

**RETURN THIS COMPLETED PACKET TO THE NURSE
AGENCY OFFICE**

Commercial Agency Orientation

Cermak Health Services is located at 2800 South California, Chicago, Illinois

The Commercial Registry Orientation will start promptly at 8:00 am and end at 4:00pm.
No late arrivals will be permitted to participate in the orientation. **(No Exceptions)**

1. Arrive early to find parking
2. Name will be on a visitor list with passes at post 5 (white gate post by Cermak).
3. Present driver License and/ or ID and notify officer of their purpose at Cermak (Orientation), and the officer will give them a visitor pass.
4. Visitors must sign visitor pass log upon entry and exit of CCDOC (Cermak).
5. Visitors need to go back to post 5 to sign when they leave and turn in their pass to officer. DL/ID must be shown to Officer again.

Dress Attire: The orientee should wear comfortable professional clothing (No Jeans); wear a lab coat and comfortable shoes for walking.

Contraband:

- b. No cell phones or other electronic devices - No cameras
- c. No glass bottles- including perfume bottles
- d. No mirrors
- e. No cigarettes, lighters or matches
- f. No mace on key rings
- g. No magazines, books or newspapers

Reviewed: April 2014

Last Name

First Name

Middle Initial

Date: _____

**CERTIFICATE OF COMPLIANCE
WITH
BUREAU OF HEALTH SERVICES/EMPLOYEE HEALTH/
INFECTION CONTROL**

All rotating physicians (including residents in affiliated programs), students, trainees and observers who have contact with Cook County Bureau of Health Services patients, must comply with the same Infection Control Policies as apply to hospital employees.

LABORATORY RESULTS MUST BE ATTACHED:

TUBERCULOSIS: PPD skin test if any evidence of signs and symptoms of Mtb Mycobacterium tuberculosis. If BCG is > 5 years, PPD is required if no history of (+) PPD.

PPD Skin Test: Date _____ Result _____
Last Chest X-Ray Date _____ Result _____

Chest X-Ray not necessary unless PPD skin test is positive

RUBELLA:

Documented Rubella immunity (titer) Year _____
or
Documented Rubella vaccination given Year _____

RUBEOLA (Measles):

Born before 1957 DOB _____
Documented Rubeola immunity (titer) Year _____
Documented Rubeola vaccination given Year _____

HEPATITIS-B TITERS: (Must be updated yearly if not immune.)

Date of tests: _____ HB Surface Antibody _____ Pos _____ Neg

If HB Surface Antibody is negative then HB Surface Antigen must be done
_____ HB Surface Antigen _____ Pos _____ Neg

VARICELLA: If no proof of immunity may not work between 10th and 21st days after exposure to chickenpox.

Date of test: _____ Results: _____ Pos _____ Neg

For Hospital Use Only

Reviewed by _____ Date _____

Cleared Yes _____ No _____ Reason _____

CCHHS Computer Sign-On Request Form

Nursing

Network: _____
 Cerner: _____
 Other: _____

A. Add Change access or personal info Inactivate Re-activate

B. Last
 First
 MI Healthcare Credentials (e.g., RN, LPN, CRNA, CNS)

Cook County ID badge # or last 2 of SSN _____ APN NPI _____ APN Pager _____
 State License # _____ APN DEA _____

With my signature, I affirm that I received, read, and will abide by the Information Security Rules of the Behavior. _____ / _____ / 20 _____
 Date Firm/Agency, if non-County

 User's Signature Position or Title

C. Primary Location (check one) (domain)
 ACHN Core Center Juv Det. Provident
 Cermak J H Stroger OFH Public Health

D. _____ / _____ / _____ -- _____ / _____ / _____
 Start Date End Date
 (End date for temporary users such as students, volunteers, residents & contractors)

Medical Department or ACHN Site or Public Health Site _____

E. *Special Access* Cook County email Internet Vista Time & Attendance *
 AcuityPLUS *requires additional authorization
 Teletracking same access as : _____ # of boxes checked in section E _____

F. Cerner **Check 1** below or request access the same as (existing user) _____

- | | | |
|--|---|---|
| <input type="checkbox"/> ED Nurse | <input type="checkbox"/> Nurse RN Mgmt Admn | <input type="checkbox"/> Nursing Clinical Health Advocate |
| <input type="checkbox"/> Nurse APN | <input type="checkbox"/> Nurse RN Mgmt/Admn 2 | <input type="checkbox"/> Nursing CMT |
| <input type="checkbox"/> Nurse APN Anesthetist | <input type="checkbox"/> Nurse RN Mgmt/Admn Amb | <input type="checkbox"/> Nursing PCA/CNA Amb Reg'try |
| <input type="checkbox"/> Nurse Instructor | <input type="checkbox"/> Nurse RN Mgmt/Admn InPt | <input type="checkbox"/> Nursing PCA/CNA InPt Reg'try |
| <input type="checkbox"/> Nurse LPN Amb | <input type="checkbox"/> Nurse RN Procedural | <input type="checkbox"/> Nursing PCA/CNA Amb |
| <input type="checkbox"/> Nurse LPN Amb Registry | <input type="checkbox"/> Nurse RN Public Health | <input type="checkbox"/> Nursing PCA/CNA InPt |
| <input type="checkbox"/> Nurse LPN InPt | <input type="checkbox"/> Nurse RN Specialty Service | <input type="checkbox"/> Nursing Telemetry Tech |
| <input type="checkbox"/> Nurse LPN InPt Registry | <input type="checkbox"/> Nurse Student LPN | <input type="checkbox"/> Nursing Unit Clerk Amb |
| <input type="checkbox"/> Nurse RN Amb | <input type="checkbox"/> Nurse Student PCA | <input type="checkbox"/> Nursing Unit Clerk InPt |
| <input type="checkbox"/> Nurse RN Amb Registry | <input type="checkbox"/> Nurse Student RN | <input type="checkbox"/> SurgiNet OB Nurse |
| <input type="checkbox"/> Nurse RN InPt Orders | <input type="checkbox"/> Nurse Student RN/APN | <input type="checkbox"/> SurgiNet OR Nurse |
| <input type="checkbox"/> Nurse RN InPt Orders Registry | <input type="checkbox"/> Nursing Activity Worker-Play Therapist | |

For Stroger Cerner ED **FirstNet:** Adult Peds Trauma

G. Request **patient records** of Cermak Child Adv* Core Center ← # boxes checked in G _____
 Juv Detention* OFH Provident SHCC SHCC Emp Health*

H. Request authorized by _____
 Signed _____ * Signed _____
 Print Name _____ Print Name _____
 (Department Chair or Director) Phone or pager _____ Phone or pager _____
 Title _____ Title _____

A primary access code for the **Automated Medication Dispensing System** (AMDS) is used to access patient medications on nursing units or in official patient care areas. Access is allowed to the AMDS via a User Identification (first initial and last name, up to 10 characters) and BioID, fingerprint scanning. A Password (at least 6 characters with one alpha and one numeric character) will be created by the user during the initial sign-on, in order to register for BioID access. The password is unique to an individual and is completely confidential. It should not be shared between individuals. If the password is forgotten, access must be re-set by the pharmacy.

AUTOMATED MEDICATION DISPENSING SYSTEM ACCESS FORM

<i>Employee Name (Please print: Last Name, First Name)</i>		<i>Unit</i>
<i>Classification</i>	<i>Title</i>	<i>Employee Number</i>

Please read the statement below and sign at the bottom of this form to verify that you have read and understand your responsibility:

I understand that the combination of my user name and BioID will be my electronic signature of all transactions in the AMDS. It will be used to track all of my transactions with a time stamp and date. These records will be maintained and archived as per the policy of Cermak Health Services of Cook County and be available for inspection by the Drug Enforcement Administration (D.E.A.) and the Illinois Department of Professional Regulations (IDPR), as was previously done with my handwritten signature for controlled substance records.

I agree to abide by all policies, rules and procedures that govern access and use of the AMDS.

I understand and agree that I will not give my password to any other individual. To share my password is a violation of institution policy and is subject to disciplinary action.

_____ _____
Employee Signature *Date*

Permissible Access Areas

- | | | | | |
|--|--|--|---|--|
| 1. <input style="width: 80px; height: 20px;" type="text"/> | 2. <input style="width: 80px; height: 20px;" type="text"/> | 3. <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Nursing Management | <input type="checkbox"/> Pharmacy Management |
| 4. <input style="width: 80px; height: 20px;" type="text"/> | 5. <input style="width: 80px; height: 20px;" type="text"/> | 6. <input style="width: 80px; height: 20px;" type="text"/> | | |

Supervisor's Printed Name Authorizing Access and Ext.

Signature

Date

TO BE COMPLETED BY PHARMACY ONLY

Received by

Date

Completed by

Date

**TAKE THIS COMPLETED PACKET WITH YOU TO THE
CERMAK ORIENTATION**

**Cook County Sheriff's Office Application for CCSO Non-
Employee Credentials**

****Remember to bring your Driver's License or State ID****



**COOK COUNTY SHERIFF'S OFFICE
APPLICATION FOR CCSO NON-EMPLOYEE CREDENTIALS**

APPLICANT INFORMATION

TYPE OF REQUEST
 NEW RENEWEL LOST/THEFT/DAMAGED CLINICAL ROTATION TEMPORARY – UNDER 30 DAYS

APPLICANT'S NAME DATE OF BIRTH SOCIAL SECURITY NUMBER*

ADDRESS (INCLUDE STREET, CITY, STATE, ZIP)

HOME PHONE WORK PHONE CELL PHONE

HEIGHT WEIGHT HAIR COLOR EYE COLOR

DRIVER'S LICENSE #/STATE IDENTIFICATION # EMAIL

A PHOTO COPY OF A VALID DRIVER'S LICENSE OR STATE ID IS REQUIRED AND MUST ACCOMPANY THE REQUEST FOR ISSUANCE OF A DEPARTMENTAL ID CARD
**Applicant may decline to provide Social Security Number, however that will result in a minimum of a 3-day wait time for background check to clear*

EMERGENCY CONTACT

NAME RELATIONSHIP TO APPLICANT

ADDRESS EMERGENCY CONTACT NUMBER

AGENCY/COMPANY INFORMATION

AGENCY/COMPANY NAME CCSO SPONSOR (NAME AND PHONE)

PROJECT (IF APPLICABLE) POSITION TITLE COMPANY SUPERVISOR

Type of access: ANTICIPATED DATES OF EMPLOYMENT FOR CONTRACTORS, INTERNS, CLINICAL ROTATION, ETC.

DIVISION: ALL DIVISIONS COURTS LOCKUP OTHER:
If ALL DIVISIONS, is required, please indicate reason on back

CRIMINAL/CIVIL HISTORY

HAVE YOU EVER BEEN ARRESTED? HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?

YES NO If YES, Date: YES NO If YES, Date:

DO YOU HAVE A CIVIL CASE PENDING OR ADJUDICATED AGAINST YOU, INCLUDING ANY CIVIL-NO-CONTACT ORDERS? DO YOU HAVE A CRIMINAL CASE PENDING AGAINST YOU?

YES NO If YES, Date: YES NO If YES, Date:

If YES, to any of the above questions, explain on back

By signing below, I certify that:

1. The Cook County Sheriff's Office Code of Conduct has been read and is understood.
Initials
2. I understand that violation of any Code of Conduct stipulations may result in revocation of privileges, and may include criminal prosecution.
Initials
3. Official Identification cards will remain the property of the Cook County Sheriff's Office.
Initials
4. I understand there are inherent risks involved with entering a secure facility which may house inmates.
Initials
5. I authorize the Cook County Sheriff's Office to run a complete criminal history background up to and possibly including fingerprinting.
Initials

APPLICANT SIGNATURE DATE

AGENCY/COMPANY SUPERVISOR/CCSO SPONSOR (Print) DATE

COOK COUNTY SHERIFF'S OFFICE

APPROVED DIRECTOR OF CREDENTIALS UNIT NAME (PRINT) SIGNATURE ASSIGNED I.D. NUMBER DATE

DENIED



**COOK COUNTY SHERIFF'S OFFICE
CODE OF CONDUCT AGREEMENT**

The following generalized rules and regulations are intended as a guide while utilizing on-site facilities of the Cook County Sheriff's Office (CCSO). You are responsible through your affiliation supervisor to the CCSO Executive Director or his designee. Initial the below listed rules and regulations indicating you have read and understand them:

1. Initials No unauthorized contact, conversations (including telephone), or interaction with individuals in custody or their family or friends. You are prohibited from giving anything to, or taking anything from, those in custody. You will not share or disclose any information to those in custody.
2. Initials You are subject to a search upon entrance and at any time while on the premises. All items, packages, purses, and bags must be placed on the x-ray machine for inspection and may be searched. There are no exceptions to the search procedures. Search and/or questioning by CCSO staff may occur at any time. Failure to cooperate may be grounds for revocation of your access to the facility.
3. Initials Attempts to enter a penal institution with contraband will result in prosecution. Contraband includes illegal items such as unlawful drugs, drug paraphernalia, and firearms as well as legally possessed prohibited items such as medication, knives, blades, and ammunition. I have received and read the list of prohibited items.
4. Initials Mobile communication devices (cell phones, tablets, smart phones, etc.) and recording devices (cameras, digital/tape recorders) are not permitted and are considered contraband unless approved. Written authorization, issued by the CCSO, shall be carried on your person at all times.
5. Initials You are required to immediately notify your CCSO sponsor of any involvement with law enforcement as arrestee, witness, victim, or party in a civil action.
6. Initials Termination from your employer is grounds for immediate and automatic revocation of your credentials. You shall not attempt to use your CCSO issued credentials after being terminated from your employer.
7. Initials The CCSO reserves the right to deny and/or revoke access into any of its facilities. Violation of any agreed stipulations may result in revocation of privileges as well as criminal prosecution.
8. Initials No loitering or deviation from direct routes to and from authorized destinations is permitted. Attempts to access unauthorized areas will result in revocation of access.
9. Initials **Display your credentials at all times.**
10. Initials Discrimination, harassment, and sexual harassment are strictly prohibited and are grounds for revocation of access and may result in criminal prosecution.
11. Initials Discrimination may include differential treatment, either for or against an individual or group, which may also include exclusion/inclusion or rejection/acceptance based solely on membership, perceived or real, in a particular group or category.
12. Initials Harassment may include epithets, slurs, stereotyping, threatening, intimidating, degrading, humiliating, offensive, or hostile acts and/or written materials that denigrates or shows hostility or aversion towards an individual or group.
13. Initials Sexual harassment may include unwelcome, unwanted, or offensive touching or physical contact of a sexual nature or distribution or display of sexually suggestive material.
14. Initials Under the provisions of the Prison Rape Elimination Act (PREA) of 2003 (42 USC 147), any instance of sexual contact towards individuals in custody will result in criminal prosecution.
15. Initials Follow all rules regarding tool inventory and control to include keeping an accurate tool inventory sheet with you at all times. Be aware of your surroundings and be vigilant with any and all tools and materials you have with you in correctional settings. Keep tools with you at all times and take them with you when you leave. Keep in mind that carelessness can easily result in injury to yourself or others.
16. Initials I understand that membership in a known criminal organization shall prohibit me from access. By initialing here, I affirm that I am not a member of or associated with a gang or other known criminal organization.

By signing below, I certify that I have read and understand the above listed rules and regulations.

Name (Last, First, M.I.)	Signature	Date
Witness(Print)	Witness(Signature)	Date

AGENCY/COMPANY INFORMATION - CONTINUATION

If ALL DIVISIONS, is required, please indicate reason below:

CRIMINAL/CIVIL HISTORY - CONTINUATION

If you answered YES, to any of the Criminal/Civil History questions, explain below:

Request for Issuance of Department Identification Fingerprinting Procedure

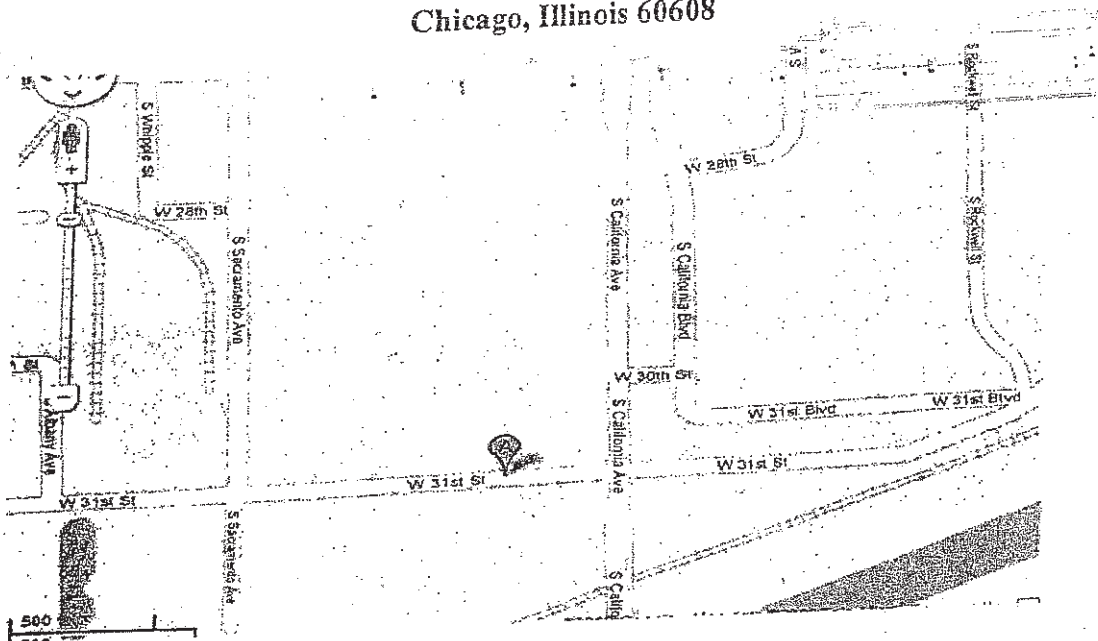
On the day of submitting a Department Identification application to the Executive Director's Office of the County Department of Corrections (CCDOC), you will be instructed to proceed to the Criminal Intelligence Unit (C.I.U.) to be fingerprinted. Failure to comply with the above will result in the suspension of your access into the facility and a delay in the processing of your application.

YOU WILL NOT BE FINGERPRINTED WITHOUT A PICTURE ID

Fingerprinting is conducted Monday through Friday (CLOSED on HOLIDAYS) between the hours of:

9:00 a.m. until 12:00 p.m.
&
1:30 p.m. until 3:30 p.m.

Criminal Intelligence Unit (C.I.U.)
2854 W. 31st Street, Building 5
Chicago, Illinois 60608



You are not permitted to park in the parking lots. There is street parking available for usage on 31st Street. You will then need to enter the post (guard shack) located on 31st Street just west of California. Inform the officer(s) you are here for fingerprinting and they will direct you in the right direction.

I have read the above and fully understand the requirements set forth for the scheduling of an appointment for the purpose of being fingerprinted.

Name of Applicant

Date