



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: _____
Email Address: _____ Contact #: _____
Emergency Contact Name, Number, and Relation: _____

Documents Required and Recommended for **Student Rotations:**

- Current Affiliation Agreement (**must have an agreement on file before the rotation is approved**)
- Attach copy of the Current Health and Immunizations Requirements
- Attach copy of Current Curriculum Vitae or Resume
- Attach copy of National Criminal Background Check (*must be within a year*)
- Students attach 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>

Once completed a confirmation will be automatically sent to the Virtua GME Office.

- BLS and ACLS
- Mandatory Competencies – HIPAA Privacy/Security Course or equivalent Hospital Safety/Patient Guidelines

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 (*must be within a year*)**

In making this application, I agree to abide by the Bylaws and 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 Medical 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.

Signature of Applicant

Date

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

Telephone: 856-325-3737 Fax Number: 856-325-3705 email: gkost@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.

Please Print Clearly – ALL FIELDS ARE REQUIRED	
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: _____	