



Clinical and Non-Clinical Students

Processing Instructions

Please **complete** this electronic document to move forward with the onboarding process. Remember to forward your completed packet to your Academic Coordinator or UMC contact as instructed.

1. Required Documentation and Testing:

- a. Current 2-Step TB test or Quantiferon (if providing a chest x-ray, proof of past positive TB test must be provided).
- b. Current 10-panel urine drug screen (rotators are responsible for providing an official third-party review for any non-negative results from a Medical Review Officer).
- c. Proof of immunization records or adequate titers (2 MMR, 3 Hepatitis B, 2 Varicella, and TDAP)
- d. Current flu shot (during flu season) or declination
- e. Active AHA Accredited BLS Certification, if applicable
- f. COVID-19 Vaccine

Contact your school's Program Coordinator to coordinate completion of above items.

2. Background Check:

Please verify with your school's Program Coordinator if a new background check is required. If a new background check is needed, go to <http://www.precheck.com/students> and complete a background check. All submitted background checks must be less than a year old.

3. Associate Orientation Packet:

Make sure to read, complete and sign the forms below, submit to your school's Program Coordinator:

- a. Associate Orientation Checklist
 - b. Confidentiality Agreement
 - c. Fair Employment Law Acknowledgement:
 - d. Non-Employee Security Agreement: **e-sign signature only, handwritten forms are not valid**
 - e. Exhibit A – Clinical Student (only):
 - f. Exhibit B-Instructor (only)
-

4. Associates Orientation:

Complete the [Associate Orientation Presentation](#) and print the certificate that is generated at the end, submit to your school coordinator. You may click the link above or the link listed on the umcsn.com webpage. The presentation should take approximately 1 hour and 15 minutes.

- a. Please include the Associates Orientation Packet submission to your school's Program Coordinator along with the online orientation completion certificate.
 - b. If presentation is being completed as a class/group, the instructor should type the name of the school, program and date viewing presentation (i.e. School Name – Nursing – 12/15/17). Instructor should print the certificate and send with Letter of Attestation.
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5. Proof of Insurance:

Please provide proof of medical insurance



6. Corporate Compliance Handbook

Please read the Corporate Compliance Handbook as you will be held accountable for information within it. The handbook is online and can be reviewed [here](#).

7. Parking Application and Map

Once clinical rotators are cleared, the names will be added to the IPARQ profile to access a parking sticker for UMC. Students/Military attending UMC for less than a year will receive a temporary sticker in the UMC badge office, all others will receive a sticker in the mail. Review the parking map and identify the student parking areas.

8. Submit the packet to your school's Program Coordinator

Once you have completed the above tasks, give the completed packet to your school's Program Coordinator. Each Program Coordinator must utilize the secured electronic folder system, "UMC Box" in order to prevent any email file size restrictions. After the completion and approval of the required documentation, your school's Program Coordinator will give instructions on how to proceed with the on-boarding process.

In absence of a school Program Coordinator, please contact UMC by calling Cindy Hollingshed at (702)383-6239/Cindy.Hollingshed@umcsn.com or Dawn Babilonia at (702)207-8224/Dawn.Babilonia@umcsn.com.

Failure to submit a complete packet may cause delay in the start date of your rotation/internship.

*Thank you for choosing UMC.
We are grateful and excited to have you on our team!*



ASSOCIATES ORIENTATION CHECKLIST

* Please print and sign this checklist after you have completed the on-line Associates Orientation presentation.

Print Name: _____ Program _____

Check one of the following:

☐ Resident/Student/Instructor

School Name: _____

☐ Military/Contractor/Vendor

Company Name: _____

☐ Volunteer

Are you a current UMC employee?

☐ Yes

☐ No

Information Covered:

Policies and Procedures

Code of Ethics, Patients Relations, Dress Code, Health Care Advanced Directives, Exposure Prevention and Exposure Protocol, Abuse Policies, other policies that may apply

National Patient Safety Goals

Mandatory Education

HIPAA

Corporate Compliance

Confidentiality Agreement

Diversity, Communication and Teambuilding

Fair Employment Law Review

Stroke Signs and Symptoms

Information Security

Emergency Management and Emergency Preparedness

Fire/Electric Power Safety

Exposure Protocol/Blood Borne Pathogens

Infection Prevention/Special Isolations

General Safety and Hazardous Materials

Public Safety – Workplace Violence

ICARE4U

This is to verify that I have been trained and/or received training materials on the topics listed above. I am also responsible for the training and the materials discussed and/or handed out by UMC during this training.

SIGNATURE: _____ Date _____



UNIVERSITY MEDICAL CENTER ONBOARDING REQUIREMENTS

10 Panel Drug Screen:

(Rotators are responsible for providing an official third-party review for any non-negative results from a Medical Review Officer.)

- Amphetamines
- Barbiturates
- Benzodiazepine
- Cocaine Metabolites
- Marijuana Metabolites
- Methadone
- Opiates
- Oxycodone
- Phencyclidine
- Propoxyphene

UMC Background Check:

- Social Security validation
- Medicare integrity check (OIG, GSA, Etc.)
- Sex offender search
- Criminal search – 7 years of residency history or up to 3 counties of residence
- in the past 7 years
- 2 most recent employers
- Highest completed education
- Professional license verification, if applicable

Vaccination Requirements:

- 2 MMR Vaccinations or adequate titers (Measles, Mumps and Rubella)
- 3 Hepatitis B Vaccinations, adequate titer or declination form
- 2 Varicella Vaccinations or adequate titer (unless they have had Chicken Pox in the past)
- TDAP (for tetanus, diphtheria and whooping cough)
- Influenza Vaccination (during flu season)
- COVID-19 Vaccine

TB Screening:

- Current 2-Step TB test or Quantiferon
 - If providing a chest x-ray, proof of past positive TB test must be provided

Basic Life Support (BLS):

- Active AHA Accredited BLS, if applicable

Completed Associates' Orientation Certificate:

- Completed Certificate of the Associates' Online Orientation



Confidentiality Agreement

NAME: (PLEASE PRINT) _____

DEPARTMENT or AFFILIATION: _____ TITLE: _____

During the course of your activity at the University Medical Center of Southern Nevada (UMC) and its affiliates, you may have access to information which is confidential and/or proprietary. This information may not be accessed, used, or disclosed except as permitted or required by law and in accordance with UMC's policies and procedures. In order for UMC to properly care for patients, certain information must remain confidential. Improper access, use, or disclosure of confidential and/or proprietary information can cause irreparable damage to UMC, its patients and workforce members. Confidential and/or proprietary information that must be safeguarded from improper access, use, or disclosure includes, but is not limited to:

1. Any individually identifiable information relating the past, present, or future provision of health care to an individual, eligibility of an individual for health care, or payment for the provision of health care to an individual.
2. Medical and certain other personal information about employees.
3. Medical Staff records and committee proceedings.
4. Financial and statistical records, strategic plans, internal reports, contracts, memorandums, peer review information, communications, computer programs, technology, source code, third-party information, client or vendor information, etc.
5. Other information protected by regulatory or legal requirements.

I understand, acknowledge and agree that:

1. It is my responsibility to use confidential and/or proprietary information as minimally necessary to perform my assigned job duties at UMC.
2. I will not access any UMC electronic or other record relating to myself, any family member, friend, or acquaintance unless I have a legitimate need to know for the purposes of executing my assigned job duties at UMC. If I view such information or have knowledge that I may be required to view such information during the course of my job duties, it is my responsibility to immediately inform my manager so that appropriate mitigating steps can be taken.
3. It is not permitted for me to obtain copies of records for myself, or anyone else, without submitting to the Health Information Management Department (HIMD) a written request, valid authorization, or other sufficient legal documentation demonstrating my authority.
4. I will not access any UMC electronic or other record relating to a public figure (including but not limited to entertainers, athletes, or prominent businesspersons, etc.) unless I have a legitimate need to know for the purposes of executing my assigned job duties at UMC.
5. If I am required to access non-UMC records or data to carry out my duties, I will not access this information without a legitimate need to know for the purposes of executing my assigned job duties at UMC.
6. I am obligated to immediately report any known or potential inappropriate access, use and/or disclosure of confidential and/or proprietary information to UMC in accordance with UMC policies and procedures.
7. I understand that moving or copying confidential and/or proprietary information from its secure source requires written permission from the data owner. Examples would include copying patient data to my workstation's hard drive, email account, or a USB storage drive. If approved, IT Security must be contacted to assist with securing the movement of the information.

8. I am obligated to hold confidential and/or proprietary information in the strictest confidence. Confidential information should not be discussed outside of appropriately designated meetings or with persons that do not have a need to know. I agree that I will make no release or disclosure of any confidential or sensitive information, except as I am specifically and explicitly authorized to do so.
9. I am obligated to comply with safeguards designed to protect the privacy and security of UMC's confidential and/or proprietary information consistent with applicable policies and procedures of UMC, and state and federal law.
10. I am obligated to ensure hard copies of confidential and/or proprietary information are securely stored in their designated location at all times, and are shredded or disposed of in designated shredder containers when no longer needed.
11. I am obligated to ensure printed or electronic confidential and/or proprietary information is never left unattended or exposed to unauthorized persons.
12. If I am issued a unique user code, it is my responsibility to maintain this code in a confidential manner. This user code is my signature for accessing computer systems. If I believe my unique user code is compromised I will immediately report that to UMC's Information Security Officer.
13. My access and use of all hospital computer systems and other sources of confidential and/or proprietary information is subject to routine, random, and undisclosed surveillance by the hospital.
14. Any violation of this confidentiality agreement may be viewed as professional misconduct and result in disciplinary action or termination of my employment or affiliation with UMC by management or Medical Staff leadership in accordance with UMC's discipline policies for privacy and security violations.
15. Impermissible access, use or disclosure of confidential and/or proprietary information about a person may result in legal action being taken against me by or on behalf of that person.
16. I understand that licensed health care providers are subject to sanctions for impermissible access, use, or disclosure of confidential and/or proprietary information, including license revocation, suspension, probation and public reprimand.
17. Any intellectual property or idea developed by me at the direction of UMC, in furtherance of UMC business interests, and / or on UMC time, or any intellectual property or any idea derived there from, belongs exclusively to UMC.
18. My confidentiality obligation shall continue indefinitely, including after my employment or affiliation with UMC has ended.

I have read and understand this Confidentiality Agreement, have had my questions fully addressed, and have had an opportunity to have a copy made for my permanent personal records.

Signature

Date



Fair Employment Law Review Acknowledgement

I acknowledge that I have read and reviewed the information on the Fair Employment Law Review. I also understand that I am required to observe and abide by all rules, policies, procedures and standards associated with fair employment laws as they pertain to my job duties and/or presence at UMC, including any that may be given to me in writing or orally in the future. I understand that while I am an employee, agent, or consultant of UMC, or engaged by UMC in any other capacity, I may report any suspected fair employment law violation to UMC's Equal Opportunity Program Manager. I am also aware that I may contact the Equal Employment Opportunity Commission or the Nevada Equal Rights Commission at any time.

My signature below confirms my acknowledgement and understanding of the information contained in the Fair Employment Law Review.

Name (Print)

Department

Signature

Date

Fair Employment Law Review

Anna Caputo – Equal Opportunity Program Manager

First and Foremost

- UMC is to be an environment that is free from discrimination.
 - All persons on our premises should conduct themselves in a professional manner and demonstrate respect for colleagues, patients, students, visitors and others at all times.
 - Supervisors and managers must also:
 - Monitor the workplace for discriminatory conduct and communication.
 - Take all reports of discrimination seriously.
 - Document and forward all allegations of fair employment law violations to the Equal Opportunity Program Manager for direction and/or investigation.
-

UMC's Equal Opportunity, Non-Discrimination and Anti-Harassment Plan - What does it say?

- UMC is an equal opportunity employer and will not discriminate on the basis of race, color, religion, sex, pregnancy, age, national origin, disability, sexual orientation, gender identity or expression, or genetic information in employment.
 - In accordance with state and federal laws, the leadership of UMC is committed to the Plan which prohibits unlawful discrimination.
 - The Plan sets forth the steps UMC will take to ensure equal opportunity and compliance with fair employment laws, the process for making complaints under the Plan, and how such complaints will be resolved.
-

Fair Employment Laws (Protected Categories)

- **Title VII of the Civil Rights Act of 1964**, as amended: race, color, sex (including gender identity and sexual orientation), religion, and national origin.
 - **The Pregnancy Discrimination Act of 1978**: pregnancy, childbirth, and related medical conditions.
 - **The Equal Pay Act of 1963 (EPA)**: men and women doing substantially similar work.
 - **The Age Discrimination in Employment Act (ADEA) of 1967**: individuals age 40 and above.
 - **Title I of the Americans with Disabilities Act (ADA) of 1990, as amended.**
 - **The Genetic Information Nondiscrimination Act of 2008 (GINA)**
 - **Nevada Revised Statutes (NRS 613.330)**: race, color, sex, religion, national origin, age, disability, sexual orientation and gender identity or expression.
-

Harassment and Sexual Harassment

- **Harassment**
 - Impermissible conduct may include, but is not limited to: offensive jokes; slurs; epithets or name calling; physical assaults or threats; intimidation; ridicule or mockery; insults or put-downs; offensive objects or pictures; or interference with work performance.
 - The law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, but harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

- **Sexual Harassment**

- Hostile Work Environment – practices ranging from unwelcome sexual advances, direct requests for sexual favors, and other verbal or physical harassment of a sexual nature, to workplace conditions that unreasonably interfere with an individual's job performance or create an intimidating or offensive working environment (for persons of either gender).
 - Quid Pro Quo – submission to, or rejection of unwelcome sexual conduct is used as the basis for an employment decision.
-

Discriminatory Employment Decisions if Based on a Protected Category

Recruitment	Hiring	Firing	Compensation
Transfer	Promotion	Layoff	Work Assignment
Recall	Other Terms and Conditions of Employment		

Also prohibited:

- Retaliation for filing a charge of discrimination, participating in an investigation, opposing discriminatory practices, or requesting an accommodation.
 - Employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals due to race, age, etc.
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Accommodations

- **Disability:** an employee with a qualifying physical or mental impairment can request an accommodation to be able to perform the essential functions of his or her position. Each accommodation is determined on a case-by-case assessment; for example, an employee with diabetes may need regularly scheduled breaks during the workday to eat properly and monitor blood sugar and insulin levels, or an employee with cancer may need leave to have radiation or chemotherapy treatments.
 - **Pregnancy:** an accommodation request from an employee affected by pregnancy, childbirth or related medical conditions should be considered in the same manner as other employees similarly abled or disabled from working.
 - **Religion:** an employer must accommodate the religious belief or practice of an employee unless doing so would pose an undue hardship (minimal burden). Examples of some common religious accommodations include flexible scheduling, voluntary shift substitutions or swaps, job reassignments, and modifications to workplace policies or practices, or allowing the use of particular head coverings or other religious dress.
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Complaint Reporting Process

- Report alleged misconduct to the immediate management team as soon as possible.
- Management should report the complaint to the EOPM for appropriate action.
- Contact the EOPM directly.
- Contact your company or school official.
- File a charge with an outside agency: EEOC – (702)388-5099 or NERC – (702)486-7161
- Must be reported within 300 days from the last date of the alleged unlawful conduct.
- See also UMC's Equal Opportunity, Non-Discrimination and Anti-Harassment Plan on the EOPM intranet page for more information: <http://umcintranet/hr/EOP.aspx>.



NON-EMPLOYEE INFORMATION SECURITY AGREEMENT

NMU00510(06/06/18)

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IMPORTANT INFORMATION ABOUT THIS FORM:

- ALL FIELDS AT THE TOP OF THIS FORM ARE **MANDATORY** AND MUST BE TYPED.
- **HANDWRITTEN FORMS WILL NOT BE ACCEPTED.**
- ALL SIGNATURES **MUST BE DONE BY HAND** or USING UMC'S E-SIGN SERVICE.

DATE OF REQUEST: _____

FIRST NAME:	MIDDLE NAME:	LAST NAME:	TITLE:
COMPANY, ORGANIZATION or OFFICE:		OFFICE PHONE:	OFFICE FAX:
UMC DEPARTMENT:		EMAIL ADDRESS:	
CURRENT UMC WINDOWS ID:	START / TRANSFER DATE:		END DATE:

As a UMC User or Business Associate, as defined by HIPAA, I have read, understand and agree to adhere to HIPAA policies, procedures, and agreements that pertain to Business Associates and other agents. I understand that my activity on the UMC Network will be logged / monitored and any unauthorized access or unreasonable violation of the HIPAA "Minimum Necessary" rule will be cause for immediate revocation. I further understand and agree to the following:

SOFTWARE / HARDWARE:

1. I agree to use only authorized and secure electronic resources for UMC business purposes.
2. I agree not to install software, either UMC-owned or personally-owned, on any UMC asset without the express written permission of the Information Security Officer or designee.
3. I agree not to install UMC software on personal devices (e.g. PCs, tablets, PDAs, etc.) without the express written permission of the Information Security Officer or designee.
4. I agree not to move UMC information from one location to another (either physically or logically) without the express written permission of the Information Security Officer or designee.
5. I agree not to share UMC information with any other person (either physically or logically) without the express written permission of the Information Security Officer or designee.
6. I agree not to install, attach, adjust or attempt to repair any UMC asset without the express written permission of the Information Security Officer or designee.
7. Hardware (e.g. PCs, laptops, PDAs, USB storage devices or other removable media, etc.) is not allowed to be connected to the UMC Network without the knowledge and/or express written permission of the Information Security Officer or designee.

SECURITY:

8. Protected Health Information (PHI) is to remain on authorized equipment and never moved to a personal or portable device or other media.
 9. I agree not to give access to a workstation session or allow my login credentials to be used by any other person for any reason without the express written permission of the Information Security Officer or designee.
 10. I agree not to adjust any user's account or privileges without the express written permission of the Information Security Officer or designee.
 11. I agree not to create user accounts without the express written permission of the Information Security Officer or designee.
 12. I agree not to adjust any system settings including (but not limited to):
 - a. Network settings
 - b. Remote access settings
 - c. System policy settings
 - d. Operating System settings (excluding desktop settings)
 - e. Application settings other than preferences (i.e. cannot modify intended access to data)

Note: Adjusting system settings requires the express written permission of the Information Security Officer or designee.
 13. I agree not to allow any unauthorized individual to access any part of the UMC electronic information system or UMC information (either physically or logically).
 14. I agree not to attempt to access systems or services unless I have formal and approved documented access to the systems or services.
 15. I agree to maintain confidentiality of all information in all forms (e.g. paper, electronic or other) and will provide UMC with information about our security practices upon request.
 16. I agree to return, securely delete or destroy all confidential data acquired from UMC when that data is no longer required.
 17. I agree to electronically transport information to and from UMC only when approved in writing by the data owner using UMC predefined secure methods.
- UNAUTHORIZED MODIFICATION OR ALTERATION OF THIS DOCUMENT WILL RENDER IT NULL & VOID AND WILL TERMINATE THE ACCESS REQUEST PROCESS.
- IN THE EVENT THAT ANY OF THE ABOVE POLICIES ARE VIOLATED OR THIS FORM IS FOUND TO HAVE BEEN ALTERED WITHOUT AUTHORIZATION, THE REQUESTER WILL BE PENALIZED IN ACCORDANCE WITH UMC POLICY REGARDLESS OF SIGNATURE ON THE ALTERED FORM.

*Requester's Signature: _____ Date: _____

*Managing Representative's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

**(Note: The term "Requester" is defined as a formally authorized non-employee performing or facilitating services for UMC and the term "Managing Representative" is defined as the Project Lead or Site Manager from the Requester's organization.)*

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Student/Instructor Clinical Affiliation Agreement
Exhibit A



WHEREAS, I am a student at _____
(hereinafter "SCHOOL");

WHEREAS, SCHOOL and University Medical Center of Southern Nevada (hereinafter "HOSPITAL") have entered into a Clinical Affiliation Agreement (hereinafter "AGREEMENT") to provide students of SCHOOL with clinical experience and training; and

WHEREAS, I desire to take part in said Clinical Education Program (hereinafter "Program").

NOW, THEREFORE, I stipulate and agree as follows:

1. I have received and reviewed the HOSPITAL's orientation materials and the written regulations which will govern my activities while at the HOSPITAL.
2. I agree to follow the HOSPITAL's administrative policies, standards, and practices in effect while I am a student/instructor at HOSPITAL.
3. I agree to follow HOSPITAL's Health Insurance Portability and Accountability Act ("HIPAA") policies and procedures.
4. I agree to comply with all federal, state, and local laws and/or regulations relative to my activities at HOSPITAL.
5. I agree that all patient records and all HOSPITAL statistical, financial, confidential, and/or personal data received, stored or viewed by me shall be kept in strictest confidence by me.
6. I understand that before I may be admitted to the Program to be conducted at HOSPITAL, I must:
 - a. Provide evidence of appropriate health insurance
 - b. Undergo a physical examination demonstrating my ability to perform the essential functions of the job (with or without reasonable accommodations)
 - c. Take and pass a pre-placement drug screen
 - d. Submit a two-step TB Skin Testing

- e. Demonstrate exposure to or vaccination against Rubella, Rubeola and Varicella, and
- f. Demonstrate vaccination against Hepatitis B or exercise of refusal to be vaccinated.
- g. Provide HOSPITAL with access to my background check results.

7. I understand that before I may commence training or activities at HOSPITAL, I must complete HOSPITAL's orientation Program designed to familiarize students/instructor with their responsibilities and with their work environment.

8. I understand that my student/instructor identification badge must be worn at all times and be clearly visible. Badges may not be worn backwards and should be displayed at chest level or higher.

9. I acknowledge that I am responsible for providing the necessary and appropriate uniform and supplies required but not provided by HOSPITAL and for securing living accommodations and transportation.

10. I acknowledge that I will not be an employee of HOSPITAL while engaging in the Program at HOSPITAL and that I am ineligible to receive any benefits from HOSPITAL including, but not limited to, industrial insurance coverage.

Student's/Instructor's Signature

Date

Student's/Instructor's Printed Name

Program of Study

Clinical Affiliation Agreement **Exhibit B**



WHEREAS, I am a _____ at _____
(hereinafter "SCHOOL");

WHEREAS, SCHOOL and University Medical Center of Southern Nevada (hereinafter "HOSPITAL") have entered into a Clinical Affiliation Agreement (hereinafter "AGREEMENT") to provide Resident of SCHOOL with clinical experience and training; and

WHEREAS, I desire to take part in said Clinical Education Program (hereinafter "Program").

NOW, THEREFORE, I stipulate and agree as follows:

1. I have received and reviewed the HOSPITAL's orientation materials and the written regulations which will govern my activities while at the HOSPITAL.
2. I agree to follow the HOSPITAL's administrative policies, standards, and practices in effect while I am a student/instructor at HOSPITAL.
3. I agree to follow HOSPITAL's Health Insurance Portability and Accountability Act ("HIPAA") policies and procedures.
4. I agree to comply with all federal, state, and local laws and/or regulations relative to my activities at HOSPITAL.
5. I agree that all patient records and all HOSPITAL statistical, financial, confidential, and/or personal data received, stored or viewed by me shall be kept in strictest confidence by me.
6. I understand that before I may be admitted to the Program to be conducted at HOSPITAL, I must:
 - a. Provide evidence of appropriate health insurance,
 - b. Undergo a physical examination demonstrating my ability to perform the essential functions of the job (with or without reasonable accommodations),
 - c. Take and pass a pre-placement drug screen,
 - d. Submit to two-step TB Skin Testing

- e. Demonstrate exposure to or vaccination against Rubella, Rubeola and Varicella, and
- f. Demonstrate vaccination against Hepatitis B or exercise of refusal to be vaccinated.
- g. Provide HOSPITAL with access to my backgroundcheck results.

7. I understand that before I may commence training or activities at HOSPITAL, I must complete HOSPITAL's orientation Program designed to familiarize students/instructor with their responsibilities and with their work environment.

8. I understand that my student/instructor identification badge must be worn at all times and be clearly visible. Badges may not be worn backwards and should be displayed at chest level or higher.

9. I acknowledge that I am responsible for providing the necessary and appropriate uniform and supplies required but not provided by HOSPITAL and for securing living accommodations and transportation.

10. I acknowledge that I will not be an employee of HOSPITAL while engaging in the Program at HOSPITAL and that I am ineligible to receive any benefits from HOSPITAL including, but not limited to, industrial insurance coverage.

Signature

Date

Printed Name

Program of Study

- e. Demonstrate exposure to or vaccination against Rubella, Rubeola and Varicella, and
- f. Demonstrate vaccination against Hepatitis B or exercise of refusal to be vaccinated.
- g. Provide HOSPITAL with access to my backgroundcheck results.

7. I understand that before I may commence training or activities at HOSPITAL, I must complete HOSPITAL's orientation Program designed to familiarize students/instructor with their responsibilities and with their work environment.

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10. I acknowledge that I will not be an employee of HOSPITAL while engaging in the Program at HOSPITAL and that I am ineligible to receive any benefits from HOSPITAL including, but not limited to, industrial insurance coverage.

Signature

Date

Printed Name

Program of Study

BADGING DEPARTMENT

(LOCATION: 1800 W. Charleston Blvd. Las Vegas, NV 89102)

Main hospital entrance near the Cafe

HOURS OF OPERATION

MONDAY - FRIDAY

7:30 – 11:00 AM

1:30 – 3:30 PM

Contact

Call to make an appointment

(702) 383-2776

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
PARKING PERMIT APPLICATION

PERSONAL INFORMATION		
Last Name		First Name
Home Phone	E-Mail Address	
VEHICLE DETAILS #1		
License Plate No.		State
Vehicle Year	Vehicle Type	Vehicle Color
Make		Model
VEHICLE DETAILS #2		
License Plate No.		State
Vehicle Year	Vehicle Type	Vehicle Color
Make		Model



PARKING UPDATE

(Effective Immediately)

All students **MUST** park at UMC's extended parking lot off of **Pinto Lane**.

Shuttle buses will be provided to transport you to and from the hospital 24/7.
Please provide ample time for the shuttle drivers to arrive.

1. Park in the back of the Lied clinic (see map).
2. Call Public Safety at 702-383-1810 and ask for a pick-up at the Lied Clinic.
3. Drop-off will be at the main hospital entrance.
4. Pick-up will be at the main hospital entrance.



For any other questions, please contact Public Safety at (702) 383-1810 or Ext. 1810

(If your car is parked elsewhere, you are subject to a citation, fines and a possible booting)

What do you need to do?

To register, please go to <https://umcsn.thepermitstore.com/purchase.php>

Students will need to input their last name and school affiliation to access parking permit requests.

Whom do I contact for more information or support?

Please contact Public Safety with any questions regarding parking permit at 702-383-2286.



The screenshot shows the 'iParq' account creation interface for the University Medical Center (UMC). At the top, the UMC logo and 'iParq' logo are visible. Below them is a navigation bar with links: Home | Orders | Permits | Account | Directions and Parking at UMCSN. A sign-in section includes fields for 'UMC Email Address' and 'Password', a 'Sign In' button, and a link for 'Forgot your password? Click Here'. The main section is titled 'Sign In / Create Account' and contains an 'ACCOUNT' box. Inside this box, there is a 'Sign Into Your Account' section with fields for 'UMC Email Address' and 'Password', a 'Sign In' button, and a link for 'Need help signing in?'. To the right of the 'ACCOUNT' box, a message states: 'You are required to Sign In to register your vehicle. If you do not already have an account, you can:'. Below this message is a green button labeled 'Create a New Account', which is highlighted by a red arrow. Further down, a note explains: 'Creating an account allows you to view previous orders, update registered vehicles or manage your contact information.' At the bottom left, there is a 'Contact Us | Parking at UMCSN' link.