

# **Unescorted Visitor Information**

**Visiting Practitioners** 

OVV USE ONLY – DO NOT WRITE IN THIS BOX							
Date Processed*:							
*VIF + Online Registration Complete	Adjusted Anticipated Start Date: OVV Coordinator:						
Prepared by:	Preparer title:	Preparer phone:					
Host Site Information	Tropurer title.	Troparor pronor					
Site name (program, department, etc.):		Supervisor name:					
Physical location(s) of Visiting Practitioner:		Supervisor phone:					
Proposed schedule/ hours per week:	Supervisor email:						
Requested start date:	Anticipated end date:						
Visiting Practitioner Information							
Visitor name:	Minor? C	No O Yes					
Visitor email:	tional? O No O Yes						
Visitor phone:	Immigratio	n Status (if applicable):					
Visitor date of birth:	Visa sponso	ored by OHSU (if applicable)? O No O Yes					
Status: O New O Additional assi	ignment O Returning	O Resubmission/ updated info					
Description of visit							
		m OHSU personnel, collaborate on work, or use OHSU specialized					
equipment. Please reference the <u>OHSU Visitor Policy</u> , and Use this section to list the description of the Unescorted V		ice at OHSU.					
Summary:							
O Outpatient O In-patient	O Surgical O Emer	gency/ Intensive Care O Clinical Research					
Proposed assigned duties:							
Physical demands (provide detail):							
Will the visitor be receiving academic credit	from their home institution	O No O Yes					
for this experience?	.i.						
*If the visiting practitioner is using this experience isn't the correct classification. Please contact OVV@							
Will the visitor be compensated for this expe		O Unpaid					
and only		O By OHSU Stipend (list source):					
		O From Outside Source (list):					

Page 1 of 4 Updated July 5, 2018



## Office of Visitors & Volunteers

Will the visitor enter p	atient exam/surgical rooms?	O No	O Yes			
Will the visitor be inter	acting with human research	subjects?	O No	O Yes		
Will the visitor be interacting with human research subjects that are			O In-patient O Out-patient O Not applicable			
	reated as in or out-patients?	1				
Will the visitor be handling live research animals?			O No	O Yes – describe species:		
What type of patients v	vill this visitor be interacting	g with?	O In-patient O Out-patient			
Will you be writing in			O No O Yes			
	lers in Epic (triggers Fraud A	(wareness training)?	O No O Yes			
Will the visitor						
handle or come in	If the visitor will handle or come in contact with fluids, tissues & biological hazards, please indicate:  □ Human blood, body □ Non-human primate blood, body □ Other animal blood, body					
contact with	fluids, and tissues (fixed)	fluids and tissue (fixed)	bioou, bouy	fluids and tissue (fixed or		
biological, chemical	indius, and tissues (fixed)	ilulus allu tissue (lixeu)				
or radioactive		D Mars becomes and	-11 11	unfixed) (e.g. rodent, etc.)		
hazards?	☐ Human blood, body	□ Non-human primate l		☐ Regulated medical waste/		
nazarus?	fluids, and tissues	fluids and tissue (unfixe	(a)	biological waste		
O No	(unfixed)					
	☐ Recombinant DNA	☐ Chemical Agents	T .	☐ Radioactive materials		
O Yes	☐ Human cell lines (provide detail):		☐ Infectious a	agents (provide detail):		
	☐ Other hazards: (items above are the only approved exposures for visitors. Others can be listed and will be reviewed on a case by case basis):					
Equipment:	□ MRI/X-ray	☐ Microtomes		□ Other (describe):		
1.1.	☐ Centrifuge	☐ Microscopes (describe):				
	□ Ultrasound					
Anticipated outcor		nner				
	nes for Visiting Practition					
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Page 2 of 4 Updated July 5, 2018



ID Bad	SU ID Badge Information lges are required for all Unescortonssignment until a badge is issued :	ed Visitors. ID Bad						
O Pa	aid for by Hosting Site:	O Paid for by visitor	O West Campus	s O	Remote			
Alias: FAID: (8 numbers) (4 letters, 4 numbers)		umbers)						
Specia	al ID Badge access (if applicab	le):						
Requ	uired Approvals Signatures	need to be obtain	ed in the following order:					
1	Unescorted Visitor/ Visiting Practitioner Supervisor							
1	Name:		Sign:			Date:		
2	Hosting Site approval (e.g. Director/Chair, HR Manager, Administrator, etc.)							
	Name:		Sign:		Date	•		
3	Office of Visitors & Voluntee	rs	OVV USE ONLY					
	Sign & Date:		□ Indirect	□ Direct	☐ Exempt	□ Нер В		
			□ WC Level 2	□ WC Level 3	□ Animal	□ Other		
	EHRS Safety Officer (if applicable)							
4	Sign & Date:		Comments:					
5	Risk Management (if applicable)							
	Sign & Date:		Comments:					
6	Office of International Affair	rs (if applicable)						
	Sign & Date:		Comments:					
7	Unescorted Visitor/ Visiting Practitioner		1					
	Print:		Sign:			Date:		
8	Revision of Duties	Hosting Site Si	gn:	OVV Sign:	Volu	nteer Sign:		
	Date revised:							

Page 3 of 4 Updated July 5, 2018



### **Unescorted Visitor Information**

**Visiting Practitioners** 

#### Completing & submitting the form

- Hosting site completes the Visitor Information form including first two levels of signature approvals (hosting supervisor and department approval)
- At least 3 weeks prior to the Unescorted Visitor/Visiting Practitioner's arrival, the hosting site submits VIF to OVV via OVV@ohsu.edu
- 3. Additionally, at least 3 weeks prior to the Unescorted Visitor/Visiting Practitioner's arrival, the hosting site submits an Medical Affairs Program intake form
- 4. Simultaneously, the Visiting Practitioner completes the online registration form
- OVV reviews the VIF and distributes to other approving departments as appropriate (e.g. Risk Management, etc.)
- 6. Once all approvals have been collected, the Medical Affairs program has credentialed the visitor, and the background check has cleared, OVV will notify the hosting site and Unescorted Visitor/Visiting Practitioner about next steps of registration
- 7. The Department approval can be an Administrative Coordinator, Department HR Coordinator or other main department administrative contact; it does not have to be a Director, Head or Chair

#### Items of note

 Be sure to review the characteristics of an Unescorted Visitor per the OHSU Visitor Policy (No. 07-15-010), and the definition of Visiting Practitioners on the OVV website

- 2. If the Unescorted Visitor does not meet the characteristics listed in the policy, or the Visiting Practitioner does not meet the definition as outlined on the OVV website, please contact the Office of Visitors & Volunteers to discuss your particular needs and the possible appropriate mechanisms for registration
- 3. The Unescorted Visitor/Visiting Practitioner's status does not begin until they have completed registration with the OVV and have been issued an OHSU ID badge
- 4. The Visiting Practitioner can be given a different working title (e.g. Visiting Physician), but the classification and onboarding process is titled "Visiting Practitioner"
- Multiple Unescorted Visitors Information forms may be required if the Unescorted Visitor/Visiting Practitioner is being offered separate opportunities
- 6. Updated Unescorted Visitors Information form should be submitted if there is a change in duties, exposures, supervision, or other information included in the form
- 7. For more information about onboarding Visiting Practitioners please view the OVV administrative flow maps, or visit our website for Hosting Departments or frequently asked questions section on the OVV website
- 8. Please see the EHRS Review Matrix to assist with evaluating what tasks can and cannot be assigned, and/or what trainings may be needed based on interactions, environment, and possible exposures.

Page 4 of 4 Updated July 5, 2018