



NAVY TRAUMA TRAINING CENTER

LOS ANGELES, CA



*****All personnel must have an approved Special Request Chit signed by their Director (or equivalent). In addition, Nurse Corps applicants will also need the Special Request Chit signed by their DNS.**

NTTC is located at the LAC+USC Medical Center in Los Angeles County. **All medical and credentialing requirements are based on Los Angeles County requirements, NOT U.S. Navy.**

Prompt attention to listed requirements will speed your process through the LAC + USC Medical Center credentialing process. **Failure to comply with Los Angeles County credentialing requirements will result in your removal from the course.** The U.S. Navy and/or NTTC do not have the ability to grant any waivers to Los Angeles County Health Services' credentialing requirements.

Los Angeles County utilizes the Live Scan digital fingerprinting verification service for criminal background checks for all persons involved in patient care. Applicants found to have a criminal background by Live Scan may be denied credentialing at LAC + USC Medical Center's sole discretion. Personnel have been removed from NTTC due to discovery of misdemeanors and other infractions. **Keep in mind that a Secret clearance does NOT equate to a Live Scan clearance.** Please contact NTTC immediately if you have any questions or concerns about your application that may prevent you from qualifying for credentials.

Navy Medicine Operational Training Center (NMOTC) will be contacting your Command's credentialing office to acquire an ICTB if you are selected for training. Please contact your credentialing office when you apply to NTTC to ensure your credentials are up to date and in order.

ITEMS to BRING: The following items are required:

- Military ID card
- Driver's License or State I.D.
- Travel Orders (You must arrive at NTTC with printed orders from DTS in hand!)
- Copies of credentials (Licenses, ATLS, ACLS, BLS, etc.)

The following items are recommended for all to bring:

- Cash and Credit/Debit Cards
- Loops (Surgeons)
- Laptop (optional). Wireless internet access is available at the hospital and lodging site.
- Appropriate civilian attire
- Laundry needs (soap/dryer sheets)
- Personal hygiene items
- Stethoscope



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Los Angeles County Employee Health Services Requirements

Bring your medical record with you to NTTC along with proof and date of the following:

1. Two Tuberculin Skin Tests (TST or Purified Protein Derivative - PPD test) within one year of class convening date. If you have a positive test for M. tuberculosis infection (i.e, Tuberculin Skin Test or Blood Assay for M. tuberculosis), you must submit verification of absence of active TB (negative chest radiograph – CXR – report). Please contact NTTC administration if you have any questions so we can ensure that the proper documentation is obtained.

SECTION 2: FOR HEALTHCARE PROVIDER TO COMPLETE OR MUST PROVIDE SOURCE DOCUMENTS

TUBERCULIN SKIN TEST RECORD										STATUS <small>Indicate: Reactor Non-Reactor Converter</small>
0.1 ml of 5 tuberculin units (TU) purified protein derivative (PPD) antigen intradermal Must have 2 negative TST < 12 months of start date.										
DATED PLACED	STEP	MANUFACTURER	LOT #	EXP	SITE	*ADM BY (INITIALS)	DATE READ	*READ BY (INITIALS)	RESULT	
A	1 st								mm	
	2 nd								mm	

If either result is positive, send for CXR and complete Section C below.

OR

B Negative IGRA: Quantiferon or Tspot(<12 months)	Date: _____	Results _____	<input type="checkbox"/> LA County <input type="checkbox"/> Outside Document	STATUS _____
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**If CXR is positive for TB, DO NOT CLEAR for hire/assignment.
Refer Workforce Member for immediate medical care.**

C	Positive TST (no date requirement)	Date: _____	Results _____ mm	<input type="checkbox"/> LA County <input type="checkbox"/> Outside Document	STATUS _____
	CXR (at or after date of +TST)	Date: _____	Results _____	<input type="checkbox"/> LA County <input type="checkbox"/> Outside Document	

OR

D	Positive IGRA: Quantiferon or Tspot (no date requirement)	Date: _____	Results _____	<input type="checkbox"/> LA County <input type="checkbox"/> Outside Document	STATUS _____
	CXR (at or after date of +IGRA)	Date: _____	Results _____	<input type="checkbox"/> LA County <input type="checkbox"/> Outside Document	

OR

E	History of Active TB with Treatment	Date: _____	_____ months with _____	<input checked="" type="checkbox"/> Outside Document	STATUS _____
	CXR (after date of completed Tx)	Date: _____	Results _____	<input checked="" type="checkbox"/> Outside Document	

OR

F	History of LTBI Treatment	Date: _____	_____ months with _____	<input type="checkbox"/> Outside Document	STATUS _____
	CXR (at or after date of Tx)	Date: _____	Results _____	<input type="checkbox"/> Outside Document	



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Los Angeles County Employee Health Services Requirements

Bring your medical record with you to NTTC along with proof and date of the following:

2. Immunizations

AND

IMMUNIZATION DOCUMENTATION HISTORY (MANDATORY)							
	Titer Result Date	Titer Result	If not immune, give Vaccination x 2, unless Rubella x 1		Date Received	Vaccine Received	Declined Vaccination (may be restricted from hospital/patient care)
G	Measles	<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune <input type="checkbox"/> Equivocal <input type="checkbox"/> Laboratory confirm of disease	OR	X 2			OR <input type="checkbox"/> Decline only for true medical contraindication, must include medical documentation
	Mumps	<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune <input type="checkbox"/> Equivocal <input type="checkbox"/> Laboratory confirm of disease	OR	X 2			OR <input type="checkbox"/> Decline only for true medical contraindication, must include medical documentation
	Rubella	<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune <input type="checkbox"/> Equivocal <input type="checkbox"/> Laboratory confirm of disease	OR	X 1			OR <input type="checkbox"/> Decline only for true medical contraindication, must include medical documentation
	Varicella	<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune <input type="checkbox"/> Equivocal <input type="checkbox"/> Laboratory confirm of disease	OR	X 2			OR <input type="checkbox"/> Decline only for true medical contraindication, must include medical documentation

1. Rubella IgG titer (or) 2 dates of 2 series vaccination (as indicated above)
2. Rubella IgG titer (or) date of 1 series of vaccination (as indicated above)
3. Varicella IgG titer (or) 2 dates of 2 series vaccination (as indicated above)
4. Mumps IgG titer (or) 2 dates of 2 series vaccination (as indicated above)

**** IF obtaining Titers it may 2-3 weeks to be resulted, so ensure to get these drawn when applying for the course.****



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Continuation of LA County Health Services Requirements

Bring your medical record with you to NTTC along with proof and date of the following:

3. Tetanus prophylaxis. Date of last Immunization must be within last 10 years.

AND

	Vaccination	Date Received		Date of Declination Signed
H	Tetanus-diphtheria (Td) every 10 years		OR	
	Acellular Pertussis (Tdap) X 1			

4. Hepatitis B Surface Antibody (HBsAb or Anti-HBs); **Anti-HBc/IgM titers are NOT acceptable**

	Vaccination (MANDATORY to offer to WFM who have potential to be exposed to blood or body fluid)	If not reactive, vaccinate with HepB series (3 doses)	Date Received	Vaccine		<input type="checkbox"/> N/A (job duty does not involve blood or body fluid)
I	Hepatitis B Surface Ab Titer (HbsAb) anti-HBs	<input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive			OR	<input type="checkbox"/> Declination signed
						Date <input type="text"/> <input type="checkbox"/> HbcAb/ <input type="checkbox"/> anti-HBc <input type="checkbox"/> Non-reactive <input type="checkbox"/> Reactive Date <input type="text"/> <input type="checkbox"/> HbsAg <input type="checkbox"/> Non-reactive <input type="checkbox"/> Reactive

AND

	Vaccination	Date Received	Facility Received		Date Declination Signed
J	Seasonal Influenza (one dose for current season)			OR	
					Note: Must wear mask during influenza season.

AND

K	Respiratory Fit Test (Complete Form N-NC)	Date: <input type="text"/>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Powered Air Purifying Respirator <input type="checkbox"/> N/A (Job duty does not involve airborne precautions)
	L	Color Vision (MANDATORY for WFM working with point of care POC testing or electrical)	Date: <input type="text"/> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A (Job duty does not involve POC testing or electrical)

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