



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the (Type
of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

Acknowledgement of Orientation Completion

I acknowledge that I have reviewed and understand the content outlined in this Hospital Core Orientation Manual.

Instructions:

- Initial below in the column next to each subject heading discussed and /or reviewed.
- Sign and date this 'Acknowledgement' document.
- Sign and date DCFS Acknowledgement Of Mandated Reporter Status
- Submit the original documents to your supervisor – to be maintained in your personnel file.
- Retain a copy of the document for your records.

	Introduction & Orientation Objectives
	Welcome to the Hospital / Facts and Figures
	Hospital Center Mission, Vision and Values
	Hospital Table of Organization
	Code of Conduct
	Workplace Safety
	Introduction to Regulatory Compliance/Training
	Code of Ethics
	False Claims Act
	HIPAA Privacy/Security
	UIC Office for Access and Equity
	Quality Improvement
	Patient Safety / Risk Management
	Infection Control
	Emergency Preparedness/Fire Safety
	Guest Services
	Addendum G: UIC Statement of a Drug-free Workplace
	Addendum H: Confidentiality Agreement

Student/Agency Staff Signature

Date

Student/Agency Staff Name Printed

Supervisor's Signature

Date

Clinical unit: _____ Dates of clinical rotation: _____ to _____ Cc: File Copy