation of two (2) FULL MMR shots, i.e. 2 Measles (Rubeola), 2 Mumps, and 2 Rubella
OR
 - b. **Positive** Immunoglobulin G (**IgG**) antibody titers to Measles (Rubeola), Mumps and Rubella
 - c. If **negative** then the applicant will need to show proof of full vaccination series completed **after** receiving the negative titer
2. **Varicella: (2 doses required to apply):**
 - a. Two (2) vaccines administered at least one-month apart **OR**
 - b. **Positive** Varicella Zoster IgG titer for Varicella (chicken pox)
 - c. If **negative** then the applicant will need to show proof of full vaccination series completed **after** receiving the negative titer.
 - d. History of the disease is **NOT** acceptable.
3. **Tetanus, Diphtheria, Pertussis (TDAP): (Required to apply)**
 - a. Administered within last 10 years.
 - b. We **do not** accept Tetanus booster (TD).
 - c. We **do not** accept TDAP titers.

El Centro College Health Occupations
Immunization and Physical Exam Requirements

4. **Hepatitis A:** (No longer required for Allied Health Programs **EXCEPT** for Dental Hygiene and Paramedic programs.) **Nursing programs require the first shot to apply with the second due BEFORE program starts.**
 - a. Two (2) Hepatitis A shots (0, 6 months) **OR**
 - b. **Positive** Hepatitis A Total Antibody titer
 - c. If **negative** then the applicant will need to show proof of full vaccination series completed **after** receiving the negative titer.
 - d. Will accept Twinrix series (0, 1, 6 months)

5. **Hepatitis B:**
 - a. Three (3) Hepatitis B shots (0, 1, 6 months) **OR**
 - b. **Positive** Hepatitis B Surface Antibody titer
 - c. If **negative** then the applicant will need to show proof of full vaccination series completed **after** receiving the negative titer.
 - d. Will accept Twinrix series (0, 1, 6 months)

Annual Influenza Vaccine: El Centro College will notify student when current seasonal Influenza vaccines are to be obtained. *Influenza documentation must include date administered, vaccine administered, injection site, dose, route, mfg, Lot Number and expiration date in order to be accepted.*

6. These are the only two (2) CPR courses that we'll accept for our Allied Health & Nursing programs:
 - a. American Heart Association' Basic Life Support (BLS) CPR Certification
OR American Red Cross' CPR for Healthcare Providers

 - b. Students must carry active BLS CPR or Healthcare Provider Certification the **entire** time they're in the program.
 - c. **Online courses are not accepted**
 - d. You'll need to submit a front and back copy of your CPR card. See above for acceptable CPR cards.
 - e. The back of your CPR card must be signed by the applicant.
 - f. CPR courses are good for two (2) years

7. Physical exam, good for one (1) year and must be completed on the form attached to these documents.

If you have **any** questions regarding health documents; which also includes TB, physical exams, CPR, or health insurance please contact Kanora Jackson @ k.jackson@dcccd.edu and I'll be glad to assist you.

El Centro College Health Occupations
Immunization and Physical Exam Requirements

Health Questionnaire (To be completed by the applicant)

Do you have any physical limitations which would affect your ability to lift, turn, or transfer patients? Yes_____ No_____

Do you have any limitations in use of your senses, such as sight or hearing, which would limit your ability to practice a health profession?
Yes_____ No_____

Do you have any other condition which might interfere with your ability to practice a health profession? Yes_____ No_____

Physical Examination (to be completed by physician or nurse practitioner).

Height_____ Weight_____ Temp_____ Blood Pressure_____ Sex_____

Vision_____ Glasses_____ Contact Lenses R_____ L_____

History: Include any significant information regarding previous medical and surgical conditions, and use of alcohol and/or drugs.

General Appearance: _____

Normal	Check each item in appropriate column	Abnormal	Describe every abnormality in detail (attach sheet if necessary)
	Eyes-ears-nose-throat		
	Mouth-teeth-neck		
	Thyroid		
	Heart and Vascular		
	Lungs		
	Abdomen and viscera		
	Hernia		
	Scars		
	Back, vertebrae		
	Extremities		
	Skin		
	Neurological		

Physician Recommendation

Based upon your physical examination, is the applicant free of any restrictions in his/her ability to turn and/or move heavy objects? If "no," please describe: Yes_____ No_____

Is the applicant able to see and hear adequately to practice a health care profession? If "no," please explain: Yes_____ No_____

Is the applicant free of any pathological conditions either physical or mental that would interfere with the practice of a health profession? If "no," please describe: Yes_____ No_____

Physician or Nurse Practitioner Signature is required for Physical Examination form to be accepted

Signature of Physician or Nurse Practitioner

Date: _____

Printed name of Physician or Nurse Practitioner: _____

Phone Number: (____) _____

Address of Physician or Nurse Practitioner: _____

