

OHSU Affiliate – Instructions for Obtaining OHSU Affiliate Appointments and Authorization to Work at OHSU – West 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 West Campus Office (503 748-1364 or 503 748-1588) 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. Note: OGI Affiliates bring this to the OGI Facilities Department; all other West Campus Affiliates bring this to the ONPRC Facilities Department.

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <ol style="list-style-type: none"> 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):

- | | | |
|---|---|--|
| <ol style="list-style-type: none"> 1. Responsible Conduct of Research Education 2. HIPAA Education 3. Conflict of Interest in Research Disclosure 4. Patient Confidentiality Statement 5. Computer/Network Access Form 6. Communicable Disease Screening and Immunizations 7. Obtain Privileges for Patient Care | <p>Completed: _____</p> <p>Completed: _____</p> <p>Completed: _____</p> <p>Completed: _____</p> <p>Completed: _____</p> <p>Completed: _____</p> <p>Completed: _____</p> | <p>Not Applicable: _____</p> <p>Not Applicable: _____</p> <p>Not Applicable: _____</p> <p>Not Applicable: _____</p> <p>Not Applicable: _____</p> <p>Not Applicable: _____</p> <p>Not Applicable: _____</p> |
|---|---|--|

Signatures

| | |
|-------------------------|-------------|
| | Date: _____ |
| _____ | |
| <i>Signature</i> | |
| Department Chair: _____ | Date: _____ |
| _____ | |
| <i>Signature</i> | |

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