Allied Health Students

Thank you for your interest in student rotation. Rotations may be available to qualified students based on current agreements with your school.

To apply for a rotation, you must submit a completed application form, signed by the dean or the department head. The school seal must be affixed.

If accepted, you must present documentation of the following:

- Successful completion of Infection control and orientation modules (see attached details; must be renewed annually)
- Health requirements – Please complete the Certificate of Compliance Health Form and bring it with you along with the supporting lab work. Please see attached handouts for details.
- Proof of Professional Liability Insurance

If your school does not have a formal agreement with John Stroger Hospital/Cook County Health System, you will also need:

- A signed Health Professions Student Individual Agreement For Limited Clinical Observation/Training (attached)
- Proof of HIPPA training.
- Proof of a Criminal Background Check done through your school, or through the Illinois State Police (ISP). The ISP check can be obtained through a number of authorized agents (see attached). The results may take at least one week to obtain, so please plan your rotation accordingly. One of the agents listed provides one day background checks in most instances. Please see the next page for details.

We need at least four weeks to process an application.

Please bring your valid school ID when you come to our office to check-in.

Please feel free to call our office at 312/864-0431, or email me at ljinter2@cookcountyhhs.org if you have questions.

Sincerely,

Luann Jointer

Revised 12/2012
CRIMINAL BACKGROUND CHECK

If your school does not routinely do a routine criminal background check (CBC) upon matriculation, you will be required to obtain one before you start your rotation at John H. Stroger Hospital. This is the law in Illinois, and no exceptions can be made. In an effort to make this as easy as possible, we have placed the names and contact information for all of the vendors in our area that work with the state to initiate CBC’s. We post this information for your convenience only, and do not endorse any particular one.

A Fingerprinting US Photo
Chicago Public School Building
125 S. Clark Street
Chicago, IL 60603
312-782-8144
www.fingerprintingchicago.com

Accurate Biometrics
4849 N. Milwaukee
Suite 101
Chicago, IL 60630
866-361-9944
www.accuratebiometrics.com

AGB Investigative Services
2039 W. 95th Street
Chicago, Illinois 60643
773-645-4300
www.agbinvestigative.com

American Heritage Protective Svcs
5100 West 127 Street
Alsip, Illinois 60803
708-388-7900
www.ahpservices.com

Andy Frain Services
761 Shoreline Drive
Aurora, Illinois 60504
630-820-8820
www.andyfrain.com

Anthony's Mobile Fingerprinting
10 South Riverside Plaza
Suite 1800
Chicago, Illinois 60606
312-474-6394
www.thefingerprintman.com

Argus Services
123 West Madison Street
Suite 1600
Chicago, Illinois 60602
312-377-9441
http://argus-services.com

Background Resources
29 W. 120 Butterfield Road,
Suite 103B
Warrenville, Illinois 60555
630-873-2270
www.backgroundresources.com

Big River Investigations
4 Quail Ridge
Pittsfield, Illinois 62967
217-226-9114
www.bigriverinvestigations.com

Biometric Impressions
188 W Industrial Dr
Elmhurst, Illinois 60126
630-715-2700
www.biometricimpressions.com

Browder's Maximum Security Services
2010 S. Wabash
2 Front
Chicago, Illinois 60616
312-223-7900
maxsec@sbglobal.net

Bushee Human Resources
104 North Second Street
Effingham, Illinois 62401
217-342-3042
www.bushehr.com

De Kalb Police Department
200 South Fourth Street
De Kalb, Illinois 60115
815-748-8400
www.cityofdekalb.com

Digby's Detective and Security Agency
2650 South Wabash Ave.
Chicago, Illinois 60616
312-326-1100
www.digbysecurity.com

Fact Finders Group
4747 Lincoln Mall Drive
Suite 300
Mattoon, Illinois 60445
708-283-4200
www.factfindersgroup.com

Futures in Rehab Management
205 South Sixth Street
Springfield, Illinois 62701
217-753-1190
www.verifyinc.com

Gideon's 300 Security Services
16901 Dicke Highway
Hazel Crest, IL 60429
708-933-4830
www.g300security.com

Infotrack Information Services
111 Deerlake Road
Suite 103
Deerfield, Illinois 60015
847-444-1177
www.infotrackinc.com

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CRIMINAL BACKGROUND CHECK (Continued)

A Fingerprinting has offered to perform a CBC with the Illinois State Police for most individuals for $20, with a turn-around time of twenty-four hours. Again we do not endorse this vendor, and present their information as a convenience only.

Requests for a CBC through this vendor can be made via email: fingerprintingchicago@gmail.com

The basic information needed:

1) Last Name
2) First Name
3) Middle Initial
4) Sex
5) Race
6) SSN (optional)

** Email and phone number for contact information

They can take payment over Visa/MasterCard over the phone (Mr. Shah at: 312-701-0700)
TO: Residency Program Directors  
Medical School Deans  
Allied Health Programs Directors  

FROM: John O’Brien, M.D.  
Chairman, Planning, Education, and Research  

RE: ORIENTATION REQUIREMENTS FOR STUDENTS AND ROTATORS PRIOR TO STARTING A ROTATION AT JOHN STROGER HOSPITAL  

All rotating physicians and students must be educated annually regarding their risk of exposure to blood borne and airborne pathogens and appropriate precautions to reduce these risks (also known as BSIS education, Body Substance Isolation System). In addition, successful completion of an on-line student orientation module is necessary.  

BSIS/Infection Control  
Residents and students rotating to Stroger Hospital are required to annually demonstrate satisfactory knowledge and understanding of the BSIS principles prior to starting a rotation at our institution. This can be accomplished most easily by reviewing the teaching/learning modules posted on our website (www.cookcountyhhs.org). The modules included are Hand hygiene, Infection control 1, 2 and 3. No one will be authorized to start a rotation without successful completion within the past one year. Please print out the last page of each module to demonstrate successful completion.  

Stroger Orientation  
All trainees are required to annually review an orientation module that covers topics ranging from hospital safety to pain recognition and management. This is designed to familiarize incoming students with our hospital and some of the important policies and procedures. The student orientation module is also found online at our website www.cookcountyhhs.org.  

You can access the educational modules at  
http://www.cookcountyhhs.org/education-research/educational-modules/  
If you have any questions, please feel free to call LuAnn Jointer at 312/864-0431, or email her at LJointer2@cookcountyhhs.org.  

Revised 12/2012
PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS

If there is no formalized agreement between your institution and Stroger Hospital, the following professional liability insurance requirements must be submitted as part of your application for an elective rotation at Stroger Hospital:

- We require a **Certificate of Insurance** indicating the coverage to be in effect. Do not submit a copy of the insurance policy itself.

- The Certificate of Insurance must state that the insurance in effect will not be canceled or modified without thirty (30) days prior notice to Stroger Hospital.

- Minimum amounts of coverage are one million dollars per occurrence, and three million dollars aggregate.

You application will not be considered approved until the above requirements are met, therefore please include the certificate with your application.
Summary of Requirements on the New Certificate of Compliance Health Form

• Below is Stroger Hospital’s certificate of compliance health form. All students must meet the new requirements listed on the compliance form before starting a rotation at Stroger.

• A two-step tuberculin skin test (TST), QuantiFERON-Gold (QTF-G), or evidence of annual TST’s is now required. It will take a minimum of 10 days to complete the two-step testing. Place the first test and read 48 – 72 hours later. One to three weeks after placement of a negative first test, place the 2nd test. Read 48 – 72 hours later.

• For those with a positive TST step one or two, a chest x-ray is required within one year of start date at Stroger, or at the time a positive skin test was documented by an affiliated institution.

• Regardless of immunization status, titers are required for measles, mumps, rubella, varicella and Hepatitis B antibody.
  • Measles and rubella immunity is required.
  • Hepatitis B surface antigen is required only when Hepatitis B surface antibody is negative.
  • Please note that laboratory results must be attached to the certificate of compliance health form.

Click below to obtain the Health Form. It is also available on our website under the heading: “Infection Control Form”


Revised 12/2012
Application for JSH rotation – Allied Health Providers
(If your school does not have a formal agreement and rotation with John Stroger Hospital/Cook County Health System)

Name: ____________________________________________________________
Address: __________________________________________________________
___________________________________________________________________
___________________________________________________________________
Phone: ____________________________
E-Mail Address: ______________________________________________________

School: ____________________________________________________________
Address: ____________________________________________________________
___________________________________________________________________
___________________________________________________________________
Phone: ____________________________
School: ____________________________________________________________
Address: ____________________________________________________________
___________________________________________________________________
___________________________________________________________________
Phone: ____________________________
E-Mail Address: ______________________________________________________

Indicate your objectives for this experience. What are you expected to do (observe, participate in patient care, interview employees, etc)?

JSH APPROVAL:

Department Head Date
¢ Approved ¢ Denied

Chair, Department of PER Date

SENDING INSTITUTION’S APPROVAL:

The requested clinical experience is related to and is a required part of the student’s educational program. Basic preparation for this experience has been provided the student through classroom instruction and laboratory practice.

Signature of Dean/Department Head Date

Revised 12/2012

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HEALTH PROFESSIONS STUDENT
INDIVIDUAL AGREEMENT FOR LIMITED CLINICAL OBSERVATION/TRAINING

I ______________________ (“Student”), hereby represent that, in consideration of being granted permission to observe and, if authorized by the applicable Hospital Supervisor, to participate in supervised patient care at Stroger Hospital of Cook County (“Hospital”), located at 1901 West Harrison Street, Chicago, Illinois, hereby agree to the following terms and provide the following information, understanding that the County and its Hospital are relying upon such information and upon such agreement:

1. **Date of Birth and Residence.** My date of birth and current residence are as follows:

   __________________________________________________________

2. **School/Program Affiliation.** I am a current student in good standing at the following school and am enrolled in an accredited educational program in a health profession as follows:

   ___________________________________________ at ________________

   Health Care Discipline                          College Name and Address

3. **Assignment.** I request permission to observe the provision of health care to patients at Hospital in the ________________ department on ________________________ (dates) and to participate in supervised patient care activities upon being expressly instructed to do so by my Hospital supervisor.

4. **Student Supervision.** I understand that I have status of trainee and may render patient care or other services only under direct supervision and as directed by my Hospital supervisor, an individual who shall be designated by the head of the department listed in paragraph (3) above. I agree to abide by all Hospital policies and procedures while on site at the Hospital. I understand and agree that the Hospital retains full authority and responsibility for patient care at the Hospital and that either the department head or my Hospital supervisor may at any time terminate my participation in Hospital activities.

5. **Identification.** While on the Hospital premises, I shall at all times exhibit an appropriate identification badge furnished by the Hospital which I shall return to the Hospital at the conclusion of the assignment. I shall identify myself to Hospital patients and staff in accordance with Hospital procedures.

6. **Health Requirements:** I have provided the following documentation to the Hospital’s Department of Planning, Education and Research Office prior to my participation in activities at Hospital:

   1) Proof that I received the Hepatitis B Vaccination and other vaccinations that may be required by the Hospital;

   2) Proof of Tuberculosis (TB) screening within one year of my participation in activities at Hospital.

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Further, I represent that I am in a condition of health which enables me to participate safely in patient care activities at the Hospital, subject to the following limitations:

7. **Emergency Medical Care.** I give my permission for the Hospital to provide emergency medical care and treatment in the event of injury and illness occurring at the Hospital. I understand that I am responsible for the expense associated with such treatment.

8. **Confidentiality.** I acknowledge that all Hospital patient information is absolutely confidential and shall not disclose directly, indirectly, or by implication, or use such information in any way at any time, except solely as required to perform assigned tasks at the Hospital.

9. **Professional Liability Insurance.** If requested by the Hospital, I have provided the Department of Education and Training with proof that I am covered by insurance which insures against professional liability I may incur while participating in patient care activities at the Hospital.

10. **Volunteer Status.** I understand that I will be paid no compensation by the County with respect to my activities at the Hospital and that I am neither an employee of the County nor am I entitled to any benefit to which County employees may be entitled such as, but not limited to, compensation, retirement or disability benefits, workers’ compensation benefits or any other benefits.

11. **Governing Law.** This Agreement shall be interpreted under and governed by the laws of the State of Illinois. Venue shall lie in a court of competent jurisdiction located within the County of Cook, Illinois.

Signed by Student:

Printed Name ____________________________ Date ____________________________

Acceptance by Hospital:

Department of Planning, Education and Research ____________________________ Date ____________________________

Acceptance by Clinical Supervisor at Hospital:

Department Chair ____________________________ Date ____________________________