



DHR Health

Student Affairs

2024 Nursing Application

Student Checklist

- Immunizations records inclusive of:
 - **Hepatitis B** (3 dose-series or positive titer with IGG levels)
 - **MMR** (2 dose-series or positive titer with IGG levels)
 - **Varicella** (2 dose-series or positive titer with IGG levels, HX of disease will require a titer)
 - **Tetanus/Diphtheria** (received within the last **10 years**)
 - **Tuberculosis (TB)** (Negative-PPD/QuantIFERON TB Gold or chest x-ray received within **6** months)
 - **Seasonal Influenza** (required for participation between October 1st thru April 1st)
 - **Respiratory fit test** (card- current dated within the past 12 months)

(All records must be fully validated (signed or stamped) per U.S.-CDC standards or appropriate medical source in the U.S.)

- Government issued photo ID
- School photo ID
- Criminal Background Check (school conducted CBC, BON blue card, state license-if applicable)
- Hospital Orientation (scheduled upon receiving clearance)

Complete application along with **printed copies** of requested items must be submitted to the below address **30 days** prior to expected start date. Please note that copies of missing records will not be made. Email submissions are not acceptable.

101 Paseo Del Prado
Edinburg, TX—78539
(Education Office)
Monday-Friday 8A-5P



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Print clearly

Nursing Application		
Application must be submitted 30 days prior to expected start.		
Applicant Information		
Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
Email Address		Phone Number
Emergency Contact Information Name: Contact Number:		
School Information		
Classification (Example: Nursing)	School	
School Coordinator	Coordinator E-mail & Phone number	
<u>Spring</u> (01/01/24---05/31/24) M T W TH F S SU Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____	<u>Summer</u> (06/01/24---08/31/24) M T W TH F S SU Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____	<u>Fall</u> (09/01/24---12/31/24) M T W TH F S SU Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____



Confidentiality and Privacy of Patient Information

Dear Applicant,

As a learner who is rotating at DHR Health (or associate clinics and facilities), you have an ethical and legal duty to keep patient information confidential. Federal law known as Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows health care providers to use and disclose patient information in limited circumstances, such as treatment. Healthcare facilities must also consider who has access to the information and how much they need to see. Allowing a student to participate during an encounter between provider and a patient requires patient authorization. Failure to maintain the confidentiality of patient information as required by HIPAA is considered a violation of the law and may have legal repercussions.

I, [REDACTED] (print full name), understand that DHR Health considers it the ethical responsibility of each employee, contracted employee, learner or volunteer to respect and maintain the confidentiality of patients, physicians and fellow staff members, as well as organizational information. Therefore, it is expected that I will be worthy of the trust given to me and that I will perform my duties to the best of my ability with intelligence, courtesy, tact, and cheerfulness – the *“Renaissance Difference.”*

I acknowledge that access to confidential information is for the purpose of performing my responsibilities within this organization and for no other purpose. I understand that confidential information is protected in every form, such as written records, correspondence, oral communications, computer programs and applications. Medical records are legal documents and contain confidential information. I understand that all information regarding patients and their health care is strictly confidential. Information a privilege nature is to be shared only with authorized parties and such discussions should be held in a private location. Unauthorized disclosure of medical record information could result in legal action against the hospital and against the participant who violates the patient’s rights.

I understand that my violation of the confidentiality policy may result in corrective action, including dismissal or termination of my student placement. I agree that my obligations under this agreement continue after my academic placement ends.

Applicant Printed Name: _____

Applicant Signature: _____



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General Guidelines

Applicant is required to remain with Supervising Clinician/Employee at **all times** while in the assigned DHR department or assigned DHR unit/clinic. If supervising clinician/employee is unavailable a designee will be provided or learner participation rescheduled for a later date.

Applicant must not be in any unauthorized hospital/site facilities.

Applicant is expected to dress in a professional manner. No jeans, shorts, spandex, or leggings and must wear closed shoes. Attire shall be clean, moderate in style and appropriate for the work area. No use of medical attire is allowed unless required by participating site.

Applicant must always be clearly identifiable by using their respective school ID and/or DHR assigned student badge which is to be worn at all times above the waist with picture side out while on DHR property (**Policy#: HR-1026**). All assigned badges must be returned at the appointed off-boarding date.

Applicant acknowledges that cell phones are not permitted while on clinical participation.

Applicant acknowledges that the Supervising Clinician/Employee must notify patient(s) that student experience is taking place and ask for the patient's consent to having the applicant present during their examination.

Applicant acknowledges that he/she cannot make medical notations or changes to patient chart. No written information will be taken from DHR property/and patient rooms.

Applicant acknowledges that the policy of DHR is to promote an environment free from any form of harassment and discrimination.

Applicant acknowledges that if they are a DHR Health employee who is enrolled at an external academic institution and is completing an academic placement with DHR Health, they must complete the student onboarding requirements. All placements must occur outside of the DHR Health paid work hours. Employee must obtain a learner badge and wear at all times during the academic placement. Applicant acknowledges that he/she may not use employee credentials to access medical records during their academic participation.

Applicant Printed Name:

Applicant Signature:



Letter of Agreement

Applicant participating in clinical rotations with a University, College or other School program must be enrolled and in good standing at their respective University, College or School, and provide evidence of such via a letter from partner academic site.

Applicant must provide copy of University, College or other School program adequate medical malpractice insurance of at least \$1,000,000 per occurrence and \$3,000,000 aggregate coverage. In the case that University, College or other School program not provide coverage, applicant shall provide adequate documentation of their personal medical malpractice of at least \$1,000,000 per occurrence and \$3,000,000 aggregate coverage.

Applicant agrees to provide Criminal Background Check verification from their respective institution. If Criminal Background Check is not required by school or program, applicant must permit DHR to conduct a Criminal Background Check (fee will apply) **prior** to starting experience at DHR.

The applicant may participate in minor procedures for which the sponsor is credentialed and is appropriately licensed to assist ***only after patient consent and only under the direct supervision of the preceptor/sponsor.***

Applicant attests that his/her use of written and verbal English is sufficient to communicate with patients, medical faculty and others. Any misrepresentation will be grounds for immediate termination of the agreement and applicant's placement at DHR.

Applicant's failure to comply with our hospital and medical staff policies and procedures will result in termination of the participant's experience

All DHR Property such as badge(s) and car tags must be returned *upon* completion of experience at DHR Health. \$20.00 fee per lost/stolen/destroyed property will be required.

Applicant Printed Name: _____

Applicant Signature: _____



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Parking Acknowledgement

Participating applicants are granted the use of DHR Employee parking spaces.

Applicant acknowledges:

- (1) Visitor parking is reserved for visitors only.
- (2) I understand that reserved or assigned parking spaces will not be used during participation.
- (3) Assigned parking permit should be hung on the rearview mirror with the permit number facing out.
- (4) A lost/stolen/destroyed permit must be reported immediately. **\$20.00** fee will be charged for lost/stolen/destroyed permits.
- (5) Please sign N/A in table below if you will **NOT** be driving.
- (6) Policy HR-1075 has been updated and includes the following consequences for noncompliance:
 1. First violation- Citation issued by Security with a **\$50.00** fine
 2. Second violation- Vehicle will be towed at vehicle owner's expense.
 3. Third violation- Vehicle will be **towed** at the vehicle owner's expense and a fine of **\$100.00** will be required.

License Plate #:
Vehicle Make:
Vehicle Model:
Vehicle Color:



Applicant Printed Name: _____

Applicant Signature: _____