Tiered <u>requirements</u> allow for different options to complete the overall requirement. These options, or "tiers," are determined by the organization for which the requirement is set up.

Be sure to read the Requirement Description that includes Instructions on how to complete each tiered requirement.

Step 1:

To navigate to your appropriate home page. Click on your **"Name"**, then from your **Navigation** table, select the member type you want to view.

IMPORTANT: (Assure Members should upload <u>requirements</u> to their Assure Member Home page.)

	sk Blog Contact Us MI Info +	CRM -	Assure Member Apptest -
Bookmarks	Omni Search	Navigation	Personal
Edit Affiliation ACEMAPP + Bookmark	Search Search Term Search	 Student Assure Member 	Manage Profile
		♣ Professional	Career Profile
		Test Account	Inbox 0
			Affiliations 0 Pending
			Support 0

Step 2:

From your Home page, locate the tiered requirement in the **<u>Requirements</u>** section.

Profile 🤗 ePortfolio 🗋 Transcr	ipt 🔊 Le	arning Material	s Requirements	2 Rotations	Rotation Ca	atalog C	🖞 My Calendar	Support Support	🖨 Case Logs	Billing	\$ M
Dashboard / Members / Student H	Home	22							1	B Help	Q Submit Fee
Dashboard View	۲	Rotatio	ons								
Dashboard View	•	ID 450933	Start End 05/06/2024 07/08/20	Program 024 BSN	Status Pending	Compliand • Expi • Expi • Inco	ce iring Requireme iring Requireme mplete Module:	nt: TB nt: TB (Options W Bloodborne Path	ithin) ogens Assessment		
Student Notifications You have 4 incomplete case log(s) You have 2 pending time log(s)	0					 Inco 	mplete Module: mplete Module: mplete Module: mplete Module: mplete Require mplete Require mplete Require mplete Require	HIPAA Assessme OSHA Assessme [S] [Test] CLN055 [S] [Test] CLN055 ment: ACE Test R ment: BLS ment: Professiona ment: Tetanus, Dij ment: Tiered Test	nt nt 9 Reviewing The Cl 9 Reviewing The Cl equirement I Liability Insurance ohtheria and Pertus	hart hart e with exp. ssis (TDAP)	
/endors	0	Requir	ements								
C VerifyStudents		Actions	Incomplete Requirem	ents		Pre Valid	Post Valid	Date Complete	③ Date	Expires	Waiver
		D Ø	ACE Test Requi	rement		×	×	04/14/2022	04/14	/2024	1
Affiliations	0	0 0	🟮 🗏 BLS			×	×	01/01/2023	06/01	/2023	~
chool System Compli	iance (i)	Q	Professional Lia	bility Insurance with	n exp.	×	×	01/01/2020	04/16	/2023	

Step 3:

The crossed arrows identify tiered requirements next to the requirement name. Click the **"Manage <u>Requirement</u>"** button.

	Actions	Requirements	Pre Valid	Post Valid	Date Complete (i)	Date Expires	Waiver
	Ø	🟮 🗐 🧬 QA Assure #3	-	-		N/A	
	0 Ø	 ACE Test Requirement2 	-	-	09/24/2022	12/19/2023	
	٥	Background Check	~	~	01/01/2020	N/A	
	٥	I Drug Screen	~	\checkmark	01/01/2020	N/A	
	D Ø	Hepatitis B	~	~	04/01/2020	N/A	-
	Ø	1 🖪 Measles, Mumps & Rubella (MMR)	~	\checkmark	01/01/2020	N/A	0 1
	0	Image:	-	\checkmark	01/01/2020	N/A	
	D Ø	3 🗄 QA	-		01/01/2020	N/A	1 <u>1 4 4 1</u> 2
	D Ø	I >> QA Assure Tiered Test	-			N/A	
-		🟮 🗄 Varicella (Chicken Pox) 🖺	~	\checkmark	01/01/2020	N/A	

Step 4:

You must read the **<u>Requirement</u> Description** to know which **Group** to upload your documents to meet the overall requirement. There is a requirement description for the overall requirement and a description for each selected tier.

Dashboard / Members / Student Home / Re	quirements / Member Requirement [Documents / Tier	red Requirement: TB (Opt	ions Within)	Add Intro JS	Add KB Article	Q Submit Feedt
avigation Historical Documents	Requirement Informa	tion					
Requirement Information	Tiered Requirement Name TB (Options Within)						
Level 1: QuantiFERON TB Gold	Requirement Description You can meet this requirement in o	ne of several ways	, please provide documen	tation of:			
Group 2	 A negative Quantieron Gold OR A PPD from the last 3 months AN 	D a PPD from last y	year				
evel 1: 🗉 Chest X Ray	OR A T-spot						
Group 3	You may upload your chest x-ray h	ere, but it will not cl	lear you of your TB require	ement.			
evel 1: 🗐 2 PPDs (last year's and within last 3.	To begin, select a requirement grou	up under "Navigatio	n"				
Group 4							
evel 1: 🗐 T-SPOT (TB Test) - Negative Result							

Step 5:

Choose one **Group** and upload the required documents to each **Level** of that selected **Group** only. **NOTE:** *All levels within a group* **MUST** *be completed to show overall compliance with the requirement.*

Profile	🤣 ePortfolio	Transcript	8 Learning Materials	Requirements	2 Rotations	Rotation Catalog	🛱 My Calendar	Support Support	🖨 Case Logs	Billing	4	🎝 More 🗸
n Dashboa	Dashboard / Members / Student Home / Requirements / Member Requirement Documents / Tiered Requirement: TB (Options Within)										Feedback	
Navigat	tion	Historical Docume	nts Requirer	ment Informat	ion							
C Requi	irement Informatio Group	on 1 TB Gold 🛛 🔊	Tiered Requi TB (Options V Requirement You can meet	rement Name Vithin) : Description : this requirement in or Viantiferon Gold	e of several ways	s, please provide documen	tation of:					
Level 1	Group	2	- A negative C OR - A PPD from OR	the last 3 months ANE	year							
	Group	3	A T-spot You may uplo	ad your chest x-ray he	re, but it will not c	lear you of your TB requir	ement.					
Level 1:	🗐 2 PPDs (last y	ear's and within las	st 3 To begin, sele	ect a requirement grou	p under "Navigatio	on"						
	Group	4			_							
Level 1:	T-SPOT (TB Te	est) - Negative Res	sult									

Step 6:

Complete the required fields to upload.

- Enter the Completion Date for the requirement.
 - The Completion Date refers to the date the immunization was received, not the date the document is being uploaded.
- Click "Browse" to select your document from your computer. All uploaded documents must be PDF or image file types (JPEG, PNG, GIF, BMP) and less than 20 MB in size.
- Click the second "Browse" button under "Additional files" to upload additional files.
- Members can use previously uploaded documentation by clicking the "View Previous Uploads" button.
- Click "Submit" once you have uploaded your document.

NOTE: If your document is uploaded correctly, the status will reflect it as pending. Your requirement is **incomplete until it's approved**.

	- A PPD from the last 3 months AND a PI	PD from fast year							
Level 1: 🖳 QuantiFERON TB Gold	OR								
	A T-spot								
Group 2	You may upload your chest x-ray here, b	ut it will not clear you of your TB requirement.							
Level 1: Chest X Ray									
Group 3	QuantiFERON TB Gold								
Level 1: 🗐 2 PPDs (last year's and within last 3 months)	Requirement Date Complete	Requirement Date Expires	Pre-Req Valid	Post-Reg Valid	* = required				
Group 4	05/18/2020	05/18/2024							
	Enter a completion date * 😨		Notes						
Level 1: 🔄 T-SPOT (TB Test) - Negative Result		Enter a completion date							
	Upload new documents								
	Select a file (PDE and Image only)								
	Browse								
	Additional files (PDF and Image only. hold control to select multiple)								
	Browse				~~				
	OR use a previous upload								
	View Previous Uploads Clear Prev	ious Upload Selection							
	Submit								
	Current Documents								
	Action Document(s)	Completion Date	Upload Date	Status	Notes				
	immuunizationtemplate.	png 09/18/2023	09/22/2023 9:54am	Pending					