Dear Student,

As a service to all UTHSC students Qualified First, Inc. is the named vendor of record for all of your immunizations. This service will allow you the ability to keep track of your immunizations in one place for your entire academic and professional career at no charge to you. That's right, FREE IMMUNIZATION TRACKING FOR LIFE!

The introductory email as well as the code you will need from your program of study, will be sent directly to you. You will have the ability to create your own account and upload your immunizations for verification, which will expedite the immunization management process.

Please do not submit your immunization records to UTHSC Student Health as they will not manage your immunization tracking but they WILL continue to provide required immunizations for all students.

Here is a sample of how the immunization process will work:



You can use your Qualified First account that you used for your background check. You will enter the program specific code at the top of the page.

If you have not created an account for your Qualified First background check, you will enter the code within the First Time Users box and click "Get Started!", you will be taken through the next three steps to create your new Qualified First (QF) account.

QualifiedFirst® by VERIFED CREDENTIALS Customer Support				
Create a I Registration is ea To create a new a	New Account sy and only takes three steps. ccount, please complete all fields below	Already Have an Account?		
Personal I Please start by er	nformation Itering in your name and contact information	tion below.		
First Name:	1	*		
Middle Name:				
Last Name:		*		
Country:	United States	•		
Address Line 1:		*		
City:		*		
State:	Please Select	• *		
Zip Code:		*		
Primary Phone:	Mobile	*		
E-mail:		*		
Confirm E-mail:		*		
Notification Preference:	Choose a method to receive notificat	ons regarding your account Email  Both Why do you need this?		

(control)			
Username:		*	
Password:		*	
Confirm Password:		*	
1st Secret Question:	Please Select	v \star	
Answer:		*	
2nd Secret Question:	Disase Select	•	

\*\*You will need to remember your login for accessing your QF account in the future.

	Please accept the QualifiedFirst® Terms of Use Agreement.	
	I HAVE READ AND AGREE TO THE FOREGOING TERMS OF USE	
	NOTICE: Canceling and declining the Terms of Use will result in denial of your access to the Qualified Service.	First®
Requ	ired fields	
- Requ	ired fields	

Once you have created your account or are using the same account from your background check, you will have the ability to begin entering and uploading documentation for your immunizations (if applicable within the code).

If you do not see the email that contains your immunization information, please check junk and spam folders as it may redirect depending on your spam settings. There will be an expiration date related to your immunization requirements. This date will be found in the email you receive.

If you do not complete the immunization portion upon your initial login, you may continue at a later date once you have the supporting documentation gathered and ready to upload. If there are outstanding items you need to work on, you will receive a pop-up message upon future login.

Below is a sample of the pop-up message you will receive when there are incomplete requirements-

Your Portfolio Summary	Have a code? What is this? - GO.»	Forgot your code?
Your Background Report	REMINDER - You have incomplete requirements	
View Current Report	Reminibert Foundro moonplote requiremente	View All
Last Updated - 05/19/2014 View Now	Hi Marcine,	11411710
Your background report is more than 60 days old.	You have incomplete requirements that need your attention. Click the link below to work on them now.	
Update It Now ( Optional )	RN Program – RN Program Requirements	
Vour Profile Information	Due Date: 7/12/2016	
Tour Prome mornation	7 incomplete requirement(s) - Work on this now	71
Identity Information (1)		Due Date: 7/12/2016
Address History (1)		Work on this now
Employment History		
Driver's License		
References		
Professional Licenses	No Thanks, I'll Work On Them Later	
Professional & Career Training	No manka, mi Nork on man Latar	
Professional Certifications		
Professional Memberships		
Awards & Recognitions		
Immunization Records (3) () Insurance Information		
Miscellaneous Information		

To work on these requirements, click the "Work on this now" link within the window.



Once you've clicked the "Work on this now" link, it will walk you through the outstanding requirements. The image below is an example of what to expect (not the UTHSC exact page). The QualifiedFirst system will provide you with available options based on requirement rules.

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Personal Info	Review Results 1 of 2 Tasks Complete  Review Complete  Professional Certifications 1 of 2 Tasks Complete
iteps:	Now Provide Information About Your Immunity to Hepatitis B
Introduction	Which of the following applies to you (pick one):
epatitis A	I have received the vaccination(s)
patitis B	I have received the titer (blood test)
	I will provide a waiver or declination form
ompletel	Can provide documentation showing evidence that I m a Non Responder
IR (Measles-Mumps-R mpletel	Skip titis for now - i win provide titis later
perculosis pompletel	STEP 1 - PROVIDE INFORMATION
ricella (Chickenpox) NE	Enter your Hepatitis B titer information. Non-positive titer results may require additional information and/or steps.
	Titer (Blood Test) - Date: 01/01/2014 Positive V
	STEP 2 - PROVIDE DOCUMENTATION
	Provide documentation that validates your Hepatitis B If you don't have this documentation now, you can come back and add
	It later.
	Document Requirements
	Document Must Be Legible
	Document Must Relate to Requirement
	Document MUST include student's name.
	Document MUST include positive titer result.
	Document MUST match the data entered for this requirement.
	Attached Documentation         (Uploaded 11-20-2016)         Replace Document         Add to Document
	STEP 3 - CONSENT TO SHARE
	I have carefully reviewed the information and documentation I have entered and/or uploaded and I certify that it is accurate and meets the requirements listed above. Furthermore, I understand and agree that I am providing this information at my own discretion and agree to send it to University of Western Wisconsin for its review and approval.
	<back &="" finish="" later="" next="" save="" step<="" td=""></back>

Please note that you will need to enter dates exactly as they are noted on supporting documentation or these items will be denied. Your document must also reflect a medical source name.

In the event of a denial, you will receive notification explaining what needs to be corrected. Once you have made the correction to the requirement, your document will go back into the queue for review by Qualified First. Document review is not immediate and you should allow approximately 2-3 business days for an update.

When your immunizations are complete, you will receive a notification via email or text (whichever you selected when setting up your QF profile) alerting you to log into QualifiedFirst and review the report. Once logged in, you will be asked to confirm the accuracy of the report and provide permission to send the report to UTHSC. <u>We will NOT receive</u> your report without you completing these steps and a HOLD will remain on your student account, preventing you from registering for courses. Samples of each notification type are below.

Email example-

Hi (Name),

Your background report is now complete and ready for you to review!

## **IMPORTANT NEXT STEP:**

You MUST log back into your QualifiedFirst account to review your Background report. <u>http://qualifiedfirst.verifiedcredentials.com</u>

Thank you for being a QualifiedFirst customer!

QualifiedFirst Support Team

## Text example-



When logged into QualifiedFirst, you will also see the following notification with link to approve the report.



The page where you must review the report for accuracy will have the below messaging and options.

## **IMPORTANT NEXT STEPS:**

1. Review and Confirm

(A copy of your pdf report will be available for review)

Does everything in your report look okay?

- YES, I have reviewed my background check and everything in it is accurate.
- o NO
- 2. A Message from The University of Tennessee Health Science Center

The University of Tennessee Health Science Center would like you to send them a copy of your report. Please reply with your decision. Select from the following choices:

- YES, I want to send this report to The University of Tennessee Health Science Center now.
- NO, and I authorize QualifiedFirst to let The University of Tennessee Health Science Center know that I won't be sending a copy of my report.

Click the Finished or Send Report button to complete.