

Providence Health System-Oregon Guidelines for Criminal Background Investigations Of Clinical Affiliation Students

The following guidelines are established in accordance with minimum standards set forth by the Providence Health System-Oregon policy for completion of background investigations on all new hires, volunteers, clinical affiliation program students, and agency personnel that may be employed by or affiliated with Providence Health System-Oregon (PHS-OR).

- I. A criminal background investigation must be completed on all students aged 18 years or older who will be placed in a clinical affiliation assignment with Providence Health System-Oregon (PHS-OR). Each category within the background check process must be completed as follows:
 - a. **Social Security Number (SSN) Trace Report** – This report lists names and addresses used with the social security number and aides in identifying counties/states of residence.
 - b. **Office of Inspector General (OIG) Sanctions List and General Services Administration’s Excluded Parties Listing System (GSA/EPLS)** – This verification identifies individuals that have been sanctioned by the Department of Health and Human Services (DHHS), Office of Inspector General (OIG) and the General Services Administration’s Excluded Parties Listing System (GSA/EPLS) for program related fraud who are ineligible to participate in federally or state funded health care programs.
 - c. **Criminal History** – Criminal history records must be verified for a minimum of 7 years. A conviction is not an automatic bar to employment or to participation in a clinical affiliation. Each case will be reviewed on an individual basis considering factors such as recentness, seriousness, and nature of the offense as it relates to the position.
- II. The School Representative must disclose any adverse information received as a result of the criminal background investigation to the Designated Representative from PHS-OR Regional Employment prior to placing the individual in question in any clinical affiliation with PHS-OR. The PHS-OR Designated Representative will consider the relevant circumstances in determining whether the individual is eligible for an assignment with PHS-OR, in accordance with PHS-OR policy. The PHS-OR Designated Representative will notify School Representative of determination within 2 business days.

III. INSTRUCTIONS

1. If the School/Program does not have a current Clinical Affiliation Agreement with Providence Health System that includes the background check requirement, the School Representative will first need to complete the Clinical Affiliation Agreement (attachment 1) and return it to:

Providence Medford Medical Center

Leslie Black, PT, CCCE

1111 Crater Lake Avenue

Medford, Oregon 97504

2. Once a clinical affiliation program is agreed upon and a student has been identified, the criminal background investigation must be completed as indicated in Sections I and II of these guidelines.
3. When the criminal background investigation is completed, the School Representative must complete the Student Background Check Verification letter (see attachment 2).
4. The School Representative will give a completed and signed copy of the Student Background Check Verification letter to the student to give to the department manager on his/her first day as a clinical affiliation student at Providence.

Please note: students will not be allowed to begin the assignment until the department manager receives a copy of the Student Background Check Verification letter indicating that all requirements have been satisfied.

**Providence Health System-Oregon
Clinical Affiliation Student
Background Check Verification**

PHS Manager:

This letter is to provide your department with documentation that

Name _____ ("Student"), _____
SSN _____

has met the requirements to participate as a clinical affiliation student with Providence Health System, as required by the Clinical Affiliation Agreement between our organizations.

My initials in the spaces provided below indicate that these items have been completed, in accordance with the clinical affiliation agreement guidelines.

_____ **Criminal Background Check Completed**

_____ **Social Security Number (SSN) Trace Report** – This report will list names and addresses used with the social security number and aide in identifying counties/states of residence.

_____ **Office of Inspector General (OIG) Sanctions List/General Services Administration's Excluded Parties Listing System (GSA/EPLS)** – This verification will include a search for individuals that have been sanctioned by the Department of Health and Human Services (DHHS), Office of Inspector General (OIG) and the General Services Administration's Excluded Parties Listing System (GSA/EPLS) for program related fraud who are ineligible to participate in federally or state funded health care programs. Subsequent verifications will be conducted in accordance with applicable federal requirements as it relates to re-verification.

_____ **Criminal History Criminal History** – Criminal history records will be verified for a minimum of 7 years. A conviction is not an automatic bar to employment. Each case will be reviewed on an individual basis considering factors such as recentness, seriousness and nature of the offense as it relates to the job for which an applicant applies.

Thank you,

School Representative Name (please print)

School Representative Signature

NOTE TO SCHOOL REPRESENTATIVE: Please initial in the spaces provided to indicate completion of each item. Please provide a completed and signed copy of this verification to the student to give to the department manager on his/her first day as an intern/extern with Providence.