



# Application for Clinical Placement for Non-Riverside **Student Learners**

RCHC-OA-Attachment 503.C

PLEASE PRINT

STUDENT INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last 4 digit SSN:  
(Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you currently a Riverside Health System employee? ☐ YES ☐ NO

Have you ever worked for Riverside Health System? ☐ YES ☐ NO

Are you eligible for rehire? ☐ YES ☐ NO

If you answered YES to any question, enter start and end date (month/year), and position held and location:

SCHOOL (Sponsoring Organization):

Name of School: \_\_\_\_\_

Clinical Coordinator: \_\_\_\_\_

Address of School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Coordinator Contact Information:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program/Practicum: \_\_\_\_\_

LOCATION OF CLINICAL EXPERIENCE:

Riverside Facility: \_\_\_\_\_ Department: \_\_\_\_\_ Riverside Contact: Name & Phone \_\_\_\_\_ Clinical Hours: \_\_\_\_\_

Clinical Learning Experience: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

REQUIREMENTS TO BE COMPLETED PRIOR TO CLINICAL EXPERIENCE:

1. Students must provide their schools with valid documentation that all health and safety requirements that follow have been completed prior to submission of this application for clinical placement. Riverside reserves the right to review such documentation on request.
2. This application is to be submitted to the Riverside Clinical Contracts Department 45 days prior to the requested clinical education start date.

ALL ILLEGIBLE AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED.

STUDENT NAME (Please Print) \_\_\_\_\_  
SCHOOL \_\_\_\_\_

CURRENT YEAR \_\_\_\_\_  
PROGRAM \_\_\_\_\_

PLEASE PLACE A CHECK IN THE BOX BESIDE EACH REQUIREMENT INDICATING COMPLETION.

AUTHORIZED BY: Director, Education Campus Policy Committee Chair		
DATE OF ORIGIN: 8/9/2011	LAST DATE OF REVIEW: 10/24/2016	LAST REVISION DATE: 10/24/2016

## HEALTH REQUIREMENTS

- ☐ Proof of up-to-date immunizations listed below has been provided to my school.
- Tetanus booster within past ten years (Td or Tdap)
  - Two measles, mumps & rubella (MMR) immunizations (or titers proving immunity)
  - Hepatitis B (HBV) immunization series completed or in progress
  - Two varicella (chickenpox) immunizations (or titers proving immunity)

- ☐ Proof of a Tuberculosis immunity has been provided to my school. Check method of proof of immunity:
- ☐ Negative IGRA test results from either (1) QuantifERON®-TB Gold In-Tube test (GFT-GIT) or (2) T-SPOT®B test (T-Spot)
- ☐ Mantoux Tuberculin Skin Tests (TST) according to the protocols bulleted below.
- 2-TSTs within the past year or two consecutive annual tuberculin skin tests are required.
  - **TST must not expire prior to the end of the clinical experience.**
  - For previous positive TST, documentation of a chest x-ray within the past six (6) months is required

**NOTE: \*\*A copy of current IGRA status or current TST to be carried at all times while at a Riverside facility.**

- ☐ Annual **FLU VACCINATION DOCUMENTATION FORM** has been completed and provided to my school.
- Fall semester: Completed by October 1<sup>st</sup>. (Flu vaccine administered prior to August 1<sup>st</sup> will not meet this requirement.)
- Spring semester: Completed prior to the first clinical day assigned to an RHS facility.

**NOTE: \*\*A copy of the Flu Vaccination Documentation Form to be carried at all times while at a Riverside facility.**

## URINE DRUG SCREEN & CRIMINAL HISTORY BACKGROUND CHECK REQUIREMENTS

- ☐ Proof of a negative 12-panel urine drug screen that included: *Amphetamines, Barbiturates, Benzodiazepine, Buprenorphine, Cocaine, Methadone, Methamphetamine, Opiates, Oxcodone, PCP, Propoxyphene, THC, and Specimen Validity Testing.*
- ☐ Proof of criminal history background check that included: *Virginia Statewide Criminal Records, Residency History & Social Security Alert, National Record Indicator (Criminal Records & Nationwide Sex Offender Registry), and Nationwide Healthcare Fraud & Abuse Registry (FACIS Level III) databases*

## CARDIOPULMONARY RESUSCITATION (CPR) REQUIREMENTS

- ☐ Proof of current CPR certification by one of the two providers listed below has been provided to my school.
- Check type of certification:
- ☐ CPR for the Healthcare Provider—American Heart Association
- ☐ CPR for the Professional Rescuer—American Red Cross
- Only the above two CPR certifications are approved for clinical placement at Riverside. (Other CPR certification, including online CPR certification, is not acceptable. A copy of the CPR card will not be accepted.)
  - **CPR certification must not expire prior to the end of the clinical experience.**

**NOTE: \*\*Original CPR card to be carried at all times while at a Riverside facility.**

## LICENSE / CERTIFICATION VERIFICATION (for post-entry graduate or doctoral nursing students)

- ☐ Proof of current professional credentials and educational requirements provided to my school.
- Type of license/certification \_\_\_\_\_
- State / National \_\_\_\_\_ Expiration Date \_\_\_\_\_

## MANDATORY SAFETY TRAINING

- ☐ RHS Safety Information online learning module (NetLearning) completed; **NETLEARNING TRANSCRIPT ATTACHED**
- ☐ Team-Up-For-Safety training completed using video training materials
- ☐ Video training materials for Team-Up-For-Safety not available; to be scheduled during Department/Unit Orientation

*I certify that I have completed the requirements listed above. I understand that my TST and CPR must not expire during my clinical experience at Riverside.*

STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT NAME (Please Print) \_\_\_\_\_ CURRENT YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

I certify that: ☐ I have verified the accuracy of the information listed above;

☐ A Criminal History Background Check as required has been completed and no record of felony or barrier crimes exists.

SIGNATURE VERIFICATION BY SCHOOL OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME / TITLE OF SCHOOL OFFICIAL \_\_\_\_\_

## ACKNOWLEDGEMENT FORM

PLEASE INITIAL BESIDE EACH STATEMENT BELOW.

In requesting clinical placement at a Riverside Health System facility, I hereby acknowledge the following/statements:

- \_\_\_\_\_ 1. *I understand that while in the capacity of student, I am not an employee, agent, partner of, or in joint venture with Riverside Healthcare Association, Inc. or its affiliates/subsidiaries (referred to herein as "Riverside Health System")*
- \_\_\_\_\_ 2. *I understand that I will not be covered by health insurance, Worker's Compensation Insurance, or life insurance provided by Riverside Health System.*
- \_\_\_\_\_ 3. *I understand that I must comply with the immunization requirements that are outlined in the Agreement between Riverside Health System and my sponsoring school.*
- \_\_\_\_\_ 4. *Riverside Health System is strongly committed to ensuring patient privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) and other required patient privacy related laws and regulations. I may, during the course of my experience, become aware of confidential information concerning patients or employees. I understand that I am responsible for the safe keeping and non-disclosure of any information and agree not to use, disclose, or release any information concerning any employee or patient of Riverside Health System to any person without the expressed permission of Riverside Health System.*
- \_\_\_\_\_ 5. *I agree to abide by the rules, regulations, policies, and procedures of the Riverside Health System facility where assigned for my experience.*
- \_\_\_\_\_ 6. *I understand my continued participation in the educational experience is at the sole discretion of Riverside Health System. I understand that my clinical experience may be terminated at any time should safety/privacy concerns or other violations of rules, regulations, policies, and procedures be identified. My sponsoring agency will be notified.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**WE ARE UNABLE TO ACCEPT ELECTRONIC SIGNATURES. SIGNATURES MUST BE HANDWRITTEN.**

\_\_\_\_\_  
STUDENT NAME (Please Print)

\_\_\_\_\_  
CURRENT YEAR

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
PROGRAM

**PLEASE CAREFULLY READ THE FOLLOWING NON-DISCLOSURE AGREEMENT**

## **RIVERSIDE HEALTH SYSTEM -- NON-DISCLOSURE AGREEMENT**

### **I. SCOPE**

It is both the law and policy of Riverside Healthcare Association, Inc., its subsidiaries and affiliates (together referred to herein as "RHS") to maintain its Confidential Information (as defined below) in a secure, confidential, and orderly manner and in compliance with federal and state law and regulations, and RHS policies and procedures. By signing this Non-Clinical Student Non-Disclosure Agreement ("Agreement") below, you agree to protect all Confidential Information, including institutional records, reports, publications, and statistical data generated at or for RHS.

By signing below, you understand and agree that you must safeguard the Confidential Information you come in contact with to prevent unauthorized access. This includes disposing of documents containing Confidential Information only as directed and in a responsible manner so as not to risk a breach in security. Confidential Information includes, but is not limited to, individually identifiable health information and RHS proprietary information whether it is expressed in the form of a paper record, microfilm, computer data, reports, conversations, mail (either electronic or paper), pictorial, graphic or multimedia representation. RHS proprietary information includes its administrative data from its patient registration system, clinical scheduling, and billing systems as well as all business, contractual and financial records, agreements, contracts, plans and reports. Confidential Information shall not be released or disclosed to anyone who is not authorized to receive such Confidential Information. No one shall be authorized to receive Confidential Information unless they have a legitimate need-to-know the information in relation to an RHS-assigned job function.

### **II. NEED TO KNOW**

Need to know is the principle that states that a user should access only the specific information necessary to complete his or her assigned job functions. You must apply this principle every time they decide whether to access a specific piece of Confidential Information, even if you have been granted full access to the application or locations where it resides. Once access to RHS's Confidential Information has been granted, you are still obligated to assess the appropriateness of each specific access on a need-to-know basis.

### **III. SANCTIONS**

Any access to information beyond the scope of your need-to-know will be considered a "security violation" that can result in consequences up to and including: revocation of educational privileges, dismissal, as well as possible legal action. A security violation includes, but is not limited to, the following:

- A. Accessing any information outside your area of responsibility.
- B. Damage, corruption, inappropriate deletion, preventing rightful access to or unauthorized copying of any information asset or computer programs.
- C. Giving, disclosing or surrendering proprietary information to any unauthorized persons.
- D. Leaving a workstation unsecured for any period of time that might allow unauthorized persons to gain access to Confidential Information.
- E. Failing to report known breaches of security to student's preceptor.
- F. Failure to take reasonable steps to prevent the misuse, theft, or improper disclosure of information.

### **IV. USER ID & PASSWORD**

Your computer security "User ID" and "Password" are your means of access to various computer systems and software. Each is to be used solely in connection with the performance of your authorized job functions. The use of your "User ID" and "Password" by anyone other than yourself is prohibited. Breach of your password's security should be reported to your supervisor immediately. Likewise, the use of another person's "User ID" and/or "Password" is strictly prohibited. All User ID's and passwords are and remain the property of RHS.

### **V. COPYRIGHT PROTECTED SOFTWARE**

It is the policy of RHS that copyright protected computer software and documentation will not be duplicated unless specifically authorized in writing by the Software Company. Any student that duplicates software without written approval violates Riverside's policy. Such acts will be subject to consequences, up to and including revocation of privileges, dismissal, and legal action.

### **VI. USE OF INFORMATION**

All computer hardware, software, documentation and data are the sole property of RHS. RHS may monitor utilization of systems in order to verify that confidential information is not being disclosed and to ensure that the system is not being abused. Use of the computer software, files, or records is strictly limited to activities directly related and appropriate to the student's need-to-know.

**WE ARE UNABLE TO ACCEPT ELECTRONIC SIGNATURES. SIGNATURES MUST BE HANDWRITTEN.**

*I certify that I have read and agree to abide by the terms of this Agreement and will comply with its requirements during and after termination of any educational relationship with RHS. I understand that violation of the provisions of this Agreement or other inappropriate acts involving RHS' information systems will subject me to consequences up to and including revocation of privileges, dismissal, and legal action.*

---

SIGNATURE

---

DATE

---

STUDENT NAME (Please Print)

---

CURRENT YEAR

---

SCHOOL

---

PROGRAM