CAREER OBSERVATION APPLICATION

# EXTERNAL APPLICANTS

Thank you for choosing Altru Health System for your career exploration needs. Career Observations may occur in select departments, for both clinical and non-clinical roles, based on availability. Career Observations will be scheduled based on department capacity and applications may be deferred if the applicant has completed an observation in the past six months. Exceptions may be made for participants who need additional hours to meet requirements for an education program or application. Conversations between a potential Observation participant and an Altru provider or employee do not guarantee an Observation opportunity.

## CAREER OBSERVATION REQUIREMENTS

* Participants must be 16 years of age or older.
* Minor participant must have consent from a legal guardian to participate.
* The Career Observation Application must be completed **in full** to be considered for an opportunity. This includes all included waivers, forms, checklists and health documentation.
* The Career Observation Orientation Packet must be reviewed, and the Orientation Knowledge Assessment on this application must be completed.
* Career Observation Application processing may take up to four (4) weeks. We cannot guarantee our ability to schedule an observation on the date submitted.
* Submit your completed application and supporting documents to [CareerObservation@altru.org](mailto:CareerObservation@altru.org).

## APPLICANT INFORMATION

For your application to be considered, the application must be completed in its entirety. Minors will need their legal guardian to complete portions of the application. Communication will occur via email to the email address listed on your application. **Altru will not archive incomplete applications for more than 30 days.**

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| **Select the option that best describes you:** | | | | | | | Choose an option | | | | | | | |
| **Select the option that best describes your observation needs:** | | | | | | | | | | | Choose an option | | | |
| **If other, please describe:** | | | |  | | | | | | | | | | |
| **Date of application:** | | | |  | | | | | | | | | | |
| **First Name:** | |  | | | | **MI:** | | |  | | **Last Name:** | |  | |
| **Address:** | |  | | | | | | | | | | | | |
| **City:** |  | | | | | **State:** | | |  | | **Zip Code:** | |  | |
| **Telephone (with area code):** | | |  | | | **E-mail address:** | | |  | | | | | |
| **Emergency Contact Name:** | | |  | | | | | | | | **Relation to Applicant:** | |  | |
| **Emergency Contact Telephone:** | | | |  | | | | | | | | | | |
| **Name of School:** | | |  | | | **Grade/Year:** | | |  | | **Expected Graduation:** | | |  |
| **Availability (select all dates and times that apply):** | | | | | | | | * Monday * Tuesday * Wednesday * Thursday * Friday | | | | * 0900 - 1200 * 1300 - 1600 | | |
| **What date must your Observation be completed by?** | | | | | | | | |  | | | | | |
| **Are there any dates you *cannot* participate in an Observation?** | | | | | | | | |  | | | | | |
| **What area do you wish to observe?** | | | | | Choose an option. | | | | | **What role do you wish to observe?** | | | Choose an option. | |
| **If you selected other for the above questions, please describe your observation goals here:** | | | | | | | | | |  | | | | |
| **If you have discussed an experience with a provider, please list their name and any dates/times discussed:** | | | | | | | | | |  | | | | |
| **If your academic program requires extended observations, specify your needs here:** | | | | | | | | | |  | | | | |

Continue to consent forms and orientation assessment.

## CAREER OBSERVATION WAIVER OF LIABILITY AND HEALTH FORM

For and in consideration of the participation of Click or tap here to enter text. (name of participant) in the Altru Health System (Altru) Career Observation Program, I, for myself, my heirs, executors, administrators, successor and assigns; do herby release, acquit and forever discharge Altru, its agents, employees, and all other persons who might be liable from any and all causes of action, claims and demands of whatsoever nature and kind whether known or unknown arising from my participation in said Program. Further, I, for my heirs, successors, administrators, executors and assigns do herby covenant not to bring any action against Altru, its agents, employees, and all other persons, providing services in the Program and agree to indemnify and hold harmless the same in the even any such action is hereafter brought, or claim is hereafter made.

It is further understood and agreed that I, for my heirs, successors, administrators, and assigns, do hereby agree to indemnify and hold Altru, its agents, employees, and all other persons, providing services in the Program with respect to any potential subrogation claims by any and all third party payors with respect to payments made to the Hospital or any other healthcare or medical providers for healthcare with respect to any injuries sustained in the course of my participation in the Program.

This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. I further state that I have carefully read the foregoing release and know the contents hereof, and I sign my name as a free and voluntary act. I, the undersigned student, do hereby acknowledge that I have read and understand the following statements.

I agree to abide by and be bound by the following statements in return for Altru allowing me to participate in the Altru Health System Career Observation Program.

1. I will conduct my observation activities at Altru only under the supervision of an Altru employee.
2. I will comply with all Altru rules and regulations, Altru policies and procedures, Altru Behavior Standards and the Rules of Conduct outlined in this application.
3. I understand that Altru retains the right to remove any student at any time.
4. I acknowledge that I am not an employee of Altru during the Program.
5. I understand that I am responsible for the cost of any medical care that I receive from Altru for any reason.
6. I acknowledge my responsibility and liability regarding the confidential nature of all information that I have access to at Altru by virtue of my participation in this Program.
7. I understand that I may not participate in the Career Observation Program until I have read the Orientation Packet that includes, but is not limited to, confidentiality and infection control.
8. I understand that I am required to maintain verification of all immunizations, test dates, and test results, and that I must make those verifications available to Altru upon request.

Participation in the Program is prohibited unless this Waiver is signed by the Participant (and Parent/Guardian if participant is under the age of 18).

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| Participant Signature | | Date |
|  |  |  |
| Parent/Guardian Signature |  | Date |

## PARTICIPANT CONFIDENTIALITY STATEMENT

Security and confidentiality are matters of concern for all persons who have access to Altru data and protected health information. Each person accessing Altru data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. Therefore, all persons who are authorized to access data and resources through all of the Altru information systems, access protected health information in any form (electronic, written, verbal), or through personal observation must read and comply with the confidentiality and security policies of Altru.

As a condition to receiving access to the information system(s), I agree to comply with the following terms:  
 \_\_\_\_\_ I will not access or request data on patients for whom I have no business or job related reason. In addition, I will not access any other confidential information, including financial or protected health information, whether written or electronic.  
 \_\_\_\_\_ I understand that the information accessed through the Altru system(s), medical records, or any other method of recording patient information contains sensitive and confidential protected patient health information, business, financial and employee information that should only be disclosed to those authorized to receive it.  
 \_\_\_\_\_ I will respect the confidentiality of any protected health information, whether on computer, written, or oral, or reports printed from the Altru system(s); and I will handle, store, or dispose of these records in accordance with HIPAA regulations.  
 \_\_\_\_\_ I will not intentionally damage, corrupt, or inappropriately delete or destroy any data, protected health information, or computer programs.  
 \_\_\_\_\_ I will comply with all policies and procedures and other rules of Altru relating to confidentiality of information and login codes to the best of my ability.  
 \_\_\_\_\_ I will not serve as an Attorney in Fact or as Power of Attorney of healthcare for a patient and/or client of Altru unless the patient and/or client are related to me by blood, marriage, or adoption.

It is the legal, moral, and ethical duty of Altru, its employees, students, and those who participate in the Career Observation Program to assure a patient’s privacy and hold in strictest confidence any and all information concerning the patient and his/her family. No employee shall actively seek to obtain any information regarding patients’ illness beyond that which is necessary to carry out assigned tasks.

I understand that my use of the Altru computer system(s) will be regularly monitored to ensure compliance with the agreement. I further understand that if I violate any of the above terms, I may be subject to disciplinary action, up to and including termination of contact or any other remedy available to Altru.

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| Name of Participant (typed or printed) |  | Signature of Participant |  | Date |
|  |  |  |  |  |
| Name of Parent/Guardian  (if participant is under 18) |  | Signature of Parent/Guardian |  | Date |

## HEALTH REQUIREMENTS

Career Observation participants must follow all Altru health requirements. Altru is not responsible for providing students with vaccinations or testing to meet health requirements for an Observation.

* **Seasonal Influenza** – Participant must be immunized against seasonal influenza by December first of the applicable year. Exemption may be requested for medical or religious reasons – see Exemption Request form.
* **COVID-19 Vaccine** – Participant must be fully vaccinated for COVID-19, appropriate to the vaccine type, **or** complete an Altru vaccine declination and education.
* **Personal Protective Equipment** – Participant must follow all current Altru policies and procedures relating to personal protective equipment use for employees.

Proof of health requirements (medical records, copy of vaccine cards, etc) must be submitted with your Career Observation application.

## HEALTH RECOMMENDATIONS

Altru also recommends Career Observation participants meet the following:

» Negative baseline tuberculosis (TB) testing

» Measles, Mumps and Rubella (MMR) Immunity

» Varicella (Chickenpox) Immunity

» Hepatitis B Immunity

Review details about health recommendations in a healthcare setting at [immunize.org/catg.d/p2017.pdf](https://www.immunize.org/catg.d/p2017.pdf).

## INFLUENZA VACCINE EXEMPTION REQUEST

Career Observation applicants may request a vaccine exemption for seasonal influenza only. The exemptions may be requested for religious or medical reasons. The Altru Vaccine Exemption Committee will process and approve/deny exemption requests. Applicants will be unable to participate in an Observation until they have either an approved exemption or the applicable vaccine.

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| --- | --- |
| **Reason for exemption:** | Choose an option. |
| **If religious, describe your sincerely held religious belief:** |  |
| **If medical, submit supporting documentation with your application.** |  |

## COVID VACCINE DECLINATION EDUCATION

Participants who have not received their primary COVID vaccine(s) may decline to receive the COVID vaccine. Participants who have received their primary COVID vaccine(s) must submit documentation (medical record, vaccine card, etc).

Altru Health System is dedicated to protecting our patients, employees, families, and communities against COVID-19. We strongly believe that COVID-19 vaccination remains the strongest protection against COVID-19. Although Altru Health System no longer mandates COVID-19 vaccination for its employees, we will continue to follow CDC Infection Prevention Guidelines for Healthcare Facilities.

Altru Health System strongly encourages COVID-19 vaccination based on the risk of working within a healthcare facility and will provide COVID-19 vaccination for any new employee within the system at no charge.

I understand that regardless of my COVID-19 vaccination status, should I develop symptoms of COVID-19 and/or test positive for COVID-19, I will not be allowed to work until I have completed the required isolation and/or testing per current CDC recommendations and guidelines.

Altru Health System continues to follow CDC Infection Prevention Guidelines for Healthcare Facilities.

Please use the following link for additional education related to the importance of staying up to date with COVID-19 vaccinations:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

## COVID VACCINE DECLINATION FORM

I understand that due to my susceptibility to COVID-19, I may be at risk of acquiring the disease if exposed. I have been given education about the vaccine and its importance and provided the opportunity to be vaccinated at no charge to me. However, I decline the vaccine at this time.

I understand that by declining this vaccine I continue to be at risk of acquiring COVID-19, a serious disease.

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| Participant Signature | | Date |
|  |  |  |
| Participant Date of Birth |  |  |
|  |  |  |
| Parent/Guardian Signature  (If participant is under 18) |  | Date |

## ORIENTATION KNOWLEDGE ASSESSMENT

1. Protected Health Information (PHI) includes but is not limited to (check all that apply):

* Name
* Diagnosis
* Provider
* Test results

1. As a Career Observation participant, I am responsible for maintaining PHI of Altru patients.

* True
* False

1. During my observation, I saw my best friend’s sister registering for an appointment. Since I was not the one to help her, it’s ok for me to talk to my friend about seeing their sister.

* True
* False

1. If I am responsible for a privacy breach, I may be subject to civil or criminal penalties.

* True
* False

1. When using an alcohol-based hand rub, rub the product into your skin…

* Until it is completely dry
* For 20 seconds

1. If I experience an exposure to blood or bodily fluids, I should wait until the end of my experience to tell my chaperone.

* True
* False

# THE END!

You have reached the end of the Career Observation Application. We thank you for considering Altru for your career exploration needs!

Submit your completed application and all supporting documentation to CareerObservation@altru.org. Communication regarding your application and Observation experience will occur via the email address provided on your application.