

Rotator General Information

Housestaff from other training programs interested in a clinical rotation in one of our programs located at Rutgers New Jersey Medical School are welcome to apply. Completed applications are reviewed and approval is granted on a case-by-case basis provided trainees meet specific qualifications and entry requirements. Generally, trainees will be considered if they:

- 1) are in good standing in an ACGME-accredited program
- 2) obtain approval and support to rotate from a Rutgers Program Director
- 3) complete and submit all rotator documentation according to all deadlines

If you wish to apply for a rotation in one of our programs please note the timeline and information requirements below.

- Contact the program coordinator of the Rutgers program you wish to complete a rotation in to determine if the program is currently accepting rotators. The recommended time to contact a program is at least four months prior to the start of the rotation (see Program Coordinator Contact List on next page).
- Complete and submit the following documents to the respective Rutgers program coordinator **at least three (3) months** prior to the expected rotation start date:
 1. *Rotator Application for Residency/Fellowship Rotation (included in this packet)*
 2. *Rotator Medical Requirements (Health Clearance Attestation Form) (included in this packet)*
 3. *Rutgers Confidentiality Statement (included in this packet)*
 4. *Copy of medical license, DEA, or training permit from trainee's Board of Medical Examiner's Office FROM ROTATOR'S CURRENT TRAINING STATE*
 5. *US Medical Graduates-Copy of Medical School Diploma (PGY-1's ONLY)*
 6. *Foreign Medical Graduates- Copy of ECFMG certificate/Fifth Pathway Certificate (PGY-1's ONLY)*
 7. *University Hospital (UH) Rotator Documentation:*
 - a. *UH Hospital Rotation Form*
 - b. *Results of a Current Criminal Background Check*
 - c. *UH Confidentiality Agreement*
 - d. *Copies of Immunizations, PPD results, and proof of influenza vaccination*
 - e. *Copy of valid/unexpired government picture identification (driver's license, passport, etc.)*
 - f. *Copy of hospital ID from home program*
 - g. *Proof of Completion of Required Compliance Modules (HIPAA, EMTALA, & Code of Conduct)*
 - h. *Completion of Mandatory Hospital Online Training*
 - i. *Malpractice insurance coverage verification from home institution (must indicate coverage through rotation timeframe) according to UH specifications*
 - j. *Copies of valid BLS, ACLS, PALS certification through the rotation timeframe (please see Life Support Certification Requirements for specific information by program)*
 - k. *Proof of Respirator Fit Testing on an UH approved mask*
 - l. *Proof of Workers Compensation*
- Approximately one month prior to your rotation you will receive notification from the GME Office indicating if your application was approved. You will be provided with instructions for completing mandatory online training and will be enrolled in CLASSROOM clinical systems training. **FAILURE TO COMPLETE ONLINE or CLASSROOM TRAINING BEFORE YOUR START DATE WILL FORFEIT ROTATION APPROVAL.**
- You must provide all online training certificates no less than ONE WEEK prior to start date (may be faxed to (973) 972-2229.)
- You must present to the GME Office on your first day (or several days prior if your start date is on a holiday or weekend as the GME Office may be closed); obtain your medical record dictation number, clinical systems passcodes, Rutgers identification card, and parking.
- It is the rotator's responsibility to make arrangements for housing and transportation as necessary.

Please contact the Graduate Medical Education Office if you have any questions (973) 972-6049 regarding this process.

Rutgers NJMS Program Coordinator Contact List

Program	First Name	Last Name	Telephone
Allergy & Immunology (ACGME Accredited)	Candy	Proano	973-972-6111
Anesthesiology (ACGME Accredited)	Lisa	Chappelle	973-972-0470
Cardiology (ACGME Accredited)	Diana	DeJesus	973-972-5291
Dermatology (ACGME Accredited)	Linda	Hesselbirg	973-972-6255
Dentistry - General Practice (CODA Accredited)	Daime	Flournoy	973-972-0499
Dentistry - Oral Maxillofacial Surgery (Accredited)	Kisha	Wesley	973-972-3126
Dentistry - Pediatric (CODA Accredited)	Tonka	Barrett-McBurrows	973-972-4621
Diagnostic-Radiology (ACGME Accredited)	Kayrie	Mendez	973-972-5188
Emergency Medicine (ACGME Accredited)	Eleanor	Hughes	973-972-9261
Endocrinology, Diabetes, Metabolism (ACGME Accredited)	Marsha	Taylor	973-972-3479
Gastroenterology (ACGME Accredited)	Cassandra	Edwards	973-972-5252
Geriatrics (ACGME Accredited)	Neena	Arora	551-996-1131
Hepatology (Non-Accredited)	Cassandra	Edwards	973-972-5252
Infectious Diseases (ACGME Accredited)	Lisa	Wade	973-972-7837
Internal Medicine (ACGME Accredited)	Jeannine	Mansfield	973-972-6056
Internal Medicine-Pediatrics (ACGME Accredited)	Jeannine	Mansfield	973-972-6015
Interventional Cardiology (ACGME Accredited)	Diana	DeJesus	973-972-5291
Nephrology (ACGME Accredited)	Vivian	Romero	973-972-4100
Neurological Surgery (ACGME Accredited)	Lori	Reynoso	973-972-1164
Neurology (ACGME Accredited)	Gina	Delarosa	973-972-5209
Neurology - Child (ACGME Accredited)	Gina	Delarosa	973-972-5209
Neurology-Multiple Sclerosis (Non-Accredited)	Gina	Delarosa	973-972-5209
Neurology-Vascular (ACGME Accredited)	Gina	Delarosa	973-972-5209
Neurosurgery Endovascular Neuroradiology (Non-Accredited)	Lori	Reynoso	973-972-1164
OB/GYN (ACGME Accredited)	Gloria	Shelton	973-972-5266
OB/GYN-Maternal Fetal Medicine (ABOG Accredited)	Gloria	Shelton	973-972-5266
OB/GYN-Reproductive Endocrinology (ABOG Accredited)	Patricia	Crawford	973-972-5554
Ophthalmology (ACGME Accredited)	Sue	Niedzinski	973-972-2063
Orthopedics (ACGME Accredited)	Lori	Clark	973-972-3860
Orthopedics-Hand Surgery (ACGME Accredited)	Lori	Clark	973-972-3860
Orthopedics-Musculoskeletal Oncology (ACGME Accredited)	Lori	Clark	973-972-3860
Orthopedics - Trauma (ACGME Accredited)	Lori	Clark	973-972-3860
Otolaryngology (ACGME Accredited)	Faye	Wiggins	973-972-4588
Pathology (ACGME Accredited)	Kathleen	Wioland	973-972-1237
Pediatrics (ACGME Accredited)	Odemaris	Valencia	973-972-0740
Pediatrics-Infectious Disease (ACGME Accredited)	Odemaris	Valencia	973-972-0740
Plastic Surgery (ACGME Accredited)	Amy	Stolar	973-972-5377
PM&R (ACGME Accredited)	Doreen	Muhammad	973-972-3606
PM&R-Musculoskeletal Rehabilitation Medicine (Non-Accredited)	Doreen	Muhammad	973-972-3606
PM&R-Pediatrics (ACGME Accredited)	Doreen	Muhammad	973-972-3606
PM&R-Spinal Cord Injury (ACGME Accredited)	Doreen	Muhammad	973-972-3606
PM&R-Traumatic Brain Injury Medicine (Non-Accredited)	Doreen	Muhammad	973-972-3606
Podiatry (Accredited)	Ali	Cruz	973-972-5088
Preventive Medicine (ACGME Accredited)	Lisa	Wade	973-972-7837
Psychiatry (ACGME Accredited)	Sheila	Morris	973-972-1048
Psychiatry - Child (ACGME Accredited)	Sheila	Morris	973-972-1048
Pulmonary Critical Care (ACGME Accredited)	Candy	Proano	973-972-6111
Rhinology Endoscopy Based Surgery (Non-Accredited)	Sandra	Brendle	973-972-3295
Surgery (ACGME Accredited)	Krystina	Rosania	973-972-5682
Surgical Critical Care-Trauma (ACGME Accredited)	Theresa	Stephens	973-972-6639
Urology (ACGME Accredited)	Shaniqua	Mitchell-Scruggs	973-972-4418
Vascular Surgery (ACGME Accredited)	Shaniqua	Mitchell-Scruggs	973-972-4418

Rotator Application for Residency/Fellowship Rotation-Part 1

Please print or type. All information must be complete.

Personal Information

Full Name: _____
Last
First
Middle

Sex: **Male** **Female** (Circle One) Date of Birth: _____

Home Address(Current): _____
Street Address
City
State
Zip Code

Phone: (____) _____ Pager: (____) _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _(____) _____

Emergency Contact Address: _____
Street Address
City
State
ZIP Code

Employment Status

Social Security Number: _____ NPI Number: _____

Citizenship: (Circle One) **1) US (By Birth)** **2) US-Naturalized** **3) Other:** _____

Current Visa Status: **J1** **H1B** **EA** **Other** (Circle One) Fit Tested for N95 Respirator: **Yes** **No** (Circle One)

Licensure/Training Permit

Are you licensed? **Yes** **No** (Circle One) License Number: _____ State: _____ Expiration: _____
mm/dd/yy

License Type: **Medical** **Dental** **Podiatry** **Other** (Circle One)

Do you hold a training permit? **Yes** **No** (Circle One) State: _____ Expiration: _____
mm/dd/yy

Education

Medical School:	Location:	Degree:	From (mm/dd/yy) _____ To (mm/dd/yy) _____
Internship:	Hospital Name and Location:		From (mm/dd/yy) _____ To (mm/dd/yy) _____
Residency (List name):	Hospital Name and Location:		From (mm/dd/yy) _____ To (mm/dd/yy) _____
Fellowship (List name):	Hospital Name and Location:		From (mm/dd/yy) _____ To (mm/dd/yy) _____

Rotator Application for Residency/Fellowship Rotation-Part 2

Rotator Last Name: _____	Rotator First Name: _____	Middle Initial _____
Social Security Number: _____	Employer/Institution: _____	

Current Program		
Program: _____	State: _____	
PGY Level: _____	Residency Year: _____	ACGME Accredited? Yes No (Circle One)

RUTGERS Program	
Rotation From : _____	Rotation To : _____
<i>(mm/dd/yyyy)</i> <i>(mm/dd/yyyy)</i>	
Program: _____	
Describe Rotation Experience (e.g program: anesthesia rotation: pain management): 	

I attest that the information contained in this application is true and accurate. The documents presented to evaluate my application are authentic/copies of documents issued by legitimate source entities.

Applicant Signature

Date

The information for the applicant identified above is accurate as evidenced by your records. This applicant has satisfied all employment and training requirements identified by your institution including:

- Primary source verification of medical school and other medical training (e.g. internship residency training).
- Received orientation training including preventing harassment and discrimination, radiation safety, patient safety, infection control/influenza and environment of care.
- Cleared a criminal background check.
- Enrolled in your training program in accordance with your institution’s policies, accrediting, licensing, specialty board, state and federal agencies and employment requirements as applicable.

Signature Program Director

Date

Print Name Program Director

Phone Number

Rotator Medical Requirements (Health Clearance Attestation Form)

Rotator Last Name: _____	Rotator First Name: _____	Middle Initial _____
Social Security Number: _____	Employer/Institution: _____	

Please attest that the following documentation for the above-named individual is on file with your institution:

1. An annual or the initial Health Assessment within the past twelve (12) months certifying fitness for duty for the rotator's work functions in a health care facility.
2. Record of Immunity by laboratory titers to rubella, rubeola, mumps and varicella. If laboratory titers are non-immune, then record of full vaccination is required (at least 2 MMRs, Varivax series) unless there is a documented medical contraindication to vaccination.
3. Documentation of laboratory testing for Hepatitis B (HB) Surface Antigen, HB Surface Antibody and HB Core Antibody. Evidence of immunity by positive antibody titers to Hepatitis B or documentation that full Hepatitis B vaccination has been received or proof of declination of Hepatitis B vaccine. If Rotator is Hepatitis B Surface Antigen positive, the New Jersey Medical School Occupational Medicine Service (973-972-2900) must be contacted regarding further evaluation prior to rotation at Rutgers-Newark.
4. Record of Tdap in adulthood or record of medical contraindication to Tdap vaccination.
5. Record of seasonal influenza vaccination or documentation of medical contraindication to influenza vaccination.
6. Record of annual TB skin test (or blood assay for TB) if negative. If positive, documentation of negative chest x-ray at initial evaluation and annual symptom survey. If chest x-ray revealed evidence of active TB, documentation of appropriate medical treatment and annual symptom survey.
7. Medical clearance for respirator fit testing for N95 respirator or PAPR if needed.

Physician or Director of Occupational Health for the above-named institution or employer:

Print Name/Title

Signature

Date

Phone Number

American Heart Association Life Support Certification Requirements

Program	BLS	ACLS	PALS	NRP
Allergy & Immunology	X	X		
Anesthesiology	X	X	X	
Anesthesiology-Pain Management	X	X		
Cardiology	X	X		
Child Neurology	X		X	
Child Psychiatry	X		X	
Dentistry-General Practice	X	X		
Dentistry-Pediatrics	X		X	
Dermatology	X			
Diagnostic-Radiology	X	X		
Emergency Medicine	X	X	X	X
Endocrinology, Diabetes, Metabolism	X	X		
Gastroenterology	X	X		
Geriatric Medicine	X	X		
Hepatology	X	X		
Infectious Disease	X	X		
Internal Medicine	X	X		
Internal Medicine/Pediatrics	X	X	X	X
Nephrology	X	X		
Neurological Surgery	X	X	X	
Neurology	X	X		
Neurology-Vascular	X	X		
Neurosurgery Endovascular Neuroradiology	X	X		
OB/GYN	X	X		X
OB/Gyne- Maternal-Fetal Medicine	X	X		X
OB/Gyne- Reproductive Endocrinology	X	X		
Ophthalmology	X	X		
Oral Maxillofacial Surgery	X	X		
Orthopedics	X	X		
Orthopedics-Hand Surgery	X	X		
Orthopedics-Musculoskeletal Oncology	X	X		
Otolaryngology	X	X	X	
Otolaryngology-Rhinology & Endoscopic Skull Base Surgery	X	X	X	
Pathology	X			
Pediatrics / Pediatric Emergency Medicine	X		X	X
Plastic Surgery	X	X		
PM&R	X	X	X	
PM&R-Musculoskeletal Rehabilitation Medicine	X	X		
PM&R-Pediatric	X		X	
PM&R-Spinal Cord Injury	X	X		
PM&R-Traumatic Brain Injury Medicine	X	X		
PM&R-Stroke Fellowship	X	X		
Podiatry	X	X		
Preventive Medicine	X			
Psychiatry	X	X		
Pulmonary Critical Care	X	X		
Surgery	X	X		
Surgery Critical Care-Trauma	X	X	X	
Urology	X	X		
Vascular Surgery	X	X		



Confidentiality Statement

All patient Protected Health Information (PHI - which includes patient medical and financial information), employee records, student records, financial and operating date of the Rutgers Biomedical and Health Sciences, and any other information of a private or sensitive nature are considered confidential information should not be read or discussed by any employee unless pertaining to his or her specific job requirements.

Examples of inappropriate disclosures include:

- Employees discussing or revealing PHI or other Confidential information to friends or family members
- Employees discussing or revealing PHI or other Confidential Information to other employees without a legitimate need to know.
- The disclosure of a patient's presence in the office, hospital, or other medical facility, which may reveal the nature of the illness, without the patients consent, to an unauthorized party without a legitimate need to know.

The unauthorized disclosure of PHI or other Confidential Information by employees can subject each individual and the Rutgers Biomedical and Health Sciences to civil and criminal liability. Disclosure of PHI or other Confidential Information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such Information, are grounds for immediate disciplinary action up to and including termination.

Employee/Volunteers/Student Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that PHI and Confidential information and data to which I have knowledge and access in the course of my employment with the Rutgers Biomedical and Health Sciences is to be kept confidential, and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I am no longer employed. Further, upon termination with the Rutgers Biomedical and Health Sciences I shall return to the University all Confidential Information.

I am familiar that the Rutgers Biomedical and Health Sciences has guidelines in place pertaining to the use and disclosure of patient PHI and other Confidential Information. Approval should first be obtained before any disclosure of PHI or other Confidential Information not addressed in the guidelines and policies and procedures of the Rutgers Biomedical and Health Sciences is made. I also understand that the unauthorized disclosure of patient PHI and other Confidential Information of the Rutgers Biomedical and Health Sciences is grounds for disciplinary action, up to and including immediate termination.

In the event of a breach of this agreement, the Rutgers Biomedical and Health Sciences may pursue equitable relief.

The laws of the State of New Jersey shall govern this agreement.

Signature of Employee/Volunteer/Student

Date

Print Name

Supervisor



Hospital Rotation Form

I. DEMOGRAPHIC INFORMATION (required):

Name: _____ Degree: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Primary Email: _____ Primary Telephone Number: (____) _____

II. ROTATION INFORMATION (required):

UH Rotation Name: _____ Rotation Dates: _____

UH Department: _____ UH/RU Coordinator: _____

Current School Name: _____ Professional License number: _____

If you are in a Resident/Fellowship Program outside the state of New Jersey, list the dates/locations of any rotations completed in New Jersey during your Residency/Fellowship: _____

III. HEALTH STATUS (required): *If Yes to any of the following, must provide explanation*

Do you have, or have you ever had, any physical or mental health conditions, which may, now or in the future, affect your ability to perform professional clinical or other student duties either with or without reasonable accommodations?

No Yes: _____

Do you have, or have you had, any substance or chemical dependency, which may, now or in the future, affect your ability to perform professional clinical or other duties either with or without reasonable accommodations?

No Yes: _____

IV. DISCIPLINARY ACTION (required): *If Yes to any of the following, must provide explanation*

Has your association, employment, practice or training at any hospital or healthcare facility ever been voluntarily or involuntarily, in whole or part, limited, suspended, revoked, denied, reduced, surrendered, not renewed, relinquished, subjected to probationary conditions, disciplinary action or have proceedings toward any of those ends ever been instituted or recommended by an official, committee or governing body or are one or more such proceedings, civil and/or criminal, pending in New Jersey State or elsewhere, concerning the above?

No Yes: _____

Have you ever been convicted of a misdemeanor, disorderly person's offense, petty disorderly person's offense or a crime (other than minor traffic violations) in this New Jersey State or elsewhere?

No Yes: _____

I consent to the release of all information to University Hospital, pertaining to my professional qualifications, including but not limited to licensure, training, sanctions, disciplinary actions, criminal background, and/or professional misconduct information that may be required to verify my qualifications and/or the representations I make on this Rotation Request Form.

Signature: _____ Date: _____

Required Document list on following page (all documents/fee's must be submitted with Rotation request form)



Hospital Rotation Required Document List

The Hospital Rotation Request Form and required documents must be submitted 30 days prior to the start of your rotation to the UH/RU Coordinator

All Rotators

- Results of a current criminal background check (*within past 12 months or start of program if no break in service*) - RU schools can provide attestation from Program Director
- University Hospital Confidentiality Agreement
- Copies of Immunizations - RU schools can provide attestation from Program Director
- PPD results within the past 12 months or date of chest x-ray – RU schools can provide attestation from program director, must include expiration date
- Proof of Influenza Vaccination (*October through March rotations*)
- Copy of governmental ID (*License or Passport*) **and** Copy of current Visa (*if applicable*)
- Copy of School ID
- Copy of current Health Insurance Card
- Proof of completion of required compliance modules (HIPAA, EMTALA and Code of Conduct)
- Completion of Resident & Student Mandatory Hospital Online Training at <https://moodle1.rutgers.edu/login/index.php> (non-Rutgers rotators will need guest portal access)
- School Certificate of Insurance - Professional Liability Insurance (*no less than \$1MM/\$3MM*) and Commercial General Liability Insurance (*no less than \$1MM/\$3MM*) – *UH must be listed as the certificate holder*

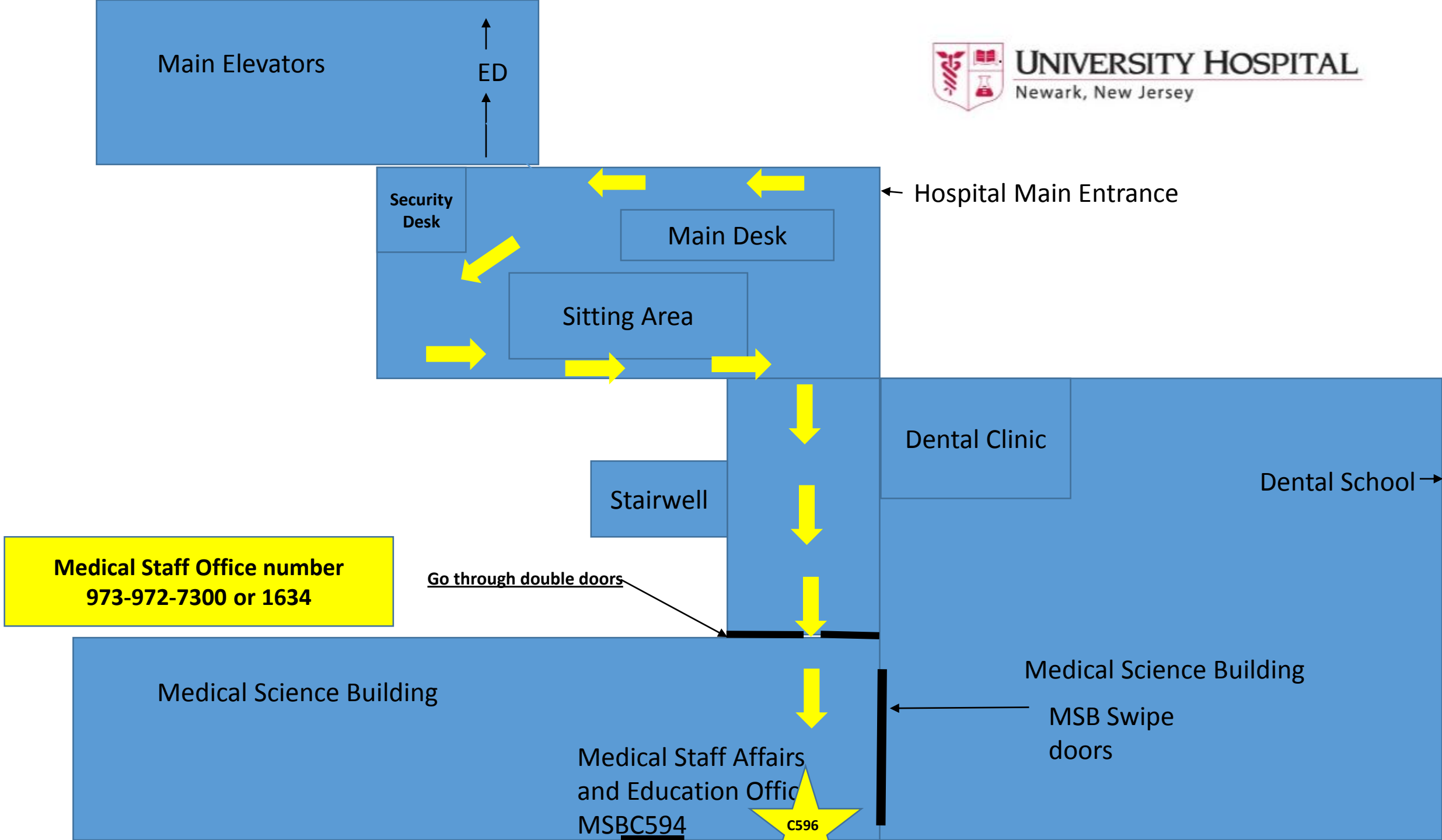
Clinical Rotators must provide the following additional documentation:

- Copy of current BLS card (*American Heart Association*) - Residents/Fellows must provide additional life support training documentation according to GME guidelines (ACLS/PALS/NRP)
- Proof of FIT Testing on one of the following UH approved masks (Kimberly Clark "Tecno Fluidsheild", 3M "Healthcare Particulate Respirator and Surgical Mask", Secure Guard N95) or Signed Disclaimer for rotators that will not be exposed to patients in isolation units.
- Proof of Workers Compensation (*external Residents/Fellows and Non-UH Clinical Evaluators*)
- Students and Non-UH Clinical Evaluators must provide current proof of Individual Malpractice Insurance (*no less than \$1MM/\$3MM*) if school's Professional Liability does not cover Malpractice (for HSPO policies proof of premium payment is required with certificate) – *UH must be listed as the certificate holder*

I certify that I have reviewed the Hospital Rotation Request Form and all required documentation prior to submitting to the Medical Staff Affairs and Education Office at University Hospital.

UH/RU Coordinator: _____
Print Name
Signature
Date

Contact: Jennifer Zabala, Education Manager – University Hospital, B239, Fax: (973) 972-2848 uhrotations@uhnj.org
 Office of Medical Staff Affairs and Education, B239, Newark NJ 07103 - Phone: (973) 972-7300



Main Elevators

↑
ED
↑

Security Desk

Main Desk

Hospital Main Entrance

Sitting Area

Dental Clinic

Stairwell

Dental School

**Medical Staff Office number
973-972-7300 or 1634**

Go through double doors

Medical Science Building

Medical Science Building

MSB Swipe doors

Medical Staff Affairs
and Education Office
MSBC594

C596

EXHIBIT A

AGREEMENT OF CONFIDENTIALITY
(To Be Signed By RESIDENT)

University Hospital (“UH”) has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their personal health information. In the course of my participation in the _____ (“School”) Program (the “Program”) at UH, from _____ to _____, I may come into the possession of confidential patient and other information.

I understand that such information must be maintained in the strictest confidence in my capacity as a Resident, and even after my participation in the Program is terminated or concluded. As a condition of my participation in the Program and assignment to UH, I hereby acknowledge and agree that I will not at any time during or after such participation disclose any patient or other confidential information whatsoever and any breach or violation or failure of this legal duty, whether intentional, unintentional or negligent, may result in the termination of my participation in the Program, to fines, penalties, damages and to other legal actions.

When patient or other confidential information must be discussed with any health care practitioners in my capacity as a Resident in the course of my work, I will use all reasonable care and discretion to assure that such conversations are not overheard by others who are not involved in the patient’s care.

I understand the user ID/password assigned for access to any UH computer system is unique to me and for my use only and in connection with authorized functions related to the Program. This code identifies me in the computer system. I acknowledge and agree that I will be held accountable for system access and entries performed with my personal security code. If issued a password, I agree not to release it to anyone else. I will not post, share or otherwise distribute my password. I will contact UH’s Information Services and Technology Department hotline immediately if I have reason to believe the confidentiality of my password has been compromised. I will be required to create a new password.

By signing below, I acknowledge that I have read the above and accept the responsibility associated with these statements. I understand that any violation of this Agreement of Confidentiality may be cause for immediate termination of my participation in the Program at UH.

Resident Name

Resident Signature

Date



UNIVERSITY HOSPITAL

Newark, New Jersey

Intake Form for UH Guest Accounts

***To avoid delays please print the following information legibly.**

First Name	
Middle Initial	
Last Name	
Birth Date (MM/DD/YYYY)	
Social Security Number	
Personal email address	
Phone Number	
Department/Reason for account	
Today's Date	

Accessing Mandatory Compliance Training For UH Guests & Vendors

Overview

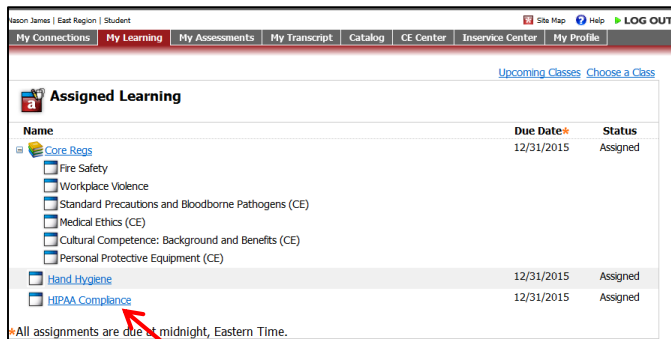
This document covers the process for UHNJ end users to login to the HealthStream Learning Platform (HLC) to access assigned HCCS training.

Logging into the Training:

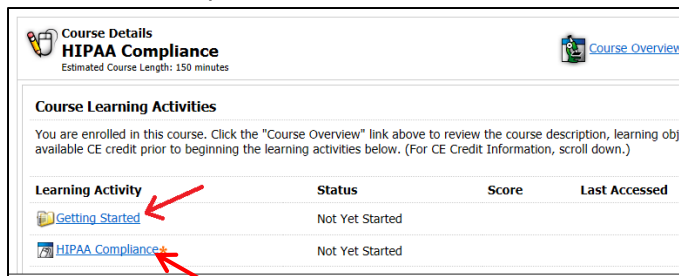
- Go to: www.healthstream.com/hlc/uhnj
- Login using your User ID and password as indicated below.
 - User ID:** RUID
 - Password:** RUID
 - ⓘ Passwords are case sensitive.
- Click on Login.
 - "My Learning" will appear.

Accessing Required Training

- If needed click on "My Learning."
 - You will see a page similar to the following screen shot, containing your training.



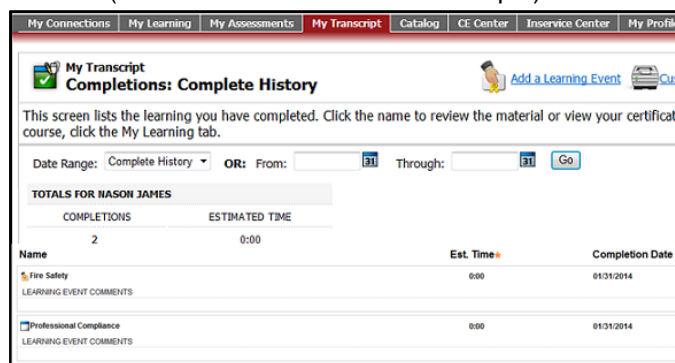
- Click on the course to launch it. In this example, you would launch the HIPAA Compliance course in the screen shot above by clicking on "HIPAA Compliance".
- From the Course Details page, click on "Getting Started" to access and/or print the courseware instructions.



- Then click on the title of the course ("HIPAA Compliance" in this example) to launch it.
- Follow the on-screen instructions to complete the course.

Viewing Your Transcript

- Click on "My Transcripts" to confirm completion of your courses (See screen shot below for example).



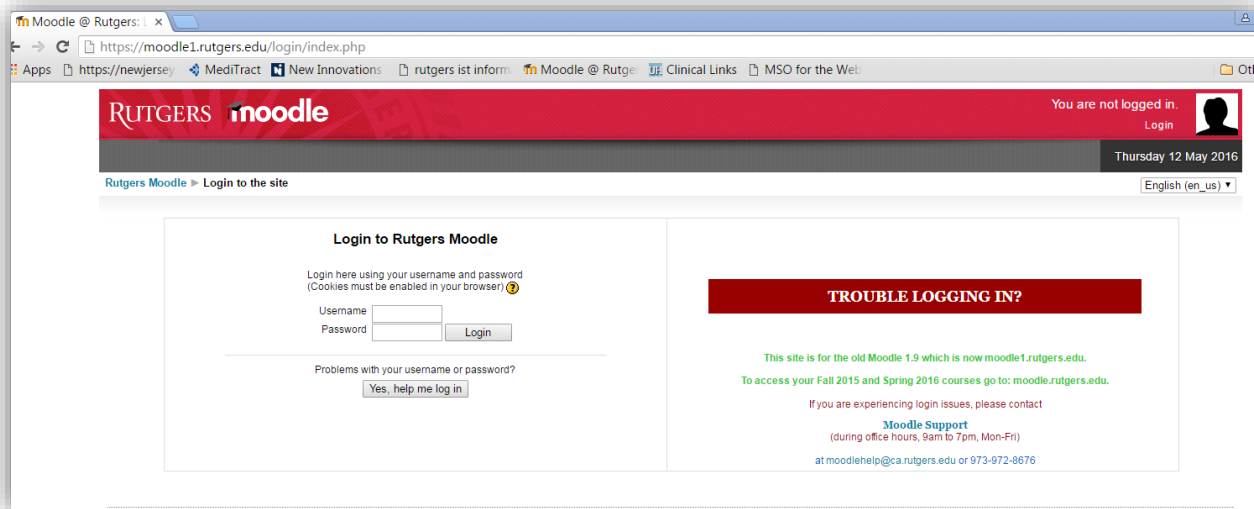
FY17 Resident & Student Mandatory Hospital Online Training

Instructions

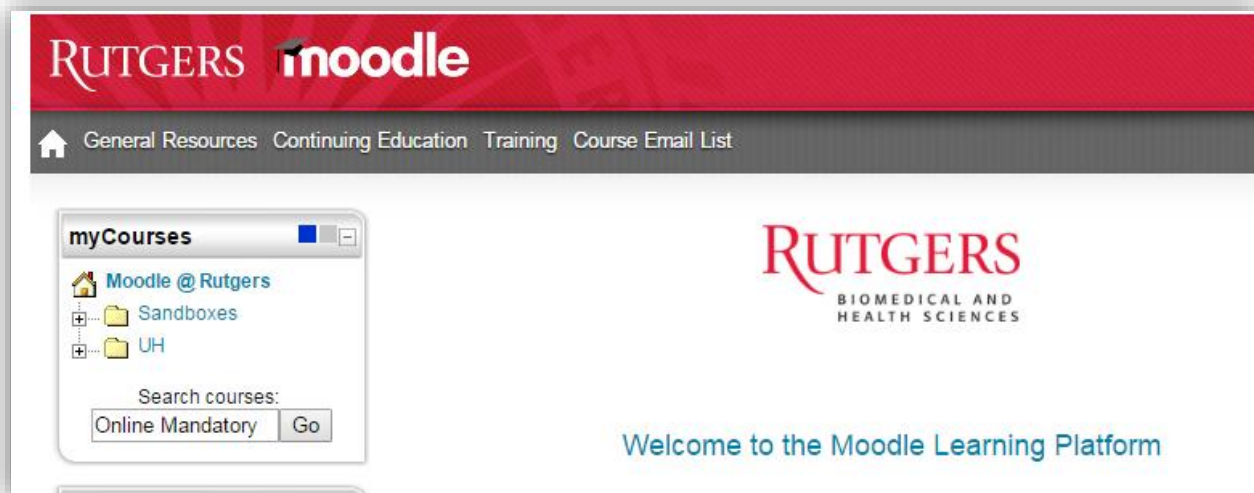
Fellows/Residents/Students/Interns/Techs/Clinical Instructors/Preceptors must log into the Rutgers Moodle1 platform to access the Hospital Mandatory Online Training at:

<https://moodle1.rutgers.edu/login/index.php>

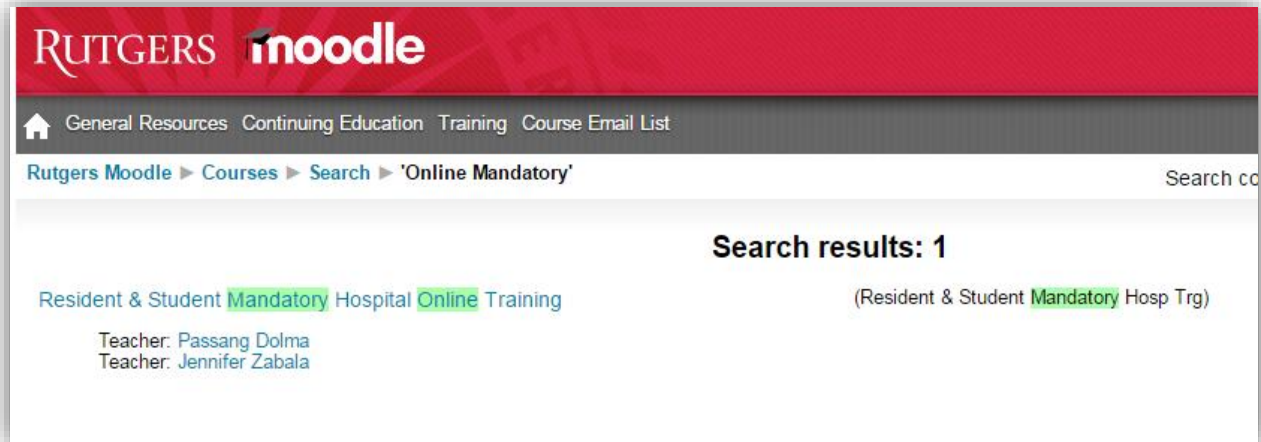
Log in with your RUID (non Rutgers students will need Guest portal access to log into moodle1):



In the search courses section, any of the key words will pull up the training:
Resident & Student Mandatory Hospital Online Training



Click on the title of the training:



The screenshot shows the Rutgers Moodle interface. At the top, there is a red header with the Rutgers logo and the word 'moodle'. Below the header is a navigation bar with links for 'General Resources', 'Continuing Education', 'Training', and 'Course Email List'. The main content area shows a search path: 'Rutgers Moodle > Courses > Search > 'Online Mandatory''. The search results section displays 'Search results: 1' and a single result: 'Resident & Student Mandatory Hospital Online Training'. Below the result, it lists teachers: 'Teacher: Passang Dolma' and 'Teacher: Jennifer Zabala'. A search box is visible on the right side of the page.

Modules 1 – 20 have attestations at the end that must be filled out and submitted, certificates of completion will be emailed within 72hrs. Those rotators required to do module 21 must view the video, print the certificate and submit with rotator packet.



UNIVERSITY HOSPITAL

Newark, New Jersey

Annual Mandatory In-service Education for Rotators

- Completion of modules 1-21 are required for Fellows, Residents, Medical Students, Dental Students and Physician Assistant Students
- Completion of modules 1-14 are required for all Clinical Rotators with direct patient contact (only MRI students must also complete module 21)
- Completion of modules 1 - 12 are required for Pharmacy Students
- Completion of modules 1 - 10 are required for Rotators who have no patient contact

If you are unsure of the online training requirements for your program, please call (973) 972-7300.



Office of Ethics and Compliance

**UH Code of Conduct
Attestation***

I certify that on _____, I received and read
(Date) (Year)

a copy of the University Hospital (UH) Code of Conduct.
I acknowledge that I understand the Code of Conduct and shall abide by it.

Signature

Printed Name

Employee ID

Title Department/Unit or Company

Date

Please complete and return this form to your department head,
whom shall ensure that it is forwarded to:

Office of Ethics and Compliance
University Hospital
150 Bergen Street
PO Box 27050
Newark, NJ 07101-6750

CODE *of* CONDUCT



CODE *of* CONDUCT





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Office of Ethics and Compliance

150 Bergen Street
PO Box 27050
Newark, NJ 07101-6750
Phone: (973) 972-3450
Fax: (973) 972-0005
www.uhnj.org

Compliance Helpline: (855) 431-9966

uhcompliancehelpline.alertline.com

"I, HONORABLE DONALD T. DIFRANCESCO, CERTIFY
FOR AND ON BEHALF OF THE BOARD OF DIRECTORS,
UNIVERSITY HOSPITAL,
APPROVED BY RESOLUTION THE CODE OF CONDUCT

THIS DAY OF JULY 1, 2013.

Honorable Donald T. DiFrancesco
Chair, Board of Directors
University Hospital





Dear University Hospital Colleagues:

As a member of University Hospital, we have a responsibility for providing high quality patient care, public service, teaching, and research and to demonstrate our commitment to upholding the trust and confidence of our community. As an organization, we are committed to honest and ethical behavior, and to conducting our business with integrity.

This Code of Conduct has been adopted by the University Hospital Board of Directors and is a vital part of how we achieve our mission and vision. The Code of Conduct states our core values and provides guidance to ensure our work is accomplished in an ethical and legal manner. Each member of the UH community is expected to respect our Clinical, Public Service, Educational, and Research Missions; comply with applicable laws and policies; uphold individual responsibility and accountability; respect state resources; provide accurate financial reporting; protect privacy of records; and act with the highest integrity.

Please read this carefully. If you have questions or encounter a situation which you believe may violate the Code of Conduct, consult with your supervisor, Human Resources, the Office Ethics & Compliance or the Compliance Helpline 855-431-9966. You will not be retaliated against for asking questions or raising a concern related to the Code of Conduct.

We appreciate your commitment to University Hospital. We are committed to delivering the highest quality patient care in a culture that is rooted in integrity, honesty and compassion.

Sincerely,

A handwritten signature in black ink that reads "James R. Gonzalez". The signature is written in a cursive, flowing style.

James R. Gonzalez, MPH, FACHE
President and CEO
University Hospital

PURPOSE

The pursuit of UH's fourfold mission — excellence in patient care, public service, teaching, and research — requires a shared commitment to UH's core values and ethical conduct in the discharge of one's duties, responsibilities and all other UH activities. The Code of Conduct ("Code") is a statement of that commitment, emphasizing key aspects of dealings inside and outside UH which demand ethical and professional behavior and is intended to inform us of the basic principles which UH requires us to follow in conducting UH business.

All members of the UH community are expected to adhere to the Code as well as to applicable laws, regulations and UH policies. The UH Community includes Board of Directors, the Community Oversight Board, the UH management, clinical staff, researchers, employees, contractors, agents and others associated with or supporting UH (collectively "persons").

THE 16 BASIC TENETS OF THE UH CODE OF CONDUCT

1. Respect for our Clinical Mission

UH is committed to providing high quality health care in a manner that is appropriate, medically necessary, and efficient, in accordance with current medical and ethical standards, which includes the obligation to provide medical screening exams or emergency care. UH respects the rights of patients to make choices about their own care including the right to refuse treatment. Providers inform patients and their representatives about the alternatives and risks



associated with the care they are seeking and/or which is recommended by professional staff in order to obtain informed consent. Information is provided in a language that the patient can understand.

2. Respect for Public Service Mission

UH is committed to its legacy of service, has respect for our public mission, and has served the greater community for generations. It brings the gold standard of modern medical care to all our patients, including the uninsured or underinsured. UH serves as a center of referral for many of the state's most advanced medical services and specialty care programs.

3. Respect for our Educational Mission

UH is one of the Principal Teaching Hospitals of Rutgers Biomedical and Health Sciences, New Jersey Dental School and any other medical education programs located in Newark. UH is committed to providing high quality medical services in accordance with all laws, regulations, program requirements, and accreditation standards. We do this through:

- Accurate representations of all credentials;
- Accuracy and completeness of UH records;
- Compliance with standards for maintaining intellectual property and copyrights;
- Demonstrating behavior acceptable to UH and the community at large;



Efforts to attract and retain high quality medical and academic staff and to reward existing staff for growth and development, bearing in mind that quality medical and academic performance is directly related to the quality of the staff who provide such services.

4. Respect for our Research Mission

UH researchers shall conduct their research with integrity, intellectual honesty and the appropriate respect for human subjects. All research involving human subjects is to be approved by the institutional review board.. Researchers obtaining approvals for research must comply with all the conditions imposed by the institutional committees. Research misconduct is prohibited. UH researchers are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity. They are also expected to demonstrate accountability for the funds of sponsors, payors and UH, and they are to comply with specific terms and conditions of contracts and grants.

5. Individual Responsibility and Accountability

UH persons must meet the highest professional standards and must exercise responsibility appropriate to their position and delegated duties. All UH business is expected to be conducted in accordance with UH's Shared Values and this Code of Conduct, and in a manner exercising sound judgment and serving the best interests of the institution, the community and the State of New Jersey. We are responsible to one another both for actions and inactions and cooperate with all internal inquiries in order to resolve detected or reported issues. To this end, all persons shall have compliance with this Code of Conduct as



part of their annual performance appraisal, to the extent that these persons are eligible for annual performance appraisals.

6. Respect for Others

UH is committed to treating everyone with respect and dignity, and, among other things, to:

- prohibit discrimination or harassment;
- to have zero tolerance for workplace violence;
- provide equal opportunities for all members of the UH community and job applicants regardless of race, color, national origin, religion, sex, gender identity and expression, pregnancy, physical or mental

disability, ancestry, marital status, civil union or domestic partnerships, age, genetic information, sexual orientation, or military or veteran status. Those who experience or observe discrimination, harassment, and/or workplace violence should report the incident(s) to public safety, their supervisor and/or to the Compliance Helpline.

- acknowledge that although consensual relationships between persons are within the realm of individual privacy, these relationships may expose UH to potential liability. Persons in these relationships in supervisory or management roles have a responsibility to discuss with their immediate superior whether the relationship poses any conflict, so that UH may take steps to eliminate the conflict in accordance with its policies.
- commit to creating and maintaining a safe and healthful work environment. All persons are expected to comply with all safety and health standards.
- expect persons providing medical and clinical services to be committed to the ethical and compassionate treatment of patients/clients and to follow established policies and statements of patient/clients rights in support of this principle.

7. Respect for UH and State Resources

UH persons are caretakers of UH's and of the State's resources. Persons must thus exercise reasonable care in the use of UH and State property and must report any damage or misuse to appropriate UH officials. UH resources, including but not limited to cash, property, facilities, intellectual property rights, patient records, name and logo, information technology and electronic resources may only be used for activities on behalf of UH and not for private gain or personal purposes.

UH shall respond promptly with discipline for willful or negligent damage to UH property; theft or dishonesty; unauthorized use of UH vehicles, mail services, identification and credit cards, telephones,

computers or computer equipment, or other UH equipment or materials; and tampering with or destroying UH data, records or other information, gaining unauthorized access to such information, disclosing confidential information, or otherwise misusing UH data or information.

Computers and computer accounts are provided to persons to assist them in the performance of their jobs. Persons do not have a right to privacy in anything they create, send or receive on the computer. UH has the right to monitor, for any reason, any and all aspects of any UH computer system, including employee e-mail.

Persons may not solicit, collect money, or circulate petitions on UH property at any time unless it is expressly allowed under current UH policies or by law.

8. Compliance with Applicable Laws and Regulations

Persons are expected to comply with the laws and regulations bearing on their areas of responsibility. Many of the laws and regulations are unique to health care, research and higher education, and many, but not all, are embodied in UH policies. Failure to comply can have serious adverse consequences both for individuals and for UH in terms of reputation, finances and the health and safety of the community. UH business is to be conducted in conformance with legal requirements, including contractual commitments undertaken by individuals authorized to bind UH to such commitments. The Office of Legal Management has the responsibility to work with departments to provide legal guidance and opinions.

9. Compliance with Applicable UH Policies, Procedures, Codes and Other Forms of Guidance and Avoidance of Conflicts of Interest

Policies and procedures for UH and our Department are designed to guide our everyday job activities and to give persons a clear understanding of expectations for work-related behavior. Persons are expected to seek clarification of a policy, procedure or other directive which they believe is unclear, outdated, or at odds with UH or Department objectives or applicable laws or regulations. It is not acceptable for persons to ignore or disobey policies with which he or she may disagree. In addition, persons are expected to keep current with updates and revisions to UH and Department policies and procedures.

Some persons must also comply with all ethical codes or standards of their professions or disciplines. They are expected to comply with those codes and standards, in addition to complying with all applicable UH policies and procedures.

Persons must comply with specific and/or specialized codes of conduct developed by UH, such as a Code of Conduct for a specific department/area.

UH persons are expected to devote primary professional allegiance to UH and to the missions of patient care, public service, teaching, and research. Outside employment must not interfere with UH duties and must be disclosed to and approved by UH on an annual basis before such outside employment is accepted. Outside professional activities, personal financial interests, or acceptance of benefits from third parties can create actual or perceived conflicts between UH's mission and an individual's private interests, and UH persons are expected to disclose them in compliance with applicable conflict of interest laws, regulations and policies.

Practices such as accepting from industry small gifts or pharmaceutical samples; support for resident/continuing medical education; funds for physician travel, speakers' bureaus, ghostwriting, consulting; and clinical trials and research contracts may pose challenges to professional or business ethics, especially in an academic health center environment. To avoid the appearance of or actual impropriety and to ensure that healthcare professionals always put the best interests of their patients first, avoid bias in decision-making, and adhere to the principles of scientific integrity, UH persons shall truthfully and accurately provide disclosures to UH and to patients regarding industry relationships to ensure that those relationships between healthcare professionals and industry are at arm's length.

In all such matters, UH persons are expected to take appropriate steps, including consultation with the Chief Compliance and Privacy Officer, if issues are unclear, to avoid both conflicts of interest and the appearance of such conflicts.

10. Compliance with the New Jersey Conflict of Interest Laws and State Ethics Code

As public employees, UH persons must comply with State of New Jersey Conflict of Interest Laws, State of New Jersey Ethics Guidelines, and UH policy to avoid actual or perceived conflicts between their UH roles and other interests (including their personal and/or financial interests).

11. Protecting Confidentiality and Privacy of Records

UH is the custodian of many types of information. Persons with access to confidential, proprietary and/or private information are expected to understand and to comply with applicable laws and UH policies, procedures, directives and agreements pertaining to access, use, protection

and disclosure of such information. Computer security, privacy of personal information, privacy of patient information, and appropriate use of electronic devices, are subject to New Jersey State law, federal laws including Health Insurance Portability and Accountability (HIPAA) Act/ Health Information Technology for Economic and Clinical Health (HITECH)Act, as well as UH policy.

The public right to access information is governed by New Jersey Open Public Records Act and UH policies. UH policies contain information about patient information and privacy laws. Questions relating to the release of patient records should be directed to the Custodian of Medical Records. Questions relating to the release of UH records should be directed to the Chief Compliance and Privacy Officer

12. Accurate Financial Reporting

All UH patient records, accounting and financial records, expense reports, time sheets and effort reports, and other documents including those submitted to government agencies must be accurate, clear and complete.

All published financial reports must make full, fair, accurate, timely and understandable disclosures as required under generally accepted accounting principles for government entities, bond covenant agreements and other requirements. Certain individuals with responsibility for the preparation of financial statements and disclosures, or elements thereof, may be required to attest to the accuracy of those documents.

Failure to fully comply with reporting requirements could jeopardize UH's participation in Federal healthcare programs. In addition, individual persons may be:

- Subject to disciplinary actions, up to and including termination, for failure to comply with the reporting requirements or to report suspected violations; and

- Potentially subject to fines, penalties, revocation of licenses and accreditation, criminal and civil actions as well as exclusion from federal and state healthcare programs for failure to comply with the financial reporting rules or to report suspected violations of the Rules.

13. Need for Adherence to Internal Controls

Internal control, a major part of managing an organization, comprises the plans, methods and procedures used to meet our mission, goals and objectives. Internal controls also serve as the first line of defense in safeguarding assets and in preventing and detecting fraud, waste, abuse and possible errors. Internal controls help managers achieve desired results through effective stewardship of resources, support performance-based management and are intended to provide reasonable assurance regarding the achievement of objectives in all aspects of UH operations including the following categories:

- Effectiveness and efficiency of operations including the use of UH's resources;
- Reliability and accuracy of financial reporting, including reports on budget execution, financial statements and other reports for internal and external use; and
- Compliance with applicable laws and regulations.

All department heads are specifically responsible for ensuring that internal controls are established, properly documented and maintained for activities within their jurisdiction and that internal controls set by the UH Board of Directors and/or UH management are followed. Any person entrusted with funds, including principal investigators, is responsible for ensuring that adequate internal controls exist over the use and accountability of such funds and to adherence to internal controls which may be set by the Board or management.

14. Fair Dealing in Agreements

When we need to obtain services or goods we comply with:

- UH policies governing procurement, including public bidding requirements and New Jersey laws, where applicable;
- The UH policies relating to potential vendors;
- The federal and state laws relating to anti-referral and anti-kickback arrangements;
- Laws that prevent us from doing business with excluded individuals or companies; and
- Other state and federal laws that may require that certain terms and conditions be included in our agreements.

UH is committed to competitive bidding for the procurement of goods and services, except in limited situations permitted by statute and/or UH policies. Vendors are to be evaluated and selected on the basis of quality, technical excellence, delivery, cost-effectiveness and appropriateness for the identified task or need, in accordance UH policies and New Jersey laws where applicable. All UH agreements are to be managed in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. The highest ethical standards must be adhered to in all UH business arrangements for selection, negotiation, determination of awards and the administration of all purchasing activities. UH persons have an obligation to be honest, consistent and truthful in all marketing and advertising practices pertaining to the business of UH's academic health centers and health systems and to adhere to fair business practices.

15. Full compliance with all state and federal healthcare program statutes, regulations, directives and guidelines

Federal and state healthcare programs like Medicare and Medicaid require UH to comply with all applicable statutes, regulations, directives and guidelines, including the rules of Medicare fiscal intermediaries or carriers, UH policies and procedures and any agreements that UH may enter into with state or federal regulatory agencies (collectively, "Rules"). UH persons may be required to attest to their and UH's compliance with the Rules, supported by appropriate documentation, because, among other things, failure to fully comply with the Rules could jeopardize UH's participation in these healthcare programs.

When providing clinical patient care that may be submitted for payment to private or public payors, persons are required to:

- Provide only such clinical care as is medically necessary;
- Submit timely and accurate bills for payment and accurate cost reports;
- Follow up to make sure that payments to UH are paid in a timely fashion
- Report all suspected violations of Rules immediately when there are allegations of patient harm; and
- Report all suspected violation of Rules no later than thirty (30) days.

UH persons may be subject to disciplinary actions, up to and including termination for failure to comply with the Rules or to report suspected violations of the Rules as well as being subject to fines, penalties, revocation of licenses and accreditation, criminal and civil actions as well as exclusion from federal and state healthcare programs.

UH persons are subject to recurring background checks. In accordance with Federal and State laws, UH will not employ or enter into contracts with any individual or entity currently excluded by the Office of the Inspector General (OIG) and/or the General Service Administration (GSA) from participation in Federal health care programs. If it is determined that an employee, a non-employee provider with current clinical privileges, or an individual or entity with a contractual relationship with UH is on the exclusions lists, the employment and/or contractual relationship shall be immediately terminated.

16. Protection from Retaliation

In accordance with UH Policy, UH persons are required to report all known or suspected improper activities to appropriate authorities, and persons who report such misconduct are to be protected from retaliation.

Rutgers NJMS – UH Rotator Application Documentation Checklist

Applicant, please complete and submit the following documents to the respective Rutgers program coordinator.

A COMPLETE file must be submitted to your Rutgers Program Coordinator at least three (3) months prior to the expected rotation start date!

No.	<u>Documents</u>	NJMS GME Approved	UH MSO Approved
1	Rotator Application for Residency/Fellowship Rotation		
2	Rotator Medical Requirements (Health Clearance Attestation Form)		
3	Rutgers Confidentiality Statement (included in this packet)		
4	Copy of medical license, DEA, or training permit from trainee's Board of Medical Examiner's Office FROM ROTATOR'S CURRENT TRAINING STATE		
5	US Medical Graduates-Copy of Medical School Diploma OR Foreign Medical Graduates- Copy of ECFMG certificate/Fifth Pathway Certificate (PGY-1's ONLY)		
6	UH Hospital Rotation Form		
7	Results of a Current Criminal Background Check		
8	UH Confidentiality Agreement		
9	Copies of Immunizations, PPD results, and proof of influenza vaccination		
10	Copy of valid/unexpired government picture identification (driver's license, passport, etc.)		
11	Copy of hospital ID from home program		
12	Proof of Completion of Required Compliance Modules (HIPAA, EMTALA, & Code of Conduct)		
13	Completion of Mandatory Hospital Online Training		
14	Malpractice insurance coverage verification from home institution (must indicate coverage through rotation timeframe) according to UH specifications		
15	Copies of valid BLS, ACLS, PALS certification through the rotation timeframe (please see Life Support Certification Requirements for specific information by program)		
16	Proof of Respirator Fit Testing on an UH approved mask		
17	Proof of Workers Compensation		