



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

RHS-EXT-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: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
\_\_\_\_\_

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

Coordinator: \_\_\_\_\_  
Coordinator Contact Information:  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

LOCATION OF LEARNING EXPERIENCE:

Riverside Facility: \_\_\_\_\_ Department: \_\_\_\_\_ Department/Preceptor: Name & Phone \_\_\_\_\_ Hours: \_\_\_\_\_

Learning Experience \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Anticipated Program Graduation Date: \_\_\_\_\_

REQUIREMENTS TO BE COMPLETED PRIOR TO LEARNING EXPERIENCE:

- 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 placement. Riverside reserves the right to review such documentation on request.
- This application is to be submitted to the Riverside Education Contracts Department 45 days prior to the requested learning experience start date.

ALL ILLEGIBLE AND/OR INCOMPLETE APPLICATIONS WILL BE PROPERLY DISPOSED OF TO ENSURE CONFIDENTIALITY.

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: 10/8/2019	LAST REVISION DATE: 10/8/2019

**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)3-vaccine immunization series completed or in progress  
**OR:** HepLisav (HepB-CpG) 2-vaccine series – *This vaccine requires a positive titer (anti-HBs ≥10 mIU/ml) to prove immunity.*
  - 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 12 months (initial placement only) of placement application.
  - **TST must not expire prior to the end of the learning experience.**
  - For previous positive TST / IGRA, documentation of a negative chest x-ray subsequent to the positive TST. An updated TB Screening Questionnaire Documentation Form (RHS-EXT-503.H) must be submitted with each placement application.
  - Following initial placement, students will be required to submit an updated TB Screening Questionnaire Documentation Form (RHS-EXT-503.H) with each placement application.

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

- Annual Influenza vaccination has been completed and provided to my school. Only intramuscular or intradermal vaccine will be accepted.
- Fall semester: Completed by November 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 day assigned to an RHS facility.
- Summer semester (May 1-August 30): No influenza vaccination required.

**NOTE: \*\*A copy of the flu vaccination documentation to be carried at all times while at a Riverside facility (during fall and spring semesters).**

**URINE DRUG SCREEN & CRIMINAL HISTORY BACKGROUND CHECK REQUIREMENTS**

- Proof of a negative 12-panel "Health Professional Panel" urine drug screen as defined by the laboratory of the school's choice.
- 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), Nationwide Healthcare Fraud & Abuse Registry (FACIS Level III) databases, and Nationwide Federal Criminal Search.*

**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 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 learning 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**

- Non-Employee RHS Safety online learning module completed **NETLEARNING TRANSCRIPT ATTACHED**

*I certify that I have completed the requirements listed above. I understand that my TST and CPR must not expire during my learning 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 Kristin May DATE 12/4/20

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

**ACKNOWLEDGEMENT FORM**

PLEASE INITIAL BESIDE EACH STATEMENT BELOW.

In requesting 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 learning 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

*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

**RIVERSIDE HEALTH SYSTEM -- CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT**

It is both the law and policy of Riverside Health System, its affiliates and subsidiaries ("RHS") that all Confidential Information (as defined below) is confidential and may otherwise be protected by law from disclosure to unauthorized personnel.

1. **DEFINITION OF CONFIDENTIAL INFORMATION** "**Confidential Information**" includes all patient, financial and strategic information that is proprietary to RHS, including but not limited to all patient medical records, all information contained in RHS computer systems, and information that is developed for or on behalf of RHS by its employees, agents, contractors, consultants, volunteers, medical staff members, directors, officers, and board members and any other persons for or on behalf of RHS ("**Person(s)**"). Confidential Information includes Individually Identifiable Health Information (as defined in Policy PPP-8, Minimum Necessary Standard for the Use and Disclosure of PHI) and RHS proprietary information, whether each is expressed in the form of a paper record, microfilm, computer data, reports, conversations, mail (either electronic or paper), a picture, graphic or multimedia representation, or tissue specimens. Confidential Information includes any information that RHS (or any Person as a result of their relationship to RHS) is contractually required to keep confidential, administrative data from the RHS patient registration system, clinical scheduling and billing systems, and RHS business and financial records, plans and reports.
2. **PROTECTION OF CONFIDENTIAL INFORMATION** Each Person is obligated to safeguard all Confidential Information to prevent unauthorized access. This may include disposing of Confidential Information in a responsible manner so as not to risk a breach in security. Confidential Information shall not be released to anyone who does not have a legitimate Need to Know the information in relation to an Authorized Activity. An "**Authorized Activity**" is necessary to complete assigned job functions, to perform contractual obligation set forth in a contract signed by a Person authorized by RHS ("**Authorized Contract**"), to perform fiduciary duties to RHS, or for other lawful purpose authorized by RHS.
3. **NEED TO KNOW / Minimum Necessary** "**Need to Know**" is the principle that states that a user should access only the specific information necessary for the Person's Authorized Activity. For Protected Health Information ("**PHI**"), each Person should assess whether the "**Minimum Necessary**" standard applies (as PHI and Minimum Necessary are defined in Policy PPP-8, Minimum Necessary Standard for the Use and Disclosure of PHI). Each Person with access to Confidential Information is obligated (i) to assess the appropriateness to ensure each access is on a Need to Know basis, and (ii) to use the Minimum Necessary standard as applicable.
4. **SANCTIONS** Any access to Confidential Information beyond the scope of a Person's Need to Know will be considered a "**Security Violation**" that can result in sanctions and/or disciplinary action in accordance with RHS policies and applicable contracts, up to and including: revocation of computer privileges, termination, as well as possible legal action. Security Violations include, but are not limited to, the following:
  - a. Accessing any information outside of the Person's area of responsibility and/or Authorized Activity.
  - b. Use of the internet or e-mail system for purposes that are not authorized or appropriate.
  - c. Damage, corruption, inappropriate deletion, preventing rightful access to or unauthorized copying of any information asset or computer programs.
  - d. Giving or surrendering passwords to any unauthorized persons.
  - e. Failing to log-out after use of a computer system or leaving a workstation for any period of time that might allow unauthorized persons to gain access to confidential information.
  - f. Failing to report known breaches of security to one's supervisor or appropriate system security officer.
  - g. Failure to take reasonable steps to prevent the misuse, theft, or improper disclosure of information.
  - h. Tampering with any RHS computer hardware or software.
  - i. Unauthorized installation of software or hardware on any RHS computer or installing unlicensed software on any RHS computer.
  - j. Failure of a supervisor to notify the appropriate system security officer as soon as possible upon any involuntary termination of an employee with access to the RHS computer system.
5. **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 Activity. 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 or Password is strictly prohibited. All User-IDs and Passwords are and remain the property of RHS. In order to ensure access to RHS systems is terminated or adjusted accordingly, RHS managers must notify the RHS Client Support Center at 534-7104 in the event of an employee's termination or other change in employment status, or in the event a contract under which contractors have User-IDs and Passwords is terminated, or in the event any other kind of relationship terminates such that an individual no longer have access to their User-ID, Password and/or RHS systems.

6. **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 employee or agent that duplicates software without written approval violates RHS policy. Such acts will be considered outside the scope of employment, even when duplication takes place for job related purposes, and will subject an RHS employee to discipline, up to and including termination.
7. **USE OF INFORMATION** All computer hardware, software, documentation and data provided by RHS to an employee or other Person, or created by a Person for or on behalf of RHS, are the sole property of RHS, unless otherwise agreed by RHS in writing. RHS may monitor utilization of systems in order to verify that Confidential Information is not being disclosed and to ensure that RHS systems are not being abused or used in any manner not authorized by RHS. Use of the computer software, files, or records is strictly limited to Authorized Activity on a Need to Know basis.
8. **CERTIFICATION** By signing below, I certify and agree to the following:

I understand and will abide by this Statement. Prior to accessing an RHS computer system, I will review all RHS policies made accessible to me, related to RHS computer systems, confidentiality of data, security, and privacy.

I will only access Confidential Information on a Need to Know basis, and will apply this principle every time I decide whether to access a specific piece of Confidential Information, even if I have been granted full access to the application or locations where the Confidential Information resides. I will safeguard against unauthorized access, and limit my use of Confidential Information to Authorized Activity, except to the extent this limitation and any other limitations stated herein are prohibited by applicable laws or regulations.

I have read and understand the above Statement and will comply with its requirements during and after the termination of any relationship I may have with RHS, including but not limited to employment, contractor or medical staff membership. I understand that violation of the specific provisions of this Statement or other inappropriate acts involving Confidential Information and/or RHS information systems will subject me to disciplinary action, up to and including revocation of computer privileges, termination, as well as possible legal action.

I further understand that I have no right or expectation of privacy in my use of the internet, RHS systems, or any RHS electronic communication resources. I further consent to RHS monitoring my use of the internet, RHS systems, and any other RHS electronic communication resources to ensure my compliance with this Statement and any applicable RHS policies.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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

--	--	--	--

SSN – Last 4