

Dear HLSC 4680 Practicum Student:

All of the requirements listed on the attached form (and noted below) **MUST** be completed, uploaded to CertifiedBackground.com, and validated by CONHS data base manager. Students who do not provide evidence of completed requirements as listed on the form will not be able to participate in HLSC 4680.

Rationale for Requirements:

Joint Commission, the health care institutional accrediting body, requires care giving institutions to follow specific guidelines for staff and students including but not limited to

- 2008/2009 Standard: IC.1.10 1. An organization wide IC program is implemented.
- 2008 Standard IC. 1.10 The risk of development of a health care-associated infection is minimized through an organization wide infection control program.
- 2005 Standard HR.1.20 for staff, students and volunteers who work in the same capacity as staff who provide care, treatment, and services, at EP 5 states criminal background checks are verified when required by law and regulation and organization policy (<http://www.jointcommission.org/>)

HLSC students **DO NOT** have direct patient care contact thus will only need the immunizations listed below.

HLSC student practicum experiences are to assist the student in meeting program goals as identified in the current catalog on p. 205. Direct patient care that would involve contact with patient body fluids is not warranted given program goals nor practicum objectives.

Requirements:

To meet the institutional requirements and facilitate student progress toward goal attainment through practica experiences in a health care system, the following are required: (see attached form). Certain findings may impact practicum attendance.

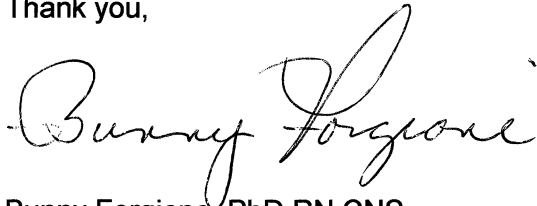
- HEALTH INFORMATION
 - Date of Last PPD (Within The Past Year)
 - Hepatitis B Vaccine Confirmation Date
 - Declined Date of Hepatitis B
 - MMR Immunizations
 - Varicella Titer Or Positive History Date
- EDUCATION
 - City Wide Orientation Completion Date AND/OR Hospital Orientation Date (student will upload certificate upon orientation completion)

- **BACKGROUND INVESTIGATION (The student is responsible for the cost associated with the background check)**
 - Social Security Number Date Verification is completed with the criminal background check
 - Criminal Search Date: Up to 7 years, or Up to 5 searches
 - Date of HHS/OIG/GSA List of Excluded Individuals
 - Date of Texas HHS List of Excluded Individuals
 - Date of Violation Sexual Offender & Predator Registry

Verification of completion of the above must be uploaded to certifiedbackground.com using the password **EX11IM**.

Immunizations are available through the University Health Center or through your private clinic or physician. In order to plan for an adequate supply, students must call the University Health Center at 361-825-2601 immediately to request the immunizations and schedule an appointment.

Thank you,



Bunny Forgione, PhD RN CNS
Associate Dean and Interim Undergraduate Chair



Sherdeana Owens, DDS, MPA
Assistant Professor and Health Science Coordinator



CertifiedBackground.com

Student Instructions

Background Check/Immunizations

Texas A&M University - Corpus Christi (Health Sciences)

The above organization has chosen CertifiedBackground.com as an approved source for background checks/immunizations.

About CertifiedBackground.com

CertifiedBackground.com is a service that allows students to order and purchase their own background check. The results of your background check are posted to the CertifiedBackground.com website in a secure, tamper-proof environment where the student as well as the school can view the background check. CertifiedBackground.com also offers online immunization management solutions.

Ordering Instructions

1. Go to www.CertifiedBackground.com and click on "Students."
2. In the package code box, enter package code: **SEE BELOW**
3. Select a method of payment: Visa, MasterCard or money order.

Package Codes

- Package Code "**EX11BC**" - Select this package code if you need to order a background check.
- Package Code "**EX11IM**" - Select this package code if you are ordering an immunization account.

Once your order is submitted, you will receive a confirmation email containing a password to view the results of your background check. When your background check is complete, you can view/print a copy at CertifiedBackground.com by entering your password, then the last 4 digits of your Social Security Number. Results should be completed within 3-5 days.

HEALTH SCIENCES STUDENT IMMUNIZATION RECORD

STUDENT NAME _____

ADDRESS, CITY, STATE, ZIP _____

PHONE NUMBER(S) _____

E-MAIL ADDRESS(ES) _____

PROGRAM: HLSC _____

BSHS

IMMUNIZATION	Date of Inoculation Dose # 1	Date of Inoculation Dose # 2	Date of Inoculation Dose # 3	OR	Date of Serologic Confirmation of Immunity (Titer)	OR	Date of Written Verification of Contraction of Chicken Pox
* HEPATITIS B *							
HEPATITIS B				OR		OR	
<i>OR</i>							
HEPATITIS A & B TWIN R _x							
* MMR *							
MEASLES (Rubeola)				OR		OR	
MUMPS							
RUBELLA (German Measles)							
<i>OR</i>							
MMR							
* VARICELLA ZOSTER VIRUS *							
VARICELLA (CHICKEN POX)				OR		OR	
* TUBERCULOSIS *							
TUBERCULOSIS SCREENING (TB / MANTOUX PPD)	DATE OF MOST RECENT SKIN TEST			OR	DATE OF MOST RECENT CHEST X-RAY	OR	DATE OF DOCTOR-ANSWERED QUESTIONNAIRE
TUBERCULOSIS				OR		OR	

NAME & TITLE OF MEDICAL PRACTITIONER VERIFYING IMMUNIZATIONS RECORD

NAME AND ADDRESS OF MEDICAL PRACTICE

Signature of Medical Practitioner

Date

HEALTH SCIENCES STUDENT IMMUNIZATION RECORD

REQUIREMENTS HEALTH SCIENCES PROGRAM	
* REQUIRED IMMUNIZATIONS *	
HEPATITIS B	3 Doses Required - 1 month between 1st and 2nd dose; 6 months between 2nd and 3rd dose
<i>OR</i>	
HEPATITIS A&B TWIN R_x	3 Doses Required - 1 month between 1st and 2nd dose; 6 months between 2nd and 3rd dose
MEASLES (<i>Rubeola</i>)	Inoculation required if born after 1/01/1957 2 doses required, at 2-year intervals - Must be since Jan. 1, 1968
<i>AND</i>	
MUMPS	Inoculation required if born after 1/01/1957 One dose required
<i>AND</i>	
RUBELLA (<i>German Measles</i>)	Inoculation required if born after 1/01/1957 One dose required
<i>OR</i>	
MMR	2 doses required, at 2-year intervals - Must be since Jan. 1, 1968
VARICELLA ZOSTER VIRUS (CHICKEN POX)	2 Doses Required - 1 mo. Apart - Unless first dose given prior to age 13
	<i>OR</i>
	Certification from parent / guardian / school nurse / physician of contraction of chicken pox.
	<i>OR</i>
	Titer confirming immunity
TB (MANTOUX PPD)	Skin test required yearly.
	<i>OR</i>
	Chest X-ray every two years.
	<i>AND</i>
	Physician's statement in year student does not have a chest X-ray or skin test.

* REQUIRED CERTIFICATIONS *	
BACKGROUND INVESTIGATION	Required once before HLSC 4680 practicum experience.
SOCIAL SECURITY NUMBER VERIFICATION	Verified through background investigation.
DRIVERS LICENSE VERIFICATION	Use date of criminal background check.
CITY-WIDE ORIENTATION	Student to upload certificate following orientation completion.
HOSPITAL ORIENTATION	Student to upload certificate following orientation completion.

**EXHIBIT A
STATEMENT OF RESPONSIBILITY**

For and in consideration of the benefit provided the undersigned in the form of experience in a clinical setting at Driscoll Children's' Hospital ("Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while participating in the Program operated by _____ ("School") at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

Signature of Program Participant

Date

Print Name: _____

Parent /Legal Guardian if Program Participant under 18

Date

Print Name: _____

Relationship to Program Participant: _____

**EXHIBIT B
PROTECTED HEALTH INFORMATION, CONFIDENTIALITY, AND SECURITY AGREEMENT**

- Protected Health Information (PHI) includes patient information based on examination, test results, diagnoses, response to treatment, observation, or conversation with the patient. This information is protected and the patient has a right to the confidentiality of his or her patient care information whether this information is in written, electronic, or verbal format. PHI is individually-identifiable information that includes, but is not limited to, patient's name, account number, birth date, admission and discharge dates, photographs, and health plan beneficiary number.
- Medical records, case histories, medical reports, images, raw test results, and medical dictations from healthcare facilities are used for student learning activities. Although patient identification is removed, all healthcare information must be protected and treated as confidential.
- Students enrolled in School programs or courses and responsible faculty are given access to patient information. Students are exposed to PHI during their clinical rotations in healthcare facilities.
- Students and responsible faculty may be issued computer identifications (IDs) and passwords to access PHI.

Initial each to accept the Policy:

Initial	Policy
	1. It is the policy of the School to keep PHI confidential and secure.
	2. Any and all PHI, regardless of medium (paper, verbal, electronic, image or any other), is not to be disclosed or discussed with anyone outside those supervising, sponsoring or directly related to the learning activity.
	3. Whether at the School or at a clinical site, students are not to discuss PHI, in general or in detail, in public areas under any circumstances, including hallways, cafeterias, elevators, or any other area where unauthorized people or those who do not have a need-to-know may overhear.
	4. Unauthorized removal of any part of original medical records is prohibited. Students and faculty may not release or display copies of PHI. Case presentation material will be used in accordance with healthcare facility policies.
	5. Students and faculty shall not access data on patients for whom they have no responsibilities or a "need-to-know" the content of PHI concerning those patients.
	6. A computer ID and password are assigned to individual students and faculty. Students and faculty are responsible and accountable for all work done under the associated access.
	7. Students and faculty agree to follow Hospital's privacy policies.
	8. Breach of patient confidentiality by disregarding the policies governing PHI is grounds for dismissal from the Hospital.

- I agree to abide by the above policies and other policies at the clinical site. I further agree to keep PHI confidential.
- I understand that failure to comply with these policies will result in disciplinary actions.
- I understand that Federal and State laws govern the confidentiality and security of PHI and that unauthorized disclosure of PHI is a violation of law and may result in civil and criminal penalties.

Signature of Program Participant

Date

Print Name: _____

Parent /Legal Guardian if Program Participant under 18

Date

Print Name: _____

Relationship: _____