Welcome to Miami Children's Hospital! Our goal is to provide students with exceptional learning experiences by promoting a culture of excellence in everything we do. We expect our employees and students to model the MCH Way: a culture of passion, collaboration, respect & support, accountability, safety and integrity.

Please follow the guidelines listed below to ensure a successful integration of students into our facility.

**ADMINISTRATOR/TEACHER RESPONSIBILITY**

1. Give the student(s) a copy of the Student Orientation Guideline, Study Guide and Assessment.
2. Submit, to MCH Volunteer Services, the dates, times and names of the students 10 days prior the start date of the students scheduled rotation. Tel: 786-624-4431; Fax: 305-662-8356; Email: aida.panceira@mch.com.
3. Register for the Education Provider Orientation.
4. Schedule an appointment, with Volunteer Services, 10 days prior to the student’s scheduled orientation. Submit the following:
   - Student Orientation Assessment
   - Student Application Form
   - Passport size photo
   - Student Attestation Form
   - Copy of program curriculum and objectives
   - Checklist of tasks to be completed by student

**STUDENT ON-LINE ORIENTATION**

All students are required to complete an on-line orientation module and assessment prior to coming to Miami Children's Hospital. A copy if the assessment must be submitted with the student documents.

A. To access the on-line orientation module and assessment:
   1. Go to www.mch.com
   2. Click For Medical Professionals
   3. Under Medical Professionals, click on “For Clinical Students’
   4. Click on the Student Orientation link
   5. Click on the Student Orientation Guideline and Manual to review
   6. Make sure you review the Manual in full prior to taking the assessment.
   7. Complete the Clinical Orientation Assessment and print.
   8. Circle your answer on the printed test page.
   9. Make sure that you write your name, contact number and name of school on all the pages.

B. The following forms are available on the same page as the Student Orientation Module (see above):
   1. Student Application Form
   2. Health Form
   3. Student Orientation Assessment for Non-Clinical Students
   4. Student Orientation Assessment for Clinical Students
<table>
<thead>
<tr>
<th><strong>STUDENT APPLICATION FORM</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR PRACTICUM STUDENTS, CLINICAL STUDENTS &amp; INTERNS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Mobile No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Home No:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Social Security No:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School:</th>
<th>Major:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising Instructor:</td>
<td>Day Phone:</td>
</tr>
<tr>
<td>Practicum/Rotation Completion Date:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone No (Day):</td>
<td>Phone No (Evening):</td>
</tr>
<tr>
<td>Family Physician:</td>
<td>Phone No:</td>
</tr>
</tbody>
</table>

Have you ever been convicted or adjudicated guilty, adjudication withheld, including Nolo Contendere (No Contest) for an offense other than a minor traffic violation?  

☐ No  ☐ Yes  (if yes please explain)

___________________________________________________  _______________________________________________

___________________________________________________  _______________________________________________

Signature: ___________________________  Date: ___________________________

The hospital fully complies with the Age Discrimination in Employment Act of 1968 and the Civil Rights Act of 1964 which prohibits employment discrimination based on race, color, creed, sex, age, nation origin, and physical disability of veteran status.

A Criminal Conviction record search is made of all prospective volunteers of the hospital. A conviction record is not necessarily a bar to employment; factors such as age at the time of the offence, seriousness and nature of the violation and rehabilitation will be taken into account. However, concealment of any conviction on this application shall be cause for discharge whenever discovered.
STUDENT HEALTH INFORMATION

Student’s Name: 

School: 

Please complete the following information:

<table>
<thead>
<tr>
<th>Have you had any of the following?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (Seven Days)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Immunized For:

| Rubella                           |     |    |         |
| Measles                            |     |    |         |
| BCG (Tuberculosis)                 |     |    |         |

<table>
<thead>
<tr>
<th>Have you ever had a Tuberculosis Test?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the result?</td>
<td>POSITIVE</td>
<td>NEGATIVE</td>
</tr>
</tbody>
</table>

Do you have or are you being treated for? Please check all that applies

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Hearing Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Immune Deficiency</td>
</tr>
<tr>
<td>Chronic Cough</td>
<td>Skin Disorders/Rashes</td>
</tr>
<tr>
<td>Diabetic on Insulin</td>
<td>Partial Blindness</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Wrist, Back or Neck Injury</td>
</tr>
</tbody>
</table>

List all medications that you are taking:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature: ___________________________ Date: ___________________________
Miami Children’s Hospital (MCH) is a private, not for profit institution that provides for the healthcare needs of children from birth to 21 years of age. MCH was established in March, 1950 as Variety Children’s Hospital. It is a 268-bed facility including Out-Patient Services, Wellness and Specialty Clinics, Medical Arts Building and a Research Center.

Interns and Practicum Students include any person under the guidance of certified and/or licensed professional within a technical or professional field who is working towards a career in that area. The experience is usually required as part of the criteria for completion of the program or certification.

Student personnel information will be processed and maintained by the Volunteer Services Department. All required paper work, forms and assessments must be completed and provided to the Office of Volunteer Services ten days prior to orientation start date.

**Documentation Requirements**

The following information must be provided by your institution to the Staff & Community Education Department:

- Legal Contract with the educational institution
- Proof of Liability Insurance
- Program Curriculum and objectives from the educational institution
- Instructor’s CV/Resume and contact number

**Registration:**

The following information must be provided to Community and Volunteer Services ten days prior to the actual internship date:

- Student Application and Photo ID
- Orientation assessment results
- Student Attestation
- Program Curriculum, objectives and student check off list

**Schedule:** The Staff & Community Education offers On-Site Provider Orientation. Schedules are coordinated through Education at 305.663.8535. All Nursing Clinical Schedules are also coordinated through Education. Non-Nursing students coordinate their internship schedules directly with the manager of the department where the practicum/internship will take place.

**Attendance:** Students are required to sign-in and out using the registration monitor in the Volunteer Services department. Documentation of hours is available upon request.

**Dress Code:** Students must comply with MCH’s employee dress code and the dress code of the department the student is assigned to. A picture identification badge will be given to students upon completion of the requirements. ID badge must be worn at all times. ID badge must be returned to the Volunteer Services upon completion of the scheduled rotation.
ATTESTATION OF STUDENT SCREENING

Attestation of Student Screening

Student Name: _______________________________ Verification Date: ________________

I, the undersigned, as the representative for (school name and department) _______________________________, hereby attest, warrant and agree that the following requirements for Variety Children’s Hospital d/b/a Miami Children’s Hospital (“MCH”) have completed and cleared the following:

☐ Criminal Background Check, including Pedophile and sex-offender, OIG/SDN checks
☐ Level II Finger Printing Background (applicable to Mental and Behavioral Health students)
☐ Current Student Health Form
☐ Cleared Drug Test – MCH is a Drug Free Workplace
☐ Current CPR Card (applicable to licensed students)
☐ Current Immunization Record that includes:
  o PPD less than 12 months
  o 2 doses of Varicella Vaccine or Titers
  o 2 doses of MMR or Titers
☐ Primary source verification of Licensure in accordance with Joint Commission Standards (applicable to licensed students)

In addition, I attest that any and all negative information regarding this student has been communicated, in writing, directly to the Staff and Community Education Department at Miami Children’s Hospital.

The undersigned has executed and delivered this Attestation of Student Screening, understanding and fully intending that MCH will each rely upon it in connection with the Affiliation Agreement. The undersigned individual has executed and delivered this Attestation of Student Screening in a representative capacity and represents and warrants that he or she is duly authorized to do so for and on behalf of such school. The undersigned individual will provide any student record supporting this attestation upon request.

Agreed to by the undersigned this ____ day of __________, 20____.

________________________________________________________________________

Type or Print Name

________________________________________________________________________

Signature
Before you begin your rotation, please read the information below regarding your immunization documentation to avoid confusion as to what kind of immunization you have to have. In general, immunizations and titers are valid for a lifetime and the immunity to the diseases below is life long.

**Varicella**
- Documentation of 2 doses of Varicella vaccine or a record from a clinic or a physician
- A positive titer or the laboratory record from the laboratory which did the test.
- Documented proof from the patient’s physician that they had the disease

**Measles, Mumps, Rubella (MMR)**
- Documentation of 2 doses of the MMR Vaccines or Titers from a clinic or physician
- Student’s baby shots and those given on entrance to kindergarten are applicable.
- The two doses of vaccine are given one month apart. The student may begin their rotation after the first dose while they wait until it is time to give the second dose.

Explanation of these practices are in text books of medicine, nursing and on the CDC.gov website under immunizations.

**Tuberculosis skin testing (TST) or PPD:**

Skin testing must be repeated annually as one is checking for a change in immunity to TB due to exposure to TB. This is why a positive PPD is never repeated as one does not loose the immunity to TB. In this case a Chest X-Ray is done to rule out radiographic evidence of active tuberculosis disease.

If your PPD test will expire during your rotation, you must update your test prior to beginning the rotation.

For More Information

<table>
<thead>
<tr>
<th>Staff &amp; Community Education</th>
<th>Community &amp; Volunteer Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>6101 Blue Lagoon, Suite 400</td>
<td>3100 SE 62 Avenue, Miami, FL 33155</td>
</tr>
<tr>
<td>Miami, Florida</td>
<td>Tel: 786-624-4431</td>
</tr>
<tr>
<td>Tel: 305.663.8535</td>
<td>Fax: 305-662-8356; Email:</td>
</tr>
<tr>
<td>Fax: 305.669.6461</td>
<td><a href="mailto:aida.panceira@mch.com">aida.panceira@mch.com</a>.</td>
</tr>
<tr>
<td><a href="mailto:Alina.gonzalez@mch.com">Alina.gonzalez@mch.com</a></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Leslie.gutierrez@mch.com">Leslie.gutierrez@mch.com</a></td>
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