



## Graduate Medical Education

Effective 1/2017

### Requirements for: Physician Assistant Students

- Affiliation Agreement with Organization
- Copy of Permit or License (Not required for students)
- Copy of Malpractice Insurance
- Immunization Record – Proof of PPD(within the past year) & Flu Shot (must show proof of vaccination in that year if rotation is after October) Hepatitis B Immunization and Rubella Titers as per OSHA Guidelines
- Proof of Criminal Background Check – NJ License or Permit could be considered as sufficient proof that background check has been completed.
- Proof of Drug Test
- NPI Number (if applicable)
- Physician Assistants must sign Confidentiality Agreement (attached)
- Complete Needlestick and Splash online manual at:  
<http://www.virtua.org/about/physicians-center/graduate-medical-education-residencies.aspx> Once completed a confirmation will be automatically sent to the Virtua GME Office.
- Updated CV/Resume
- BLS, ACLS or PALS
- Copy of Photo ID (Driver's License or State ID)
- Safety Day, Mandatory Competencies or HIPAA Compliance Certificate
- Application and all required documents

**All rotation requests are required to provide a list of names and rotation dates at least one month prior to the start of the rotation. Annual lists are preferred. GME Office must be notified immediately should a schedule changed.**

**New rotations must be approved by the Director of Graduate Medical Education.**

**Should a physician assistant not have the required paperwork submitted as least 30 days prior to the start date of their rotation, s/he may will not able to begin their rotation on time.**

**If you should require further assistance or have questions, please do not hesitate to contact the Graduate Medical Education Department at 856-325-3737.**

**Thank you in advance for your cooperation,  
Mary Campagnolo, MD, MBA  
Director, Graduate Medical Education**



## Physician Assistant Student Application

### Virtua Location:

Berlin       Memorial       Camden       Marlton       Voorhees

*If you are scheduled for more than 1 rotation, you must enter the dates, Clinician(s) and location below for that clerkship/rotation. Separate confidentiality forms will be required for each rotation. Confidentiality forms should be submitted 30 days prior to rotation.*

1. Rotation Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
2. Rotation Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

1. Clinician I will be following is \_\_\_\_\_

Clinical/Specialty Program: \_\_\_\_\_

Location Address: \_\_\_\_\_

Virtua Department Coordinator (of Clinician you are Following) : \_\_\_\_\_

Virtua Coordinator (not the Virtua GME Coordinator):

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Clinician I will be following is \_\_\_\_\_

Clinical/Specialty Program: \_\_\_\_\_

Location Address: \_\_\_\_\_

Virtua Department Coordinator (of Clinician you are Following) : \_\_\_\_\_

Virtua Coordinator (not the Virtua GME Coordinator):

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name and address of School/Hospital where you are studying:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

School/Hospital Program Coordinator's Contact Information:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Contact # \_\_\_\_\_

National Provider Identifier (NPI)(required for computer access):- \_\_\_\_\_

Emergency Contact Name, Number, and Relation: \_\_\_\_\_



Documents Required for **Physician Assistant Student Rotations:**

- Current Affiliation Agreement (**must have an agreement on file before the rotation is approved**)
- Malpractice Certificate
- Attach copy of the Current Health and Immunizations Requirements
- PPD Verification within a year
- Flu Vaccination verification within a year
- Attach a copy of Current Curriculum Vitae or Resume
- Attach a copy of National Criminal Background Check – within the year
- Attach a copy of the Drug and Substance Check – within the year
- Attach a copy of Current Identification (passport/driver’s license)
- Complete Needlestick and Splash online manual at the bottom of the website below:

<http://www.virtua.org/about/physicians-center/graduate-medical-education-residencies.aspx>

The Needle Stick and Splash confirmation will be automatically sent to the Virtua GME Office.

- BLS and ACLS – Current
- PALS (if working with children) - Current
- Safety Day or Mandatory Competencies (HIPAA compliance)
- Confidentiality Agreement
- Completed Application

## HEALTH AND IMMUNIZATION REQUIREMENTS

- PPD or TB Survey & Chest X-ray report within two years if know skin test positive**
- Measles Titer – positive result. If not MMR vaccine REQUIRED**
- Mumps Titer – positive result. If not MMR vaccine REQUIRED**
- Rubella Titer – positive result. If not MMR vaccine REQUIRED**
- Varicella Titer – positive result. If not Varicella vaccine REQUIRED**
- Hepatitis B. Titer –positive if not vaccine or signed declination REQUIRED**
- Verification of Flu Shot REQUIRED**
- Verification of Drug Screening REQUIRED**

*In making this application, I agree to abide by the Bylaws, Rules and Regulations of Virtua and such rules and regulations as may be enacted from time to time. I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal. I also understand that I will be considered a physician assistant student and I may not be provided with access to the computer systems or swipe access. If access is needed, your preceptor must submit a request 15 days prior to the start of your rotation to the GME Department. I understand if application and required documents are not submitted at least 30 days prior to the start of my clerkship/rotation, there may be a delay in my start date.*

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**Signature of Applicant**

**Date**

Please return to: Graduate Medical Education  
Tatem-Brown  
Attn: Erika Stone-Williams  
2225 Evesham Road, Suite 101  
Voorhees, NJ 08043

Telephone: 856-325-3737    Fax Number: 856-325-3705    email: [estone-williams@virtua.org](mailto:estone-williams@virtua.org)



## Non-Employee Information Confidentiality and Security Agreement

1. During the course of my business relationship, either as an employee of a company (“Company”), or as an individual non-employee doing business with Virtua Health, and/or any of its related affiliates, (“VIRTUA”) I agree to maintain the confidentiality of any patient, financial, and / or VIRTUA Confidential Information (as that term is defined in the agreement between VIRTUA and Company) that I have access to.
2. I agree to use only those accounts, which have been authorized for my use. My password is the legal equivalent of my signature. I will not divulge my password nor attempt to learn another person’s password.
3. I will not authorize anyone to use my account(s) for any reason. I am responsible for all usage on my accounts. My account usage may be monitored at any time.
4. I will not demonstrate/instruct anyone in the use of VIRTUA’s systems, other than my Company’s system, unless I am required to do so in my specific job duties, only with the prior consent of VIRTUA personnel.
5. I will use my accounts only for legitimate business purposes. I will not utilize my accounts for conducting unlawful activities or any personal business.
6. I will not access, disclose or use confidential protected health information except for treatment, payment or operations purposes. Examples: Inappropriate access, includes but is not limited to access to medical records of family, friends, or my own records when not the active treating physician as documented on the medical record. A patient cannot request a physician look at their medical record unless that request is granted through health system processes and is for legitimate treatment purpose. Treatment of self, family and friends is also addressed in the bylaws.
7. I will not copy or remove information from a VIRTUA system, other than VIRTUA’s instance of my Company’s system, without prior written approval from the Information Services department and the owner of the data, unless the information has been established as shareable and I have been given appropriate access. I will only copy or remove information from VIRTUA’s instance of my Company’s system as required to do so in my specific job duties and as authorized in the agreement between VIRTUA and my Company.
8. I will utilize my accounts responsibly. Material that is offensive, fraudulent, harassing, obscene, intimidating, defamatory, or otherwise unlawful may not be distributed electronically or stored on any computer system owned by VIRTUA.
9. I acknowledge that VIRTUA may monitor, access, review, and disclose information contained in any user file tied to my access credentials without advance notice and/or without my consent. Provided, however, VIRTUA will not disclose any personally identifiable information about me to anyone except my Company or as required by law without my consent.
10. The unauthorized viewing of confidential information; copying of data/files; or wrongful dissemination of such information is a direct violation of VIRTUA policy and this Agreement.
11. If I have reason to believe that the confidentiality of my password is broken, or believe that there has been a misuse of VIRTUA data, I will contact VIRTUA Information Services Department (856-248-6333) immediately, and follow any other protocol established by my Company for such

notification. At any time after my employment/business relationship with VIRTUA has ended, I agree to keep confidential any information to which I had access.

12. VIRTUA acknowledges that I am an employee of the Company indicated below and any liability incurred as a result of my violation of this Confidentiality Agreement is set forth in the agreement between VIRTUA and Company, except to the extent that I am acting outside of the scope of my employment.
13. Violating any term or condition of this agreement may subject me to any or all of the following: loss of network access privileges; penalties/and or fines imposed by federal or state law, and/or disciplinary action or other penalties imposed by my Company.
14. In the event, a current Contract/Agreement exists between Virtua and Company, or between Virtua and me as an individual, I agree I am bound by those related terms and conditions contained in the Contract/Agreement, including but not limited to the terms related to confidentiality, security and data ownership. In addition, I am bound by the terms of this Confidentiality and Security Agreement. In the event of a conflict between the Contract/Agreement and this Confidentiality and Security Agreement, the terms of the Contract/Agreement will govern, except to the extent that I am acting outside the scope of my employment. My acceptance below will allow a user account and password to be issued to me for non-employee computer use.

**By signing below you have read and agree to abide by the regulations contained in this agreement.**

<b>Please Print Clearly – ALL FIELDS ARE REQUIRED</b>	
Full name – First, Middle, Last (print):  _____  DOB: _____/_____/_____  Social Security: _____ - _____ - _____	Signature (black or blue ink, please):  _____
Home Address:  _____  _____	Cell phone:  Pager:  E-mail:  _____
Name and Address of School:  _____  _____	Have you ever been employed by Virtua? _____YES _____NO  If so, at which locations?  _____
Start Date:  _____	At which Virtua locations will you be working?  _____
End Date:  _____	