



Galveston College - Nursing & Allied Health
How to Place Order

Welcome to myCB

To place your order go to:

<https://portal.castlebranch.com/GF14>

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

All Immunizations Required Upon Acceptance to the Program

Immunization documentation will be kept on the CastleBranch website and a copy given to UTMB Student Health after the start of the first semester.

TETANUS TOXOID, REDUCED DIPHTHERIA TOXOID, AND ACELLULAR PERTUSSIS

(Tdap): All students must have one dose of Tdap (Tetanus, diphtheria, pertussis), then a Tetanus/Diphtheria (Td) booster every 10 years thereafter.

MEASLES (Rubeola or red measles): If you were born in or after 1957, you must have either documentation of two doses of measles or two doses MMR vaccine (separated by at least 30 days) after 12 months of age **OR** a titer result adequate to indicate immunity. If you were born before 1957, one dose is required **OR** a titer result adequate to indicate immunity.

MUMPS: If you were born in or after 1957, you must have either documentation of two doses of mumps or MMR vaccine after 12 months of age **OR** a titer result adequate to indicate immunity. If you were born before 1957, one dose is required **OR** a titer result adequate to indicate immunity.

RUBELLA (German Measles): Required for all students. You must have either documentation of one dose of rubella or MMR vaccine after 12 months of age **OR** a titer result adequate to indicate immunity.

NOTE: Some clinical sites are only accepting titer results. If you have the vaccine and titer, please provide both results.

VARICELLA (Chickenpox): Beginning with new students incoming for Summer 2013, if you know you have had the Chicken pox disease, you must have proof of a positive Varicella titer to confirm the disease **OR** have proof of two Varicella vaccine immunizations. Recently, some clinical sites are only taking the proof of two immunizations **or** a titer result.

HEPATITIS B: A series of three immunizations **and** documentation of a positive titer 4-6 weeks after the third immunization. (The second immunization is given 4 weeks after the first and the third at least 8 weeks after the second and 16 weeks after the first. It takes a minimum of 4 months to complete the series of three immunizations).

TUBERCULOSIS (TB) SKIN TEST (PPD): You must have a skin test and reading within 6 months of enrollment. TB skin tests are also required on an annual basis while enrolled.

OR if you have a history of a positive PPD:

CHEST X-RAY: Required **ONLY** if there is a history of a positive PPD test reading. You must provide documentation of the date of the positive PPD, and a negative chest x-ray is taken after the date of the reported positive PPD. Note: Some clinical sites are requiring a CXR every year after a positive PPD reading. Students would be responsible for the cost of the CXR.

House Bill 1508 Statements

ADN and VN Nursing Program:

The Galveston nursing programs are approved by the Texas Board of Nursing. Students may pursue an Associate of Applied Science degree or a Vocational Nursing Certificate.

All students applying to the Galveston College Department of Nursing are informed in writing that **IF** they have ever been **ARRESTED** for anything they Must complete a Declaratory Order (Rule § 213.30) from the Texas Board of Nursing.

All students applying to the Galveston College Nursing program must successful complete a criminal background check prior to admission in to the program.

Additional information regarding entrance into the Galveston College Nursing program can be found in the Student Nurse Handbook. Refer to <https://www.gc.edu/programs-and-courses/workforce-programs/nursing/>.

Student Name _____

Student Signature _____

Date _____

Texas Board of Nursing

Last Name: _____

First Name: _____

Middle Name: _____

DOB: _____

SS# _____

Last 4 of DL/ID: _____ EXP DATE: _____

Mailing Address: _____

Email Address: _____