

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

UMN CLERKSHIP/All RESIDENTS/ALL FELLOWS APPLICATION FOR ALL CENTRACARE SITES

STEP 1: APPLICANT, PLEASE COMPLETE AND TYPE ALL RESPONSES DIRECTLY ON THIS FORM

Date:								
Name:								
First		М	Last		Previous First	Previous Last		
Address:				City, S	State, Zip:			
Date of Birth:				U.S.A. Citizen:	○ Yes ○ No			
Applicant's Ph	none #:			Applicant's preferred e	-mail address			
Local emerger	ncy contact:							
		Name		Phone #		Relationship to Applicant		
Learner type ((select one)	:						
UMN MD Clerkship Year in school			Expected date	e of graduation				
🗆 Resident	Name o	f program			GME C	ertified O Yes O No		
	MN License: #			Exp Date:				
□ Fellow	Name o	f program <u> </u>			GME C	ertified ○ Yes ○ No		
	MN License #		Exp Date:					
Dates of Desir	red Rotation	า						
Start Date:			End Date:	REC	QUIRED Hours:			
Desired /Rota	ation:							
□ Fam Med			Psychiatry					
Hospitalist/Int Med			Surgery					
Orthopedics			Other					
Peds								
Epic EMR syst		vc or in what w	vork environment dic					
		ospital Inpatie		Dutpatient	□ Surgery			
-			form in Epic system?		_ 00.80.7			
🗆 Or	der Entry] Phases of Ca	re 🛛 Update Patien	t Problem List 🛛 Update Pat	tient Med List 🛛 Cha	rt Review 🛛 Storyboard		
🗆 Us	e Inbasket	Use Smart	Tools to Document	Patient List	s 🗆 My Schedule 🛛	☐ Trackboard		
I, THE STUDEN	NT/RESIDEN	T/FELLOW, U	JNDERSTAND THE F	OLLOWING:				
-	-			ining and online education,	orientation modules	5.		
++ It is a requi	iromont to	waar tha ID h	adgo providad by Co	ntraCare at all times during	the rotation at Cent	traCaro sito(s) The ID		

- It is a requirement to wear the ID badge provided by CentraCare at all times during the rotation at CentraCare site(s). The ID badge must be returned to the Security Office or the site contact on the last day of the rotation. If after hours, the ID badge should be given to the preceptor.
- It is my responsibility to declare if pregnant during the rotation. Rotation/observation in certain areas may not be allowed if pregnant.
- In the event of an illness or injury while at a CentraCare site, emergency care will be provided in the Emergency Room associated with the CentraCare site at my full expense; or I may go to my personal physician at my full expense.
- I agree to notify my preceptor/rotation site and will not be on site if I am ill.
- I understand that once a preceptor/schedule has been determined, no adjustments can be made. Learner must be willing to work around the preceptor's schedule and travel to at any of the <u>CentraCare Service area</u> locations. The learner is responsible for reliable transportation.

STEP 2: APPLICANT SUBMISSION INSTRUCTIONS AND CHECKLIST

Learner must sign application and submit the requirements outlined on page 2.



DOCUMENTATION TO SEND TO CENTRACARE

All required documentation listed below must be submitted electronically to CentraCare along with the learner application.

*(See details/additional information on the next page for explanation of each requirement):

- □ 2-step TB skin test (TST/Mantoux) (see details on next page).
- □ 2 documented MMR immunizations, or proof of immunity (titer).
- □ 2 documented chicken pox (varicella) immunizations, or proof of immunity (titer), or medical statement from healthcare provider of clinic visit when applicant was seen and diagnosed with Varicella or Zoster (shingles).
- □ 3 documented Hepatitis B vaccinations, or 2 documented Heplisav-B vaccinations, or proof of immunity (titer), or completed declination form (available upon request).
- □ Tdap vaccination after age 11.
- □ Covid Evidence of current season Covid vaccination or completed declination form (see last page).
- □ Influenza Evidence of current season influenza vaccination or completed declination form for rotations Oct 1-Mar 31 (see last page).
- Minnesota Department of Human Services (DHS) NETStudy 2.0 Background Study.
 If report shows applicant is not in good standing or there is a change in validity, CentraCare must be notified immediately (see details on next page).
- Negative Urine Drug Screen for Amphetamines, Cocaine, Phencyclidine, Opiates, Barbiturates, and Benzodiazepines (within the three months prior to the applicant's initial educational experience at CentraCare or admission to medical program. Tests will need to be repeated for applicants who leave school and return at a later date). This can be provided once preceptor has been secured/approved (see details on next page).

For **physician residents/fellows**, provide a copy of the following:

- □ Confirmation of being in a GME accredited program
- □ Current **MN licensure** as a physician or resident or MN Medical Permit
- □ PLA (Program Letter of Agreement) signed by program & CentraCare
- □ Current **malpractice insurance** if not outlined in Educational Experience Agreement or PLA

I have provided all above required documentation along with the completed application.

Learner Signature

Date

12/20/2023



***ADDITIONAL INFORMATION SHEET**

 A State of Minnesota Department of Human Services (DHS) NETStudy 2.0 Background Study result is required. It is the responsibility of the School to request the background study on behalf of the applicant. No other background studies will be accepted, such as CertifiedBackgrounds, QualifiedFirst, etc. Final background study results could take 1-3 weeks to receive back from the DHS.

Minnesota Department of Human Services

P.O. Box 64172 Saint Paul, Minnesota, 55164-0172 O: 651-431-6620; F: 651-431-7694; E: <u>dhs.netstudy2@state.mn.us;</u> <u>https://mn.gov/dhs/</u>

- 2. Urine Testing:
 - Urine drug screen must include: Amphetamines, Cocaine, Phencyclidine, Opiates, Barbiturates, and Benzodiazepines.
 - If not yet completed for current program, the applicant should wait to complete the Urine testing until <u>after</u> rotation availability is determined, as rotations are not guaranteed.
 - CentraCare will not issue the drug screen, nor are we able to provide orders for this screen.
 - Urine drug screen must be conducted at an employer testing location that has an independent MRO built into their process. Urine drug screen may be done at the Midwest Occupational Medicine (320) 251-9675, Workmed Midwest (<u>www.workmedmidwest.com</u>), or Mid-Minnesota Drug Testing, Inc. (320) 230-8378.
 - The applicant may also contact any occupational health clinic that runs the above required urine testing from a urine drug screen. Applicants are responsible for ensuring that the clinic/lab they work with conducts the correct test.
 - Results will not be accepted if the test was conducted greater than 3 months prior to enrollment in the program.
- 3. Two-step Tuberculin Skin Test (TST/TB)/Mantoux:
 - Prior to participating in the educational experience at CentraCare, the applicant must provide documentation of a completed <u>two-step</u> TST, or a tuberculosis blood tested commonly called a quantiferon gold or T-Spot.
 - The first TST must be completed within 90 days of starting the educational program experience per MN Department of Health or any time before their educational experience at CentraCare.
 - The second TST should be within 21 days of the first. If a previous negative TST was done in the past 12 months, that can be considered the second TST.
 - A quantiferon gold or T-Spot may be utilized in place of two-step TST.
 - o Alternatively, proof of any past two step along with one done within 90 day of starting will be accepted.
 - Each TST/ tuberculosis blood test must show negative result with dates administered and read.
 - If applicant has a positive TST/ tuberculosis blood test or IGRA history, a negative chest x-ray dated after the positive test is required, along with a completed TB Symptom Screening Form (provided by CentraCare upon request).
 - Repeat testing is required if the learner were to leave the program and re-enter later.
- 4. MMR and Varicella:
 - If the applicant does not have evidence of 2 MMR and 2 Varicella immunizations, a positive titer will need to be provided.
 - If the applicant has a negative titer, completion of the immunization series is required. Please note, there is a 28-day waiting period between the first vaccine and the second vaccine. If both MMR and Varicella vaccines need to be completed, they must be done at the same time to avoid further delay.
- 5. Evidence of 3 Hepatitis B vaccinations, 2 documented Heplisav-B vaccinations, a positive titer, or completion of the declination form (provided by CentraCare) is required. If learner has not been vaccinated and learner chooses to obtain the vaccine series in lieu of the declination form or titer, please note this is a 5-6 month process.
- 6. Evidence of receiving Pertussis (Tdap) vaccination after age 11 is required. (This is not tetanus/Td.)
- 7. Evidence of current season Covid vaccination or completed declination form must be submitted.
- 8. Evidence of current season influenza vaccination or completed declination form must be submitted.
- 9. Minnesota MERC grant sponsoring institutions: Learners attending MERC sponsoring institutions are required to accurately log each day of their rotation by recording the date, time, location, and name of the preceptor on the time card that is provided within their clearance email. Completed time cards are required to be provided to the <u>MedStudents@centracare.com</u> within 1 week of the last date of the learner's experience. If the learner is at more than one location in a day or with more than one preceptor, each location and/or preceptor must be recorded separately. All MN schools are encouraged to participate in the Medical Education and Research Cost (MERC) Grant for Sponsoring Institutions and Teaching Programs. https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html

12/20/2023





COVID/Influenza Declination

Print Name:		DOB:							
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS									
2023-2024 Influenza Season - Select One Option Below									
Have you received the influenza vaccine this season (August 2023-March 2024)?									
	YES - Please provide documentation of receiving the flu vaccination in 2023-2024.								
	NO - I am choosing to decline the influenza vaccine.								
2023-2024 COVID Season - Select One Option Below									
Have you received the 2023-2024 COVID vaccine?									
	YES - Please provide documentation of receiving the C	Covid vaco	cination in 2023-2024.						
	NO - I am choosing to decline the COVID vaccine.								

Signature.	Signature:		Date:	
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