OHSU Affiliate – Instructions for Obtaining OHSU Affiliate Appointments and Authorization to Work at OHSU – Main Campus

Completion of all of the following steps and the Checklist on page 2 is mandatory prior to an OHSU Affiliate receiving an OHSU ID badge, access to OHSU electronic information systems, or permission to interact with OHSU patients or research subjects. Please contact the Human Resources Main Office (503 494-1140) if you have any questions or require additional forms or information.

Step 1: The OHSU Host Department and the OHSU Affiliate must complete the following forms:

- OHSU Affiliate Information Sheet (Page 3)
- Background Disclosure Form
  http://ozone.ohsu.edu/hr/docs/background_disclosure.pdf
- Fair Credit Reporting Act Disclosure Form [Note: The Background Disclosure Form and Fair Credit Reporting Act Disclosure Form are located on reverse sides of the same document]
  http://ozone.ohsu.edu/hr/docs/background_disclosure.pdf
- OHSU Access and ID Card Request Form
  http://ozone.ohsu.edu/parking/pages/id_access.shtml
- Intellectual Property Assignment Agreement
  http://ozone.ohsu.edu/hr/docs/confid.pdf
- Checklist (page 2).

The OHSU Affiliate must also complete the following as appropriate:

- Responsible Conduct of Research Education
  http://www.ohsu.edu/research/rda/rcr.shtml
- HIPAA Education
  http://www.ohsu.edu/xd/about/services/integrity/training/
- Fraud and Abuse Education
  http://www.ohsu.edu/xd/health/integrity/
- Conflict of Interest in Research Disclosure
  http://www.ohsu.edu/research/rda/coir/
- Patient Confidentiality Statement
  http://ozone.ohsu.edu/healthsystem/policy/attachments/HC_ADM_PRS_P018_confidentiality_statement.pdf
- Computer/Network Access Form
  http://www.ohsu.edu/xd/about/services/technology/itg/connecting/index.cfm
- Communicable Disease Screening and Immunizations [Note: If unescorted visitor will have direct contact with patients, human subjects or non-human primates the department must ensure compliance with OHSU Policy No.03-30-130] - http://ozone.ohsu.edu/policy/pac/chapt_3/3-30-130.htm
- Obtain Privileges for Patient Care
  http://ozone.ohsu.edu/healthsystem/dept/mso/

Step 2: The Host Department should forward the Background Disclosure Form and the Fair Credit Reporting Act Disclosure Form, via FAX to the Public Safety office (503-494-4839). Public Safety will perform the background check. PLEASE ALLOW 3 TO 5 DAYS FOR THIS. Public Safety will notify the Host Department, via e-mail, when the background check is complete and acceptable. Please FAX the completed Computer Access Form to the number indicated on the form.

Step 3: The OHSU Affiliate must bring the OHSU Access and ID Card Request Form and a copy of the completed and signed Checklist to the Facilities Customer Service Center in the Physical Plant to receive a photo-ID card.

Step 4: The Host Department shall retain all documents in accordance with OHSU Records Retention and Destruction No. 07-90-010 policy - http://ozone.ohsu.edu/policy/pac/chapt_7/7-90-010.htm..

OHSU Affiliate Name: _____
OHSU Host Department: _____
OHSU Host Dept Contact: _____
Department Contact Phone: _____

OHSU Affiliate Checklist

Mandatory Items

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- [ ] 1. OHSU Affiliate Information Sheet
- [ ] 2. Background Disclosure Form
- [ ] 3. Fair Credit Reporting Act Disclosure Form
- [ ] 4. Public Safety e-mail confirming background check clearance
- [ ] 5. OHSU Access and ID Card Request Form
- [ ] 6. Intellectual Property Assignment Agreement
- [ ] 7. Excluded/Debarred Screening

Optional Items (depending upon Affiliate's duties at OHSU):

1. Responsible Conduct of Research Education
   Completed: _____ Not Applicable: _____
2. HIPAA Education
   Completed: _____ Not Applicable: _____
3. Conflict of Interest in Research Disclosure
   Completed: _____ Not Applicable: _____
4. Patient Confidentiality Statement
   Completed: _____ Not Applicable: _____
5. Computer/Network Access Form
   Completed: _____ Not Applicable: _____
6. Communicable Disease Screening and Immunizations
   Completed: _____ Not Applicable: _____
7. Obtain Privileges for Patient Care
   Completed: _____ Not Applicable: _____

Signatures

_____ Date: _____
Signature

Department Chair: _____
Enter name

_____ Date: _____
Signature

Dean or Director of School or Unit: _____

_____
Enter name

Excluded/Debarred Screening

OIG (Office of the Inspector General) / GSA (General Services Administration) Verification

To complete the OIG/GSA verification:

1. OIG:
    a. Go to: http://exclusions.oig.hhs.gov/search.aspx
    b. Enter the workforce member's information: Last Name, First Name
    c. You will get a confirmation indicating whether or not results were found
    d. If no results were found then the workforce member has passed the verification
    e. If results were found then the workforce member has failed the verification and is not able to be a member of the OHSU workforce
2. GSA – Excluded Parties List System:
    a. Go to: https://www.epls.gov/epls/search.do?ssn=true
    b. Enter the workforce member's information: Last Name, First Name Middle Name or Middle Initial and their SSN or TIN
    c. You will get a confirmation indicating whether or not results were found
    d. If no results were found then the workforce member has passed the verification
    e. If results were found then the workforce member has failed the verification and is not able to be a member of the OHSU workforce

OHSU Affiliate Information Sheet

_____
PRINT Name (Last First Middle Initial)

_____
Mailing Address

_____ _____
City, State, Zip Code Country of Origin

_____ _____ _____
Home Phone Work Phone Cellular Phone/Message Phone
E-mail address: _____

- What type of affiliation will you have at OHSU?

___ Visiting scholar from within the USA
___ Visiting scholar from outside the USA
___ Fellowship
___ Visiting Professor/Lecturer
___ Visiting Scientist
___ Other: _____

- With what OHSU department or area will you be affiliated? _____
- Who will be your Supervisor or Sponsor for this affiliation? _____
- What time line for your affiliation at OHSU? Start date: _____ Ending date: _____
- Activities you will perform during this affiliation: (describe; i.e. working with data, working with patients, supporting animal research study, etc.)

_____
_____
_____
_____

- Have you ever been employed or affiliated with OHSU in the past? ___Yes ___No
- If "Yes," please indicate __Employed __Affiliated Prior Employee ID#_____
- Department with which employed/ affiliated with: _____
- Sponsor/Supervisor at that time_____
- Dates of employment or affiliation: Start date:_____ End date:_____

Acknowledgement: I certify that the information given by me to OHSU is true and complete. I understand that, if I am allowed an affiliation with OHSU, it may be discontinued at any time, for any reason. I understand that selection for an affiliation is subject to completion of additional required documentation, and that OHSU will proceed with a background check. By signing this affiliate information sheet, I agree that I will support the mission and goals of Oregon Health & Science University and adhere to all policies and procedures regarding affiliation with OHSU.

Signature: _____Date: _____