

STUDENT AFFILIATION PRE-PLACEMENT REQUIREMENTS

Below is the list of requirements that student/ faculty must meet prior to beginning their assignment with PH&S. The table addresses: the requirement, completing the requirement, and where to send the results. For your convenience, we have included each document referenced in the table.

REQUIREMENT		COMPLETING THE REQUIREMENT	WHERE DO I SEND THE RESULTS
Bac	kground Check –		
con or c affi Hea Bac dur	ackground investigation must be inpleted on all students 18 years of age older who will be placed in a student liation assignment with Providence alth & Services – Oregon (PH&S). kground check results completed ing the student's participation in the gram will be accepted, so long as it	OPTION 1: If you do not have a background check dated with the required items listed on the left, PH&S can initiate a background check through HireRight. Please email us at:	OPTION 1: Background check results obtained through HireRight will be emailed by the vendor directly to PH&S. To request a copy please email us at: studentaffiliation@providence.org
	tains the criteria below.	studentaffiliation@providence.org and	and we will email you a copy of the
foll	background check will include the owing checks:	we will email you the link to request the background check. Fee: \$38.80 (paid on-line to HireRight)	background check.
1.	Social Security Number (SSN) Trace Report – This report lists names and addresses used with the social security number and aides in identifying counties/states of residence.	OPTION 2: If you have a background check from your school containing the 4 criteria	OPTION 2: Include the Background Check Results when you submit your
2.	Office of Inspector General (OIG) Sanctions List and General Services Administration's Excluded Parties Listing System (GSA/EPLS) — This verification identifies individuals that have been sanctioned by the Department of Health and Human Services (DHHS), Office of Inspector General (OIG) and the General Services Administration's Excluded Parties Listing System (GSA/EPLS) for program related fraud who are ineligible to participate in federally or state funded health care programs.	listed on the left, include it when you submit your compliance forms.	compliance forms. Fax completed paperwork to: (877) 470-6431 Email completed paperwork to: PHSImageNowHRORProvAffiliates@p rovidence.org
3.	Criminal History – Criminal history records must be verified, dating back a minimum of 7 years. A conviction is not an automatic bar to participation in a student affiliation. Each case will be reviewed on an individual basis considering factors such as: recentness, seriousness, and nature of the offense as it relates to the		



A. Sex Offender Registry – Reports National Repository of Sex Offender records for all states. Pre-Placement Drug Screen – The school/student is responsible for ensuring that the student has passed a siminium of a 10-panel drug screen prior to starting any PH&S assignment. Specimen results received from the lab that are "dilute" will not be accepted. Student will be notified that a receilection is necessary. (Recollection fee will be at that student's sepense). Student will be responsible for additional fees if drug screen is reviewed by the Medical Review Officer. Bre 10-panel drug screen must include schecks for: Alternate Amphetamines, Amphetamines, Cocaine, Opiates, THC, Phencyclidine, Barbiturates, Methadone, Benzodiazepine, Methaqualone, Propoxyphene, Alternate Opiates Option 1 – Portland Area The drug screen can be done at Legacy Legacy Metro Lab: If choosing this vendor, you must complete the referral form (also included). Legacy Metro Lab's drug screen collection fee is \$47.00. Students screen collection fee is \$47.00. Students subtents must present the Student Drug Screen Referral Form (included in this packet). Hours vary depending on Location. Please refer to this form for hours & locations. Option 2 – Outside Portland Area Schools participating outside the Portland Service Area or Oregon Region can partner with any laboratory that can complete a 10-panel screening. You can find other locations at these links: http://www.concentra.com or http://www.ushealthworks.com/Home Fax results to us at: (877) 470-6431 Deption 3 – Within the Medford Area Providence Occupational Medicine: Students must present the Student Drug Screen Referral Form (included in this packet). Option 3 – Within the Medford Area Providence Occupational Medicine: Students must present the Student Drug Screen Referral Form (included in this packet). Option 3 – Within the Medford Area Providence Occupational Medicine: Students must present the Student Drug Screen Referral Form (included in this packet). Option 3			T
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packet).		· · · · · · · · · · · · · · · · · · ·	
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		Providence Occupational Medicine can	
be reached at:		-	
(503) 732-5554		(503) 732-5554	
Charlest Bay Blooms at Charlett	Charles Bas Blasses & Cl. 17.		
Student Pre-Placement Checklist –	Student Pre-Placement Checklist –		



This form provides a quick reference of	Each box on the Student Pre-Placement	Fax completed paperwork to:
requirements that need to be met.	Checklist form must be checked off. The form must be signed, and dated.	(877) 470-6431
	Torri mast be signed, and dated.	Email completed paperwork to:
	The checklist needs to be printed and	PHSImageNowHRORProvAffiliates@p
	returned.	rovidence.org
Non-Employee Acceptable Use and		
Confidentiality Agreement -		
	Read attached policies:	Fax completed paperwork to:
Students will potentially be exposed to	·	(877) 470-6431
confidential information related without	 PROV-PSEC-802 – Acceptable 	
limitation to patients, customers,	Use of Data and IT Assets	Email completed paperwork to:
members, providers, groups, physician's	Policy.	PHSImageNowHRORProvAffiliates@p
healthcare information, employee records,	 PROV-ICP-716 – Confidentiality 	rovidence.org
and proprietary trade information. It is		
required that this form be completed as	Complete and sign the Non-Employee	
confirmation that the confidentiality of	Acceptable Use and Confidentiality	
system information will be maintained.	Agreement form.	
Acceptable Use Agreement & Code of		
Conduct Acknowledgement	Read the Acceptable Use Agreement &	
	Code of Conduct Acknowledgement-	Fax completed paperwork to:
This information describes the appropriate	policy PROV-PSEC-802.	(877) 470-6431
use of Providence information and		
technology resources including data,	Review the Code of Conduct booklet	Email completed paperwork to:
systems, networks and devices including	which is included within this packet.	PHSImageNowHRORProvAffiliates@p
but not limited to desktop computers,		rovidence.org
laptops, PDA's, fax machines and copiers	Complete and sign the	
and is intended to promote the	following forms:	
confidentiality, integrity, and availability of	Appendix A	
PH&S information and technology.	Data Access Acceptable Use	
The Code of Conduct explains the	Agreement	
expectations we have of our caregivers	Affiliate Acceptable Use	
and the critical importance of being honest	Agreement and Code of	
and just with our patients, members,	Conduct Acknowledgment	
colleagues, payers, and venders.		
concagaco, payero, ana venacio.		
It also details how to report a violation or		
concern about potential illegal or		
inappropriate actions.		
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HIPAA Training			
REQUIREMENT	Students will possibly be exposed to medical records and sensitive patient information, it a requirement that all students receive HIPAA (Health Insurance Portability and Accountability Act) training.		
	School and PH&S are dually responsible for ensuring that students are trained on HIPAA rules and regulations.		
COMPLETING THE REQUIREMENT			
	Check off the boxes on the Student Pre-Placement Checklist form titled:		
	'HIPAA Training' and		
	' Completed Providence specific HIPAA education (included with Compliance Information Packet)'		
WHERE DO I SEND THE RESULTS			
	Fax completed paperwork to:		
	(877) 470-6431		
	Email completed paperwork to:		
	PHSImageNowHRORProvAffiliates@providence.org		



Health Screen Verification –			
REQUIREMENT			
	School will ensure that students have up-to-date immunizations. Students who will work in at risk departments are strongly encouraged to be protected against Hepatitis B.		
	Students are required to be protected against Measles, Mumps and Rubella (MMR), Varicella (chickenpox), and Tetanus, Diphtheria, and Pertussis (Tdap), and demonstrate either a negative skin test or chest x-ray for Tuberculosis within the last 12 months.		
	Students who will have direct contact with obstetric patients must have documented proof of immunity to Rubella (no declination accepted)		
COMPLETING THE REQUIREMENT			
	Student will be required to provide the following immunization records within 24 hours if requested by PH&S:		
	Hepatitis B:		
	 (a) Completion of Hepatitis B series or declination statement from Health Care Provider –or- (b) Laboratory evidence of Hepatitis B status(a positive antibody titer for Hep B) Measles, Mumps, Rubella(MMR) 		
	(a) Written documentation of 2 doses of MMR from Health Care Provider –or-		
	(b) Laboratory evidence of immunity. (a positive titer for MMR)		
	Varicella (Chickenpox):		
	(a) 2 doses of Varicella vaccine from Health Care Provider –or-		
	(b) Laboratory evidence of immunity (a positive titer for Varicella) –or-		
	(c) Immune by disease		
	Tuberculosis (TB)		
	(a) Quantiferon Gold TB test –or- (b) TB skin testing:		
	If tuberculin skin testing is done		
	2-step TB testing is required		
	 Documentation of a TB skin test within the 12 months prior will be accepted as the initial test of the 2 step test. 		
	Influenza vaccine		
	 Proof of vaccine for the current year from Health Care Provider –or- 		
	• Declination statement.		
	Tetanus, Diphtheria, Pertussis(Tdap)		
	Proof of vaccine from Health Care Provider or other source. (Tdap is recommended for adults over the age of 19 years)		
WHERE DO I SEND	(Linab is Leconninelinen for annits over the age of 13 Aegis)		
THE RESULTS	Not applicable until requested by Providence as part of the audit process.		
	Once requested, student will need to comply within one (1) business day.		