

## E-Value Immunization and Certification Process

This document will help you navigate through the E-Value student immunization and certification process.

You will need digital copies of your immunization documents that confirm you have met the immunization requirements of the UTHealth School of Nursing. These requirements are listed on the “School of Nursing Certification of Immunization” form located on the School of Nursing (SON) website under the “Current Students” section, via the “Current Students: Home” link, in the “Student Forms” column, the far right side panel entitled, in the document named, “Immunization (pdf).” <https://nursing.uth.edu/currstudent/>

You will need digital copies of all certifications required for your specific program, such as BCLS, ACLS, RN License, and similar.

You will also need a digital copy of the “Social Security Consent to Release Form.”

And lastly, you will need your MyUTH user ID and password.

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Login to your E-Value account by going to <https://www.e-value.net/?s=uthealth>

Type in your MyUTH user ID in the “Username” field and your password in the “Password” field. Then click on the “Login” button.

**UTHealth**  
The University of Texas  
Health Science Center at Houston

**Protected Resource**

This resources is requesting authentication. You may *optionally* select one of these *alternate authentication methods*:

**myUTH Campus Password**

Username  
AJones

Password  
●●●●●●●●

**Log in**

[Change Password](#) | [Password Help](#)

**WARNING!** You are currently accessing a protected information resource. Unauthorized use is **PROHIBITED!** Usage of this system may be subject to security testing and monitoring. Misuse is subject to criminal prosecution. There is no expectation of privacy except as otherwise provided by applicable privacy laws.

[Privacy & Security](#) | [Contact](#) | [UT Houston](#)

You'll then be on the "Welcome" page.

From there, click on the "My Profile," button on the top left corner of the screen.

**E\*VALUE**  
Powering Healthcare Education

Home Help My E\*Value My Account BSN

**My Profile**

Jane Test7302  
UTHealth School of Nursing  
BSN

Welcome to E\*Value Jane Test7302

E\*Value is your training management system.  
You can use E\*Value to view your [Schedules](#), learn about News & Events, and obtain general information.

To begin doing evaluations, navigate using [Evaluations > To Be Completed](#)

**Your Information:**

E\*Value has the following information recorded about you. If any of this information is incorrect or missing, please contact your E\*Value administrator, Elena Northrup at [Elena.Northrup@uth.tmc.edu](mailto:Elena.Northrup@uth.tmc.edu)

- Email: Linda.L.Crays@uth.tmc.edu
- Rank: BSN Student
- Role: Student

**You Have:**

- 0 Suspended Evaluation(s)
- 0 Pending Evaluation(s)

Then, click on the "Immuns and Certs," section of this page that has appeared under the "My Profile," button.

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Home Help My E\*Value My Account BSN

**My Profile**

Password Change **Immuns and Certs** Calendar

Jane Test7302  
UTHealth School of Nursing  
BSN

Welcome to E\*Value Jane Test7302

E\*Value is your training management system.  
You can use E\*Value to view your [Schedules](#), learn about News & Events, and obtain general information.

To begin doing evaluations, navigate using [Evaluations > To Be Completed](#)

And now, click on the "Immuns and Certs" option under the "Manage," section.

**E\*VALUE**  
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Home Help My E\*Value My Account BSN

**My Profile**

Password Change **Immuns and Certs** Calendar

**Immuns and Certs**

Jane Test7302  
UTHealth School of Nursing  
BSN

**Manage**

- Immuns and Certs**


**Reports**

- [Crosstab](#)
- [Status](#)

You will then arrive on your Immunization and Certification page. Your page will look similar to the one below but not exactly. Do not worry if there are items in the screen shot below that do not appear on your own Immunization and Certification page. Your page will be designed for your program. Follow that one.

### Immunizations and Certifications for Jane Test7302

Manage your own immunizations and certifications requirements.

 **Immunizations and Certifications Log** 0 of 19 requirements completed

Key: Met Pending Not Met

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**Certifications**

Type:	Event Date:	Note:	Expiration Date:	Requirement:	Status:
BCLS training (Recorded by: Parent Program) <small>Add attachment (click again for multiple)</small>			<input type="text"/>	Ongoing	*status*
Criminal Background Check (Recorded by: Parent Program)					

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**Immunizations**

Type:	Event Date:	Note:	Expiration Date:	Requirement:	Status:
Chicken Pox (Varicella) - History of Disease (Recorded by: Parent Program) <small>Add attachment (click again for multiple)</small>	<input type="text"/>			One-time	*status*
Flu Vaccine (Recorded by: Parent Program) <small>Add attachment (click again for multiple)</small>	<input type="text"/>		<input type="text"/>	Ongoing	*status*
Hepatitis B Series (Recorded by: Parent Program) <small>Add attachment (click again for multiple)</small>	<input type="text"/>		<input type="text"/>	Ongoing	*status*
Hepatitis B Surface Antibody Titer (Recorded by: Parent Program) <small>Add attachment (click again for multiple)</small>	<input type="text"/>		<input type="text"/>	Ongoing	*status*
Hepatitis C Titer (Recorded by: Parent Program) <small>Add attachment (click again for multiple)</small>	<input type="text"/>		<input type="text"/>	Ongoing	*status*

This document won't cover every immunization category, but it will cover enough so that you will be able to move through it and upload the supporting documents needed in each category and complete the fields as necessary. "Status" fields will be completed by another person.

## Please Note

There are only two categories for which you will enter in Expiration Dates, all other fields will default with the appropriate expiration date. Those two categories are: RN License and Hep B Series 1 and Hep B Series 2.

The last three pages of this training document, the *Immunization and Certification Overview* section, cover each Immunization and Certification category in detail regarding what information you need to input into the Event and Expiration fields as well as any specific notes regarding each category. Please refer to this as you post information into your E-Value file.

Again, the documents you will need to have with you to upload per the applicable category are:

You will need digital copies of your immunization documents that confirm you have met the immunization requirements of the UTHHealth School of Nursing. These requirements are listed on the "School of Nursing Certification of Immunization" form located on the School of Nursing (SON) website under the "Current Students" section, via the "Current Students: Home" link, in the "Student Forms" column, the far right side panel entitled, in the document named, "Immunization (pdf)." <https://nursing.uth.edu/currstudent/>

You will need digital copies of all certifications required for your specific program, such as BCLS, ACLS, RN License, and similar.

You will also need a digital copy of the "Social Security Consent to Release Form."

If you have questions about your vaccinations, you will need to contact your primary care provider. If you have questions about E-Value, please refer to this document.

## Certifications

### BCLS training

1. Click on the calendar icon below the “Event Date:” field and input the date your BCLS certification was issued.
2. Click on the [Add attachment \(click again for multiple\)](#) link.

The screenshot shows a form for 'BCLS training'. The 'Event Date' field is set to 02/04/2014. The 'Expiration Date' is 03/04/2016. The 'Requirement' is 'Ongoing' and the 'Status' is '\*status\*'. The 'Add' button is circled in red. Below the form, there is an 'Attachment' section with a 'Remove' button and a 'Browse...' button, which is also circled in red.

3. Click on the “Browse” button to locate your document. Find your digital copy of your BCLS certification. Click on it once to select it. Then, at the bottom of the screen, click on the “Open” button to place it in the E-Value screen. You will return to the E-Value system.
4. Click on the “Add” button on the far right side.

The screen should now look like this.

The screenshot shows the same form as above, but now with an attachment. The 'Attachment' section shows 'BCLS Document.docx' with a 'delete' link. The 'Add' button is circled in red. A red arrow points to the 'Add' button, and another red arrow points to the attachment name.

If you need to make any changes to what you put into the system, click on the small pencil and tablet icon on the far right side of the category.

## Criminal Background Check

Criminal Background Check  
(Recorded by: Parent Program)

Information for this section will be input by another person. You will be able to view this information once it has been input into E-Value.

## Immunizations

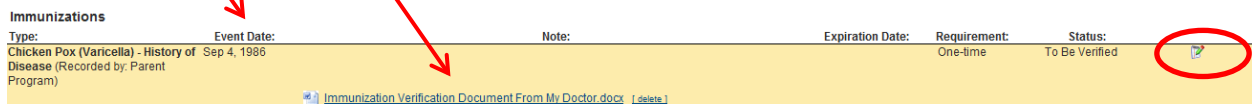
### Chicken Pox (Varicella) History of Disease

1. Click on the calendar icon below the “Event Date:” field and input the date for which you had the Chicken Pox. **If you did not have the Chicken Pox, but had the vaccination, you will input that information below in the Varicella Vaccine field.**
2. Click on the [Add attachment \(click again for multiple\)](#) link.

The screenshot shows a form for 'Chicken Pox (Varicella) - History of Disease'. The 'Event Date' is 09/22/1972. The 'Expiration Date' is 'One-time' and the 'Status' is '\*status\*'. The 'Add' button is circled in red. Below the form, there is an 'Attachment' section with a 'Remove' button and a 'Browse...' button, which is also circled in red.

3. Click on the “Browse” button to locate your document. Find your digital copy of your immunization documentation. Click on it once to select it. Then, at the bottom of the screen, click on the “Open” button to place it in the E-Value screen. You will return to the E-Value system.
4. Click on the “Add” button on the far right side.

The screen should now look like this.

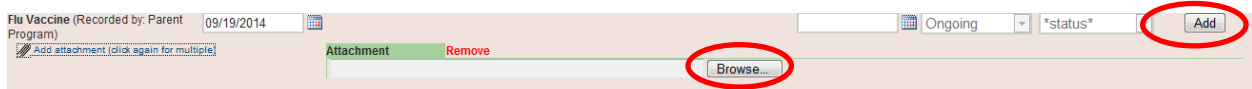


If you need to make any changes to what you put into the system, click on the small pencil and tablet icon on the far right side of the category.

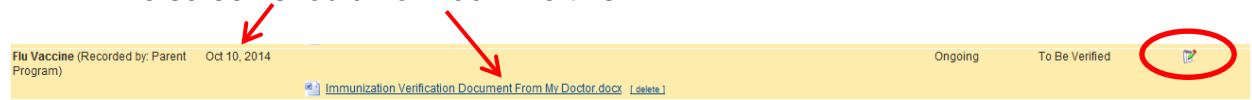
**For all Vaccines except Hep B series 1 and series 2, disregard the “Expiration Date,” field. Leave it blank.**

## Flu Vaccine

1. Click on the calendar icon below the “Event Date:” field and input the date for which you received the Flu vaccine.
2. Click on the [Add attachment \(click again for multiple\)](#) link.

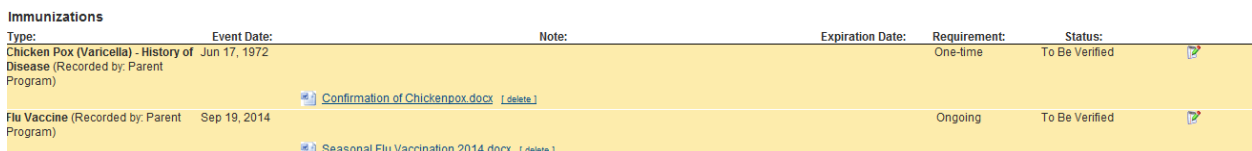


3. Click on the “Browse” button to locate your document. Find your digital copy of your immunization documentation. Click on it once to select it. Then, at the bottom of the screen, click on the “Open” button to place it in the E-Value screen. You will return to the E-Value system.
4. Click on the “Add” button on the far right side. The screen should now look like this.



If you need to make any changes to what you put into the system, click on the small pencil and tablet icon on the far right side of the category.

With two Immunizations completed, your screen will look like this:



Continue throughout the Immunization section repeating the steps above for all categories listed on your page. Again, refer to the *Immunization and Certification Overview* pages, the last three pages of this training document for specifics about each category.

**NOTE:** If multiple forms of evidence of immunity are acceptable, be that proof of vaccination or titer for example, upload the document to the applicable item and disregard the other related item. For example, if you have proof of positive Measles, Mumps, or Rubella titers, submit that proof in each category and disregard the request for proof of MMR dose documentation.

## Other

### Color Acuity, Snellen Vision Test

Only complete if requested by your faculty member. Otherwise, you do not need to input anything in this category.

### Drug Screening

Information for this section will be input by another person. You will be able to view this information once it has been input into E-Value.

### Social Security Number (Just last 4 digits in Notes Field)

Type in ONLY the LAST FOUR digits of your Social Security Number in the empty notes field. Upload your signed “SSN Consent to Release Form.”

The screenshot shows a yellow background for the 'Social Security Number (Just last 4 digits in Notes Field)' field. The field contains the number '5432'. To the right of the field, it says 'One-time' and 'To Be Verified'. A red circle highlights a small icon in the top right corner of the field. A red arrow points to the number '5432', and another red arrow points to the 'SSN Consent to Release Form.docx' document upload area below the field.

When you are finished, Sign out of E-Value. Go to the top right corner of the page and click on the “My Account,” button and select, “Log out.”

## Immunization and Certification Overview

*Areas highlighted in gray, are the only categories for which you need to enter in an Expiration Date.*

<b>Item</b>	<b>Event Date</b>	<b>Expiration Date</b>	<b>Additional Information</b>
<b>BCLS</b>	Event Date = Enter in the Issue Date	Expiration Date = Disregard, date will default to 2 years out	
<b>ACLS</b>	Event Date = Enter in the Issue Date	Expiration Date = Disregard, date will default to 2 years out	
<b>PALS</b>	Event Date = Enter in the Issue Date	Expiration Date = Disregard, date will default to 2 years out	
<b>Criminal Background Check</b>	Disregard: Information will be input by Student Affairs Representative		
<b>Drug Screening</b>	Disregard: Information will be input by Student Affairs Representative		
<b>RN License-TX</b>	Event Date = Enter in the Issue Date	Expiration Date = Enter in the expiration date noted on your card.	From Texas Board of Nursing website, save the web accessible information down to a file and then upload that file. NO pictures from cell phones are to be uploaded. <a href="https://www.bon.texas.gov/licensure_verification.asp">https://www.bon.texas.gov/licensure_verification.asp</a>
<b>SS # (last 4)</b>	Event Date = Enter the date you are uploading the "Social Security Consent to Release Form,"	Expiration Date = Disregard	Type the last 4 numbers of your Social Security Number into the "Notes," field.
<b>Color Acuity, Snellen Vision</b>	Event Date = Enter in the date you took this test	Expiration Date = Disregard	Only some facilities require this. If you have not had this test, then your clinical sites do not require this.



<b>Flu Vaccine</b>	Event Date = Enter in the date of the vaccine	Expiration Date = Disregard, date will be determined based upon system defaults	
<b>Tetanus, diphtheria and Pertussis (Tdap) Vaccination</b>	Event Date = Enter in the date of the vaccine	Expiration Date = Disregard, date will default to 10 years out	
<b>MMR dose documentation</b>	Event Date = Enter in the date of the vaccine	Expiration Date = Disregard, date will default to 10 years out	
<b>Rubeola Titer</b>	Event Date = Enter in the date of the lab test results	Expiration Date = Disregard	
<b>Mumps Titer</b>	Event Date = Enter in the date of the lab test results	Expiration Date = Disregard	
<b>Rubella Titer</b>	Event Date = Enter in the date of the lab test results	Expiration Date = Disregard	
<b>PPD Tuberculin Skin Test</b>	Event Date = Date of lab test results/date skin test read	Expiration Date = Disregard, date will default to 1 year out	
<b>IGRA TB Blood Test (QuantiFERON-TB Gold or T SPOT-TB)</b>	Event Date = Enter in the date of the lab test results	Expiration Date = Disregard, date will default to 1 year out	Disregard this field if your PPD Tuberculin Skin test is negative.
<b>TB Chest X-Ray</b>	Event Date = Enter in the date of X-Ray results	Expiration Date = Disregard, date will default to 2 years out	Disregard this field if your PPD Tuberculin Skin test is negative. Complete this field if your PPD Tuberculin Skin test or IGRA TB Blood Test is positive.
<b>Hep B Series 1</b>	Event Date = Enter in the date of the vaccine	Expiration Date = Enter in the date that is 2 months out from date you received the Hep B series 1 vaccination.	

<b>Hep B Series 2</b>	Event Date = Enter in the date of the vaccine	Expiration Date = Per the instructions from your health care provider, enter in the date when you are to return for your Hep B series 3 vaccination. It is usually 2 to 4 months out from date you received the Hep B series 2 vaccination	
<b>Hep B Series 3</b>	Event Date = Enter in the date of the vaccine	Expiration Date = Disregard	
<b>Hepatitis B surface antibody titer</b>	Event Date = Enter in the date of the lab test results	Expiration Date = Disregard	
<b>Varicella Vaccination 1st</b>	Event Date = Enter in the date of the vaccine	Expiration Date = Disregard, date will default to 1 month out	
<b>Varicella Vaccination 2nd</b>	Event Date = Enter in the date of the vaccine	Expiration Date = Disregard	
<b>Varicella titer</b>	Event Date = Enter in the date of the lab test results	Expiration Date = Disregard	
<b>Chickenpox illness</b>	Event Date = Enter in the date of illness	Expiration Date = Disregard	Documentation for this can be from your healthcare provider stating when you had Chickenpox.
<b>Hepatitis C Titer</b>	Event Date = Enter in the date of the lab test results	Expiration Date = Disregard	