



ALLIED HEALTH STUDENT ONBOARDING

The paperwork must be completed **30 days prior** to the clinical rotation. Email completed paperwork or questions to clinicalaffiliation@tmdmed.org. Please note there may be a delay in response up to five business days.

STUDENT ROTATION INFORMATION	
Student	Name:
Student Contact Info	Email: Phone:
Academic Institution	Name:
TMC Clinical Instructor/Dept	Instructor: Dept/Field of Study:
TMC Location	Hospital Hill: Lakewood: Behavioral Health: Other:
Clinical Rotation	Start Date: End Date:
REQUIREMENTS FOR THE ACADEMIC INSTITUTION	
Program Accreditation Certificate	Yes, TMC has on file:
Liability Insurance	Yes, TMC has on file:
Clinical Education Agreement with TMC	Yes, TMC has on file:
OCCUPATIONAL HEALTH REQUIREMENTS	
Measles, Mumps, Rubella List two immunization dates <i>or</i> one positive titer date.	MMR: _____ <i>or</i> Positive Titer:
Varicella List two immunization dates <i>or</i> one positive titer date. (these must be completed at least 30 days prior to start)	Varicella: <i>Or</i> Positive Titer:
Flu Shot Must be for current flu season.	Date Received:
2 Step TB Test Two PPD (Mantoux) skin tests need to be performed at least one week apart. Each TB test requires two visits as each test must be read 48-72 hours after it is placed. This can be done when you enter your program. The skin tests are required even if you received the BCG vaccination. If you have had an allergic reaction to a TB skin test, contact Lisa Watkins for further instructions.	NEG 2 Step Test Dates : _____ & _____ <i>Must be completed within a year of starting program.</i> <i>(This may be by the PPD (Mantoux) test or either the Tspot or Quantiferon Gold blood test.) This must be accompanied by a Negative symptom review.</i> <i>Or</i> History of Positive TB Skin Test: <input type="checkbox"/> <i>If you checked this box, please provide:</i> · <input type="checkbox"/> POS TB Skin test result · <input type="checkbox"/> NEG 2-view chest x-ray report within a year of the rotation · <input type="checkbox"/> NEG symptom review within 60 days of the rotation
CPR REQUIREMENTS	
For Allied Health Students, we follow each department's CPR requirements for staff. Please see below if it is required for your field. If so, TMC requires Basic Life Support (BLS) in-person training. TMC does not provide the training.	
Cardiac Sonography	Required
Medical Assistant	Required
Music Therapy	Required
Rehab: Occupational Therapy/Physical Therapy/Speech Pathology	Required
Radiology	Required



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CPR REQUIREMENTS	
Student's Field of Study:	CPR Required? No: _____ Yes: _____ Exp. Date: _____
BACKGROUND SCREENING <i>(within 2 years or upon acceptance in to academic program)</i>	CLEAR
Missouri Department of Health and Senior Services – Employee Disqualification List	
US Department of Health and Human Services List of Excluded Individuals/Entities	
Criminal background check with the local jurisdictions as well as the Missouri Highway Patrol	
Local County, State and Multi-State Criminal/Sex Offender check	
Social Security Number Tracer	
Government Services Administration Excluded Parties Listing System	
No outstanding warrants	
FAMILY CARE SAFETY REGISTRY <i>(within 45 days of rotation start)</i>	
This is only required of student rotations with TMC Behavioral Health or at Lakewood Long Term Care. This is no longer required for all Allied Health students.	
Will you be working in Behavioral Health or Long Term Care?	Yes: <input type="checkbox"/> _____ <i>If yes, proceed with the FCSR registry.</i> No: <input type="checkbox"/> _____ <i>If no, you do not need to register.</i>
If required to register, go to: http://health.mo.gov/safety/fcsr/.	
1. You will be charged a nonrefundable \$12.00 registration fee and an additional \$1.25 processing fee. 2. Once you have registered, you will receive an email from the FCSR with the subject, "Family Care Safety Registry 3. Correspondence for NAME." Click the "SecureMessageAtt.html" attachment in order to create a login/password to access your results. 4. Scan your results letter with your paperwork.	
Note: The FCSR does get delayed. Register 45 days before your rotation in order to meet the onboarding deadline.	
If you have already registered and do not have your results or your results are not current:	
<ul style="list-style-type: none"> · Call the FCSR at 866-422-6872 to request your results. See steps 2 and 3 above. If you do not receive your letter in time for the onboarding deadline, notify clinicalaffiliation@tmcmed.org. 	
I have registered with the FCSR and attached my current results letter (dated within 45 days of rotation).	
I am NOT required to register.	

If there are any hits during the screening process, please send the detailed report to clinicalaffiliation@tmcmed.org. Leadership will review the report and make the decision to accept or decline the student.



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CONFIDENTIALITY AGREEMENT

Patient, employee and TMC information from any source and in any form is confidential. As a workforce member, I may have access to and receive such confidential information. I shall protect the privacy and confidentiality of patient, employee and TMC information and shall limit my access to only the minimum information necessary to accomplish my job. This includes patient protected health information.

I agree that:

- I will only access information needed to accomplish my tasks.
- I will not disclose, copy, modify or discard any confidential information unless it is part of my job to perform any of these tasks. If it is part of my job to perform any of these tasks, I will follow the correct corporate/ department procedure to perform the task.
- I will not misuse any confidential information.
- I will keep my computer password(s) secret, and change it (them) regularly.
- I will not use anyone else’s password to any computer system at TMC.
- I will not share any confidential information even after my work at TMC has ended.
- I am aware that my access to confidential information may be audited.
- I will tell my supervisor if I think someone knows or is using my password(s).
- I know that confidential information that I learn on the job does not belong to me.
- I know that my access to the corporation’s computer systems may be revoked at any time.
- I will follow the Confidentiality of Patient Information Policy and Information Security Policy.
- I understand that if I fail to comply with this agreement or abide by TMC Corporate Policies and Procedures that I may be subject to corrective action up to and including separation of employment, loss of privileges and/or revocation of contract.

By signing this confidentiality statement, I agree that I have read, understood and will comply with this statement.

Contractor Student Employee Resident Volunteer

Printed Name

Signature

Date

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TMC E-LEARNING REGISTRATION

All Allied Health Students must self-register and complete TMC online training. If you have already registered and completed the training **within a year** of your current rotation, you will not need to take the modules again. If you completed the training **more than a year ago**, please contact Lisa Watkins at clinicalaffiliation@tmcmcd.org to reset your modules so you may take them again.

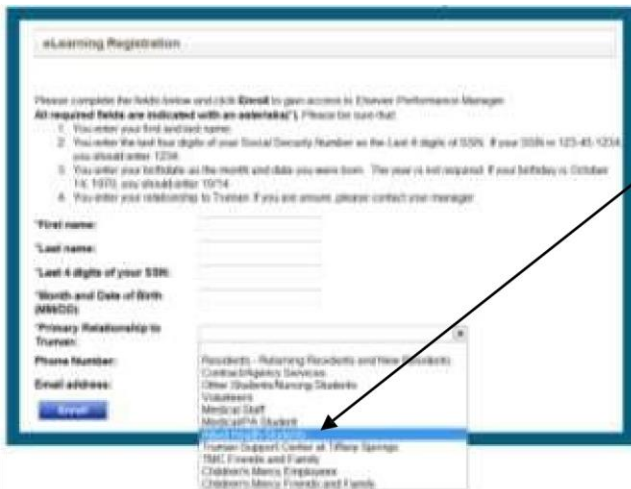
Self-Register by going to www.webinservice.com/truman. Click **Login** in the upper-right hand corner.



Register by clicking here.



Create a New Account by clicking here.



Follow the on-screen instructions.

For **Primary Relationship to Truman** choose:
“Allied Health Students”

Do NOT choose:
“Other Students/Nursing Students”

If you do, you will not receive the Student Orientation. Notify Erin so she may get this changed for you.



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TMC E-LEARNING
<p>Once registered, the system will provide your login and password. Return to the site www.webinservice.com/truman. Click Login in the upper-right hand corner.</p> <p>Under Current Assignments on the left side, click on eLearning Lessons to begin. You should be assigned the following:</p> <ol style="list-style-type: none"> 1. TMC: Training Introduction (no test) 2. Abuse/Neglect Grievance Resolution 3. TMC: General Compliance Training 4. TMC: Information Security Policy 5. Truman Medical Center HIPAA 101: Privacy Training 6. Student Orientation Training <p>Helpful Hints</p> <ul style="list-style-type: none"> ○ Once you complete a lesson, if you do not see the option “Take Test” you will need to close the lesson and return to the “Assigned Items” screen. Click on the lesson again in order to click “Take the Test.” ○ If you are interrupted for any reason and need to leave the lesson, you can return to where you left off. If you are in the middle of the testing portion of a lesson and must log off, you will receive a zero for that particular test, but you will be able to go back and re-test to change the score. <p>Transcript</p> <ul style="list-style-type: none"> ○ Once all lessons are complete, click on the Home tab. ○ On the left side under Click to view, click on Transcript. ○ Status should show six green checkmarks. ○ On the left side, click on Print or Export to Excel and convert to PDF. <p style="text-align: center;">I have completed my six modules and attached my transcript.</p>

FINAL REVIEW BY SCHOOL COORDINATOR/REPRESENTATIVE	
These five pages are complete.	
Current FCSR results letter is attached (if required).	
Current TMC eLearning transcript is attached.	
The school has this student’s pertinent records on file: immunizations/TB tests, background screening and CPR credentials (if required). All documents are available to TMC upon request.	

YOUR School Coordinator/Representative

Name (print): _____ Signature: _____

Title _____ Phone: _____

Please email completed paperwork as **one PDF document** 30 days prior to the clinical rotation clinicalaffiliation@tmcmed.org. Once reviewed; an email will be sent to the student, the school representative, the TMC clinical instructor and TMC security notifying all of any outstanding items or confirming the student is cleared. Please note that while Hepatitis B and Tdap vaccinations are not required, they are strongly recommended. Thank you for choosing Truman Medical Centers.

TB SYMPTOM REVIEW

PLEASE CHECK LOCATION AND/OR CATEGORY:

Student **School:** _____

NAME: _____ **SOCIAL SECURITY #:** ~~NOT NEEDED~~ _____

DEPARTMENT: _____ **BIRTHDATE:** _____

1. Do you have any medication, food, or other allergies? Yes (please list): _____ No
2. Have you taken steroids, immunosuppressants or cancer drugs in the last 8 weeks? Yes No
3. Have you been exposed recently to anyone with active Tuberculosis? Yes No
4. Have you ever had a BCG vaccination (given in some foreign countries)? Yes No
5. Have you ever taken medications (normally INH) for treatment or prevention of TB? Yes No
6. Have you ever had a positive TB test? **YES** Year (if known): _____ No

(If "Yes" you should not be given another TB skin test, however, you will still need a symptom review every year.)

CHECK ANY OF THE FOLLOWING SYMPTOMS YOU HAVE RIGHT NOW:

- | | | | | |
|---|--------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Chronic Cough (> 3 weeks) | <input type="checkbox"/> Fever | <input type="checkbox"/> Sputum Production | <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Appetite Loss |
| <input type="checkbox"/> Malaise (slight/general feeling of not being well) | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Bloody Sputum | <input type="checkbox"/> Chest Pain | |
| <input type="checkbox"/> <u>NONE OF THESE</u> | | | | |

X _____	X _____	<u>NOT NEEDED</u> _____	<u>NOT NEEDED</u> _____
Signature	Date	Date Received in Office	OH Nurse Signature

 This form should be completed NO
 SOONER than 60 days prior to your
 start date.
