

## Western Technical College – Nursing Instructions for Order Placement

# Welcome to myCB!

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

✓ View your order results

TO-DO LISTS

- Manage requirements specific to your programs
- ✓ Complete tasks as directed to meet deadlines
- Upload and store important documents and records
- ✓ Place additional orders as needed.

To place an order, go to mycb.castlebranch.com

Usemame Password LogiN
Forgot Password?

Place Order Package Code Go

In the "Place Order" field, enter the following package code specific to your organization:

WD16im: Medical Document Manager (\$30.00)

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your myCB and will be the primary form of communication for alerts and messages. Payment

methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

You can respond to any active alerts or To-Do List items now, or return later by logging into your myCB. You will receive alerts if information is needed to process your order. Access your myCB anytime to view order status and completed results. Authorized users at your organization will have access to view your compliance status from a separate CastleBranch portal.

Your myCB Service Desk is available to assist you via phone, chat and email Monday-Thursday 8:00 am-10:00 pm & Friday 8:00 a.m. - 6:30 p.m. & Sunday 10am- 6:30pm EST 888-914-7279 or servicedesk.cu@castlebranch.com

# **Compliance Tracker Requirements**

Documentation submitted must be of official origination including, but not limited to: Healthcare Facility Records, the WI Immunization Registry, or Physician verification of your documents. Handwritten documentation will NOT be accepted unless signed by a Healthcare Provider. Your full name must be on all documentation submitted.

## Measles, Mumps & Rubella (MMR)

One of the following is required:

- 2 vaccinations OR
- positive antibody titer for all 3 components.

If born before 1957 must have:

- proof of immunity, 2 doses of MMR vaccine at the appropriate interval for measles and mumps OR
- 1 dose of MMR vaccine for rubella PLUS 2 doses of measles AND 2 doses of mumps

## Varicella (Chicken Pox)

One of the following is required:

- 2 vaccinations OR
- positive antibody titer (lab report required) OR
- medically documented history of disease.

#### PLEASE NOTE:

- 1) If history of disease is indicated, a year must be provided OR
- 2) If age of disease is provided, date of birth must also be indicated, and the administered date will be set to 1/1 of the of the year the student turned the age.

## **Hepatitis B**

One of the following is required:

- 3 vaccinations OR
- positive antibody titer (lab report required) OR
- declination wavier.

## Tuberculosis (TB)

One of the following is required:

- 2-step TB Skin test (1-4 weeks apart) OR
- 2 consecutive annual TB Skin tests (no more than 13 months between tests) OR
- QuantiFERON Gold Blood Test (Lab report required) OR
- If positive TB Skin test provide a lab report or physician verification of a clear chest X-Ray

### **Tetanus**

Submit documentation of a Td or Tdap booster within the past 10 years.

### **CPR Certification**

Submit your CPR certification. Documentation must be one of the following

- American Heart Association Basic Life Support for the Healthcare Provider certification or
- American Red Cross CPR/AED for Professional Rescuers and Healthcare Providers or
- American Red Cross Basic Life Support for Healthcare Providers

Card does not have to be signed.

<sup>\*\*</sup>Documentation must included results and read date of test.\*\*