



OHSU Hospital
Clinical Education

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To:

From: Jennifer Hale MSN, RN, NPD-BC, CCRN
OHSU Clinical Placement Coordinator

Re: Attestation of Administrative Requirements for Clinical Student Placements

Thank you for referring your student to Oregon Health & Science University for their clinical placement. OHSU encourages and promotes the continuing education of healthcare professionals through developing and deepening community partnerships to deliver the educational mission.

In order to comply with the updated standardized administrative requirements for Health Professional Student Clinical Training, established under Oregon Administrative Rules 409-030-0100 in response to U.S. Senate Bill 879 (2011), we require an attestation that you have reviewed, verified and documented that this student meets the administrative requirements set forth in the Administrative Rules.

Please complete the Attestation Form (next page), then date, sign, scan and attach it to the ONBOARDING REQUEST FORM. Note that this must be completed prior to the student beginning his or her clinical rotation at OHSU.

In addition to meeting these administrative requirements, all students serving in a clinical rotation at OHSU are required to complete training modules listed on our student placement website [OHSU Student Clinical Placement](#). These modules are completed in our Learning and Change Management System (Compass). Compass can be accessed on the web at <https://ohsu.csod.com/>. Please instruct the student to register as a new user in Compass and complete the online account request form. Approval is given within approximately 24 business hours. The students should also be instructed to go to the site and explore the student resources on the site as well.

We value our partnership with your institution and look forward to hosting your student in our clinical environment.

Sincerely,
Jennifer Hale

Attestation for Compliance with Oregon Administrative Rules 409-030-0100 for Health Profession Student Clinical Training

Instructions: Please complete the information below, sign, scan and attach this form to the [ONBOARDING REQUEST FORM](#) prior to the student commencing his/her clinical rotation at OHSU. Failure to submit this attestation could result in the student losing his/her placement site for the coming term.

Student Name:

Clinical Discipline:

Name of School/Program:

Address:

Name of Faculty or Student Placement Coordinator and Phone:

- ☐ Current standardized background check performed by a reputable vendor (must include Social Security Number trace, state/national criminal background history, sex offender registry check, and OIG LEIE check). The student will also need verification of this through statement on school letterhead prior to their obtaining an OHSU ID badge
- ☐ Urine substance abuse screen on record from a reputable vendor (must be a 10-panel drug screen)
- ☐ Current CPR/BLS for healthcare provider card (trainings must comply with the American Heart Association standards); please provide expiration date:
- ☐ Tuberculosis (TB) screening (choice of skin test or IGRA blood test in accordance with CDC guidelines)
- ☐ Required immunizations (documented receipt of vaccine or documented immunity via titer or valid history of disease) to include the following: Hepatitis B; Measles, Mumps and Rubella (MMR); Tetanus, Diphtheria, Pertussis (Tdap); and Varicella
- ☐ Recommended immunizations, but not required, to include the following: Polio (recommended for healthcare workers treating or having close contact with an infected person); Influenza (seasonal flu), Covid vaccine (individuals may be required to mask in patient care areas if not vaccinated for Covid and/or Influenza).
- ☐ Completed Bloodborne Pathogen (OSHA) training. Note: this requirement may be satisfied by completing the Infection Prevention and Control training in our Learning and Performance Management System (Compass), which can be accessed at <https://ohsu.csod.com/>
- ☐ Completed OSHA recommended safety guidelines (including fire and electrical safety; personal protective equipment; hazard communications). Note: this requirement may be satisfied by completing the Environment of Care training in our Learning and Performance Management System (Compass), which can be accessed at <https://ohsu.csod.com/>
- ☐ Completed Site-specific Information Privacy and Security Essentials, Respect at the University, Integrity Foundations, and Abuse, Neglect and Domestic Violence training in our Learning and Performance Management System (Compass), which can be accessed at <https://ohsu.csod.com/>

I hereby attest that the above named student is in full compliance with the administrative requirements set-forth by Oregon Administrative Rules 409-030-0100 as indicated. I understand that my institution is responsible for all record-keeping associated with these requirements and that we may be called-up to provide documentation upon request.

Signature:

Name and Title:

Date:

