COOK COUNTY HEALTH & HOSPITALS SYSTEM
1900 West Polk Street, Chicago, Illinois 60612
www.cookcountyhhs.org (312) 864-6000

Toni Preckwinkle
President
Cook County Board of Commissioners

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Chief Executive Officer
Cook County Health & Hospitals System

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Sidney A. Thomas, MSW

Austin Health Center
Cermak Health Services
Children's Advocacy Center
Cicero Health Center
Community Triage Center
Ruth M. Rothstein CORE Center
Cottage Grove Health Center
CountyCare Health Plan
Englewood Health Center
Fantus Health Center
Logan Square Health Center
Morton East Adolescent Health Center
Near South Health Center
Oak Forest Health Center
Dr. Jorge Prieto Health Center
Provident Hospital
Cook County Department of Public Health
Robbins Health Center
John Sengstacke Health Center
John H. Stroger, Jr. Hospital
Vista Health Center
Woodlawn Health Center

NURSE PRACTITIONER OR PHYSICIAN ASSISTANT STUDENTS

Thank you for your interest in a nurse practitioner or physician assistant student rotation. Rotations may be available to qualified students based on current agreements with your school.

To apply for a rotation, you must submit a completed application form, signed by the dean or the department head. The school seal must be affixed.

If accepted, you must present documentation of the following:

- Submit completed **application form**
  - Application must be signed by the dean of your school

- Successful completion of all **three (3) Educational Modules**.
  1. *Infection Control Module*
  2. *Hand Hygiene Module*
  3. *Student Orientation Modules*

  (must receive 100% and must be renewed annually)

- **Health requirements**
  - Please complete the Certificate of Compliance Health Form – Infection Control Screening Compliance Form/Guidelines. Bring this document with you along with the supporting lab work. Please see attached handouts for details.

We need at least four weeks to process an application. **Please bring your valid school ID when you come to our office to check- in.** Please feel free to call our office at 312.864.5100, or email me at mcelestin@cookcountyhhs.org if you have questions.

Sincerely,

Marie A Celestin

Marie A Celestin

Revised 03/2017

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CRIMINAL BACKGROUND CHECK

If your school does not routinely do a routine criminal background check (CBC) upon matriculation, you will be required to obtain one before you start your rotation Cook County Health & Hospitals System. This is the law in Illinois, and no exceptions can be made.

To make this as easy as possible, we have placed the names and contact information for all the vendors in our area that work with the state to initiate CBC's. We post this information for your convenience only, **and do not endorse any particular one.**

A Fingerprinting US Photo Chicago Public School Building 125 S. Clark Street Chicago, IL 60603 312-782-8144 www.fingerprintingchicago.com	Biometric Impressions 188 W Industrial Dr, Suite 214B Elmhurst, Illinois 60162 630-532-5922 www.biometricimpressions.com	Infotrack Information Services 111 Deerlake Road, Suite 105 Deerfield, Illinois 60015 888-606-2010 www.infotrackinc.com
Accurate Biometrics 4849 N. Milwaukee, Suite 101 Chicago, IL 60630 866-361-9944 www.accuratebiometrics.com	Browder's Maximum Security Services 2010 S. Wabash, 2 Front Chicago, Illinois 60616 312-225-7900 maxsec@sbcglobal.net	ITouch Biometrics 1225A East Golf Rd. Schaumburg, IL 60173 847-706-6789 www.iTouchBiometrics.com
AGB Investigative Services 2033 W 95th Street Chicago, Illinois 60643 773-445-4300 www.agbinvestigative.com	Bushue Human Resources 104 North Second Street Effingham, Illinois 62401 217-342-3042 www.bushuehr.com	On Q Protection Investigation Srvcs 3257 N Sheffield Avenue, Suite 107 Chicago, Illinois 60657 773-697-4249 www.onqpi.com
Andy Frain Services 761 Shoreline Drive Aurora, Illinois 60504 630-820-3820 www.andyfrain.com	Digby's Detective and Security Agency 2850 S Wabash Ave., Ste 201 Chicago, Illinois 60616 312-326-1100 www.digbysecurity.com	Metro Detective Agency 1500 E Lincoln Highway, Suite 2 DeKalb, Illinois 60115 815-230-7970 www.illinoisfingerprinting.net
Anthony's Mobile Fingerprinting 10 South Riverside Plaza, Suite 1800 Chicago, Illinois 60606 888-406-8729 www.thefingerprintman.com	Fact Finders Group 4747 Lincoln Mall Drive, Suite 300 Matteson, Illinois 60443 708-283-4200 www.factfindersgroup.com	Morpho Trust USA 1650 Wabash Ave. Suite D Springfield, Illinois 62704 800-377-2080 www.MorphoTrust.com
Argus Services 123 West Madison Street, Suite 1200 Chicago, Illinois 60602 312-377-9441 http://argus-services.com	Firm Systems 206 South Sixth Street Springfield, Illinois 62701 866-721-1203 www.firmsystems.net	Suburban P.I. Inc 75 Executive Dr., Suite 421 Aurora, IL 60504 630-966-9774 www.suburbanpi.com
Background Resources 29 W. 120 Butterfield Road, Suite 103B Warrenville, Illinois 60555 630-873-2270 www.backgroundresources.com	FMJ Biometric Services, LLC 2308 Grove St. River Grove, IL 60171 708-357-0580 www.fmjservices.org	Trace Identity Services 222 Vollmer Road, Suite AC Chicago Heights, IL 708-754-2900 www.traceidentitysi.com
Big River Investigations 437 N 9th Street Quincy, Illinois 62301 217-228-9114 www.bigriversinvestigations.com	Gideon's 300 Security Services 16901 Dixie Highway Hazel Crest, IL 60429 708-335-4380 www.g300security.com	USA Fingerprint Service 9435 Bormet Drive, Unit 1 Mokena, IL 60448 708-478-6157 www.usafingerprintservice.com

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Any question by email only: fingerprintingchicago@gmail.com

A FingerPrinting U S Photo

210 S Clark St.
The Clark Adams Bldg
Ground Level - Lobby
Chicago IL, 60603
Ph: 312-782-8143 / 312-782-8144

A "name check" is a request that is based on alpha-numeric subject identifiers. Such requests will result in a search of the Illinois State Police's computerized criminal history record files to produce a subject record which matches identifiers used in the search (e.g., Last name, First Name, Middle Name, date of birth, sex, and race.)

Reasons for Name Check

- Personal Review
- For Contractors - Housekeeping Help
- Social Reasons
- For House/Apartment Rental Applications
- Pre-employment check / Volunteer work
- IL state regulations regarding nursing home residents
- To decide if Live Scan Fingerprinting Background Check would be needed for a more complete background check

Please follow the following steps to process your Name Check Request UCIA for IL STATE

1. Complete the Name Check Request (UCIA) Form & Credit Card Payment Form by going directly to website www.fingerprintingchicago.com

2. Submit these forms by E-mail to: fingerprintingchicago@gmail.com

3. Once the background check is completed by Illinois State Police, A Fingerprinting U S Photo will respond back to the customer as noted on the Name Check Request Form.

4. The cost of the name check is $25.00. We also accept Cash / Major Credit Cards

If you have any questions, you will receive very quick responses to you or your requestor by e-mail (Response back in few hours by e-mail).

Uniform Conviction Information Act
On January 1, 1991, the Uniform Conviction Information Act (UCIA) became law in Illinois. This act mandates that all criminal history record conviction information collected and maintained by the Illinois State Police, Bureau of Identification, be made available to the public pursuant to 20 ILCS 2635/1 et seq. This law permits only conviction information to be disseminated to the public.

NON-FINGERPRINT CONVICTION INFORMATION REQUEST-NAME CHECK INQUIRY - Any criminal history record information furnished as a result of a non-fingerprint based computerized criminal history check is based solely on a search of the identifiers provided in the request. It is not uncommon for criminal offenders to use alias names and dates of birth which could adversely affect the results of a non-fingerprint based search of the Illinois State Police's computerized criminal history record information files.

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The Clark Adams Bldg
Ground Floor Lobby
Chicago, IL 60603

Ph: 312-782-8143 / 312-782-8144
Email:fingerprintingchicago@gmail.com
www.fingerprintingchicago.com

NAME CHECK/CBC REQUEST FORM

UCIA - IL STATE ONLY

Person BeingChecked:

Last Name _____ First Name _____ Middle Initial _____

Daytime Phone: _____

E-Mail: _____

Date of Birth: _____

Sex: Male ☐ Female ☐

Race: White ☐ Black ☐ Hispanic ☐ Asian ☐ Other ☐

E-Mail: _____

Send Results to:

(For your protection, results will only be sent via e-mail.)

Name: _____

E-Mail: _____

(You may list multiple e-mails to receive the results.) _____

Phone: _____

Revised 02/2017

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TO: Allied Health Programs Directors

FROM: Ratna Kanumury, MMSc, PA-C
CCHHS Director of PA Services

RE: Orientation Requirements for Nurse Practitioner and Physician Assistant Students Prior to Starting a Rotation with Cook County Health & Hospitals System

All students must be educated annually regarding their risk of exposure to blood borne and airborne pathogens and appropriate precautions to reduce these risks (also known as BSIS education, Body Substance Isolation System). In addition, successful completion of an on-line student orientation module is necessary.

BSIS/Infection Control
Students rotating to Stroger Hospital are required to annually demonstrate satisfactory knowledge and understanding of the BSIS principles prior to starting a rotation at our institution.

All students are also required to annually review an orientation module that covers topics ranging from hospital safety to pain recognition and management. This is designed to familiarize incoming students with our hospital and some of the important policies and procedures.

This can be accomplished most easily by reviewing the teaching/learning modules posted on our website:
www.cookcountyhhs.org ⇨ Education & Research ⇨ Educational Modules.

The modules included are:

- Hand Hygiene Education
- Infection Control Module (1-3)
- Resident and Student Orientation Module *(must receive 100%)*

No one will be authorized to start a rotation without successful completion within the past 6 months. Please print out the last page of each module to demonstrate successful completion.

You can access the educational modules through this link:
http://www.cookcountyhhs.org/educationresearch/educational-modules/

If you have any questions, please feel free to call Marie A Celestin 312.864.5015, or email her at mcelestin@cookcounthyhhs.org .

Revised 08.1.2017

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SUMMARY OF REQUIREMENTS ON THE NEW CERTIFICATE OF COMPLIANCE HEALTH FORM

- On the next page, you will find CCHHS certificate of compliance health form. All students must meet the new requirements listed on the compliance form before starting a rotation at Stroger.

- Tuberculosis Screening – You will need the results of either of the following tests that have been completed within the past 3 months:

  - *Interferon Gamma Release Assay (IGRA)* – often the Quantiferon-Gold is used

  Or

  - *Tuberculin Skin Test (TST)* – Initial 2 step – which takes a minimum of 10 days to complete. Directions are: place the first TST and read 48-72 hours later. At least one week later, place a 2nd TST and read 48-72 hours later. Submit both test results. If you had a 2 step completed remotely, and annual TB testing afterwards, submit your TB test history.
  - *If IGRA or TST is positive,* a chest Xray is required within 1 year of start date at Stroger or at the time a positive skin test was documented by an affiliated institution.

- Regardless of Immunization History, serology test results for Measles, Mumps, Rubella, Varicella, Hepatitis B Surface Antigen and Hepatitis B Surface Antibody are required.

- Immunity to Rubella and Measles is required.

- Please note that ***laboratory results must be attached*** to the certificate of compliance health form.

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Last Name	First Name	Date of Birth	Job Classification

Date	Institution/Agency	Contact	Phone

COOK COUNTY HEALTH & HOSPITALS SYSTEM
INFECTION CONTROL SCREENING COMPLIANCE FORM/GUIDELINES

CCHHS Infection Control Policies apply to all personnel: Employees, Trainees, Contractors, Vendors, and Volunteers. You must provide documentation of designated health screenings and immunizations to comply with CCHHS policies and regulatory requirements. Annual updates are required. CCHHS will respond to CCHHS Infection Control and Public Health concerns and, if indicated, additional testing/treatment, or instructions to remain away from work may be required.

Other Academic Medical Center Screening: If you participate in an Annual Infection Control Screening Program at another institution, please forward screening documentation with this form. The information will be reviewed and we will notify you if further information is needed.

Test Result Documentation: Copies of all pertinent laboratory test results and radiological reports must be attached. Please check all sections for which you have provided documentation and complete the TB questionnaire.

☐ Influenza Vaccination: Vaccine program compliance is required for all personnel and documentation must be reviewed prior to work.

☐ Tuberculosis: Provide results of Interferon Gamma Release Assays (IGRA, e.g. Quantiferon) or Tuberculin Skin Tests. Test result should be from within the past 3 months, unless you are submitting documentation from Other Academic Medical Center Annual Screening.
Tuberculin Skin Tests (TST) can also be provided. A 2 step test is required.
If you have a history of a positive IGRA or TST, provide the documentation and a chest X result from within the past 6 months.
Annual Updates: An IGRA or one TST result is required. Chest Xrays do not need to be repeated for individuals with a history of positive TST unless there is a change in health status. You can submit previous information for review and we will advise of any other needs.

1. Fever > 101.5 that lasted 7 days or longer?	Yes ☐	No ☐
2. Cough that lasted more than 2 weeks?	Yes ☐	No ☐
3. Increased or excessive sweating at night?	Yes ☐	No ☐
4. Bloody sputum?	Yes ☐	No ☐
5. Weight loss without dieting?	Yes ☐	No ☐

☐ Measles: Provide proof of immunity by antibody titer.
☐ Mumps: Provide proof of immunity by antibody titer.
☐ Rubella: Provide proof of immunity by antibody titer.
☐ Varicella: Provide proof of immunity by antibody titer results – may be requested.
☐ Hepatitis B: Hepatitis B Antibody and Hepatitis B Antigen test results –may be requested.

Tetanus Diptheria Pertussis Vaccine (Tdap) – 1 Tdap Booster Vaccine or Tetanus Booster within 10 years of previous Tetanus Vaccine is recommended.

Cook County Health & Hospitals System
Employee Health Services

Revised: Edu.Program 02/2017

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Application for CCHHS Rotation
Allied Health Providers
(NP & PA Students)

PERSONAL INFO

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

SCHOOL INFO

School Name: _____

Address: _____

Phone: _____

Supervisor/Coordinator Name: _____

E-Mail Address: _____

Indicate your objectives for this experience. What are you expected to do (observe, participate in patient care, interview employees, etc)?

CCHHS APPROVAL:	**SENDING INSTITUTION'S APPROVAL:**
_____ **APP Department Signature** **Date** ☐ **Approved** ☐ **Denied** _____ **Chair, Department of PER** **Date** **(if applicable)**	The requested clinical experience is related to and is a required part of the student's educational program. Basic preparation for this experience has been provided the student through classroom instruction and laboratory practice. _____ **Signature of Dean/Department Head** **Date**

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HIPPA/FIRE/SAFETY ACKNOWLEDGEMENT AND AGREEMENT FORM

AGREEMENT FOR _____
(ROTATION/CLINICAL PROGRAM)

I, _____
(FIRST NAME / LAST NAME

A, _____ STUDENT AT _____
(TYPE OF STUDENT) (INSTITUTION)

Upon approval by the department, I hereby agree to accept the position of student at Cook County Health & Hospitals

System location for the period starting _____ and ending _____.

I hereby agree to return by ID Badge to the Department of Medical Administration and, if relevant, library books, at the end of my rotation. I further agree to abide by the rules and regulations of Cook County Health & Hospitals System while here on my rotation.

I affirm that I have received basic HIPAA training at my home institution. _____
Initial Here

I affirm that I have received basic fire safety training at my home institution. _____
Initial Here

I affirm that I reviewed, and agree to abide by the HIPPA and fire safety Materials provided to me by the Department of Medical Administration. _____
Initial Here

If I have a blood-borne pathogens exposure, I agree that it is my responsibility to report it to my clinical supervisor, and immediately report to Stroger's employee Health Service *(EHS 3rd Floor, Administration Building, 7:30 am – 4:00 pm)* or if after hours, to the Emergency Room. If EHS is closed at the time of exposure, I agree to report to EHS the following business today. _____
Initial Here

Signature: _____ Date: _____

Current Address: _____

Current Phone Number: _____

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CONFIDENTIALITY ACKNOWLEDGEMENT

Cook County Health and Hospitals Systems (CCHHS) has an ethical and legal responsibility to protect the privacy of the patients and to maintain the confidentiality of their health information. CCHHS employees, volunteers and vendors must make every effort to prevent unauthorized disclosure of medical, personal or other data pertaining to patients, employees and hospital operations. Therefore, it is imperative that each individual with access to such information be familiar with and adheres to Core Policy #04-05-23: "Confidentiality Policy #04-13-01: "Policy for H.I.S. System Access and Password Security" and any other applicable departmental policies. Under no circumstances should said information be released or discussed with anyone unless it is in the performance of legitimate duties. To ensure that all individuals with access to such information acknowledge their responsibility to protect the privacy and confidentiality of said information, please read and sign the following:

1. I acknowledgement that all medical, financial, and personal information is confidential and protected against unauthorized viewing, discussion and disclosure.
2. I further understand that this information is privileged and confidential regardless of format: electronic, written, overheard or observed.
3. I agree to use the hospital computer based information systems for the sole purpose of my legitimate job duties.
4. I agree NOT to use the hospital computer based information systems to access information on myself, my family, or any other person outside the performance of my job duties.
5. I agree to follow all established policies in relation to changing, deleting or destroying information in any form.
6. I understand that the passwords assigned to me to access hospital computer based information systems are confidential, and not be shared with anyone under any circumstance. Nor will I allow any other individual to document under my logon.
7. I understand that any actions I take in the hospital computer based information systems are tagged with my unique identifier as established in my user profile, and such actions can be traced back to me.
8. I acknowledge that my signature on this Confidentiality Agreement signifies I have read, understand and am committed to its principles.
9. I understand that this signed and dated document will become a part of my permanent personnel record.

I understand that I may view, use, disclose, or copy information only as it relates to the performance of my duties. Any unauthorized viewing, discussion, or disclosure of this information is a violation of hospital policy and may be a violation of state and federal law. Any such violation may lead to my immediate termination and possible civil liability and/or criminal charges.

_____ _____
Print Name Department/Title

_____ _____
Signature Date

_____ _____
Witnessed by - Signature Date

PLEASE SELECT YOUR HOME LOCATION

☐ ACHN ☐ CERMAK ☐ CORE ☐ OAK FOREST ☐ PROVIDENT ☐ STROGER

CCHHS ALLIED HEALTH STUDENTS

(Nurse Practitioner & Physician Assistant)

PROCESSING INSTRUCTIONS

Step 1:
Complete the attached Allied Health Packet
http://www.cookcountyhhs.org/educationresearch/current-students/

Step 2:
Bring completed Allied Health Packet and modules to

Marie A. Celestin
John H. Stroger, Jr. Hospital
1969 West Ogden, Suite 5620
Chicago, Illinois 60612

Once packet has been processed student will be given the following:

- ID Application Packet ---submit to HR
- Computer Access Form ---submit to HIS

Step 3:
Student must take the ID application packet the Tuesday of their first rotation to Human resources to obtain an ID. HR is currently processing ID badges on ***Tuesday through Thursday from 8:00 am to 3:00 pm*** at the following address:

CCHHS Administration Building
750 W. Wolcott Street, Ground Floor
Chicago, IL 60612

Step 4:
Student will be given a CCHHS Computer Sign-On form to complete that day. This form must be turned into our HIS Department, which is located on the second floor of Stroger Hospital, room 2650.

Please note the following:

- Allied Health Students will be processed on **Tuesdays, 9:30 am to 11:00 am**. by Marie A Celestin in Suite 5620
- Access to the EMR usually takes 24-48 hours.
- After obtaining an ID they may report to their clinical rotation.