

BARNES-JEWISH HOSPITAL
Center for Practice Excellence

Graduate Student Preceptorship (APN/MSN/PA)

Required Paperwork:

1. A valid contract between the school of nursing and Barnes-Jewish Hospital must be on file. Contracts can be verified by BJH Center for Practice Excellence.
2. APN/MSN Student/Preceptor Information Sheet
This sheet **must be complete** and include the signature of school faculty/clinical coordinator verifying that the graduate student has completed all pre-clinical requirements. Completed forms should be faxed to BJH Center for Practice Excellence at (314) 454-7508 Attention: Student Nurse Programs. Actual documentation of requirements (e.g., immunizations, background checks, etc.) will be maintained at the school but will be available to BJH upon request.
3. **Student Licensure** – All students must hold a license in Missouri or one of the compact states. Proof of licensure is required.
4. **APN Student - Letter Of Agreement (LOA)**
A letter of agreement is ONLY required for private staff physician (and, if applicable, their NPs or PAs; if not employed by BJH or WUSM). This process will take 2-3 weeks to complete after paperwork is submitted. See page 3 for additional information. Otherwise, the student is to contact the supervising NP/PA and give the following information... Name, School, Exact dates of clinical (i.e. February 17th – April 27th).
5. Compliance and Confidentiality Acknowledgment
The Compliance and Confidentiality Acknowledgment form must be signed by all students including students who are also BJH employees. A copy of this form should be faxed to the BJH Center for Practice Excellence at (314) 454-7508. The original signed request should be kept on file at the school of nursing and available to BJH upon request.
6. Student Identification Badge Request
All students (including students who are also BJH employees) must obtain a BJH Student ID badge to be worn while participating in any clinical experience at BJH. ID badges must be obtained by the student, in person, from BJH Security Dept. A student ID badge request form, with **authorizing signature of school's clinical coordinator/faculty is required.**
7. **EPIC Access**
EPIC access is at the discretion of the preceptor. If it is necessary, the preceptor is responsible for acquiring access for the student and monitoring them in the system.
8. Student Parking Permits
Student parking is available and permits will be issued by BJH Security Dept. This may be obtained at the same time as the Student ID Badge.

For additional information please contact:
Janet Kaminsky, MSN, RN, CEN
Practice Specialist
(314) 801-4190

Graduate Student / Preceptor Information

Student: _____ Phone: _____

Student E-mail: _____ Student's School ID # _____

School: _____

Program: _____

Faculty/Instructor: _____ Office/Pager: _____

Dates Clinical: _____

Please include your exact dates of clinical (February 17th – April 27th)

Preceptor: _____ Unit: _____ Phone: _____

Preceptor: _____ Unit: _____ Phone: _____

Preceptor: _____ Unit: _____ Phone: _____

Pre-Clinical Requirements

- | | |
|--|---|
| <input type="checkbox"/> HIPAA Training provided thru school | <input type="checkbox"/> Signed Confidentiality Statement |
| <input type="checkbox"/> Current BLS card (Healthcare Provider) | <input type="checkbox"/> Initial TB screen prior to Clinical |
| <input type="checkbox"/> Hepatitis B Vaccine | <input type="checkbox"/> Influenza Vaccine within last year |
| <input type="checkbox"/> Negative Drug Screen | <input type="checkbox"/> Criminal Background Check |
| <input type="checkbox"/> Valid BJH Affiliation Contract | <input type="checkbox"/> Immunization Records (Varicella, Rubeola |
| <input type="checkbox"/> Proof of License (License Verification Report) | Rubella, and mumps |
| <input type="checkbox"/> Tdap | |

Compliance with these requirements have been verified from student records and are available to BJH upon request.

Faculty Name (print): _____

Faculty Signature _____

Title _____ Phone _____

Please return completed form to:

BJH Center for Practice Excellence
Mid Campus Center
4590 Children's Place, Suite 3202
St. Louis, MO 63110-1020
MS# - 90-29-902

Attn: Janet Kaminsky, MSN, RN, CEN
Practice Specialist
Office: 314-801-4190
Fax: 314-454-7508
Email: Janet.kaminsky@bjc.org



Advanced Practice Student / Preceptor Information

Additional information to be completed if being supervised by a private staff physician (and, if applicable, their NPs or PAs; if not employed by BJH or WUSM).

Preceptor: _____ Title: _____ Unit: _____

Phone number: _____ Cell number: _____

Mailing Address: _____

Collaborating Physician: _____

- If using campus address, please include campus box # or mailstop #.

Preceptor: _____ Title: _____ Unit: _____

Phone number: _____ Cell number: _____

Mailing Address: _____

Collaborating Physician: _____

- If using campus address, please include campus box # or mailstop #.

COMPLIANCE AND CONFIDENTIALITY ACKNOWLEDGMENT

I, the undersigned, hereby acknowledge my responsibility under applicable state and federal laws to understand and comply with BJC's Compliance Program, including the Code of Conduct, the Privacy Compliance Policies and any other applicable policies or procedure. I understand that my failure to comply with the policies may result in my dismissal from the training program. I understand that I should raise any compliance concerns with either my clinical instructor or my facility preceptor. I agree to keep confidential any information regarding the facility, the facility's patients, as well as all confidential patient information, including any electronic protected health information to which I may have access.

I also acknowledge that I have received and reviewed a copy of BJC's Code of Conduct and understand that I may access all applicable policies on the BJC Corporate Compliance intranet Web site.

Dated this _____ day of _____, 20____.

Student Signature

Printed Name

BJC HEALTHCARE

APPLIES TO: ALL BJC ORGANIZATIONS

TITLE: CODE OF CONDUCT

NUMBER: 7-1

PURPOSE: Each employee of BJC HealthCare has an obligation to act fairly and honestly at all times. The purpose of the Code of Conduct is to help employees understand what that means in today's increasingly complex and highly regulated healthcare environment.

A. WHO IS RESPONSIBLE FOR ASSURING THAT BJC ABIDES BY ITS CODE OF CONDUCT?

i. Our success in maintaining high standards of ethical behavior depends on each employee. Observance of the law and guidelines set forth in the Code of Conduct is essential, but rules alone cannot ensure ethical conduct. To continue to achieve the high standard of service and integrity which is part of our tradition, each of us has an obligation to act honestly and to exercise sound judgment in all that we do.

B. HOW WILL I KNOW WHAT IS CONSIDERED ETHICAL CONDUCT AT BJC?

i. All employees will be provided with the BJC Code of Conduct. New employees will be required to acknowledge in writing they have received the Code of Conduct and read it and will abide by it. Additionally, the employee's supervisor will review the specific parts of the Code that are particularly relevant to the employee's department and position. It is the responsibility of the employee to ask questions so that they fully understand the Code of Conduct. Employees will be asked to annually acknowledge their ongoing commitment to abide by the Code of Conduct.

C. WHAT IF I HAVE QUESTIONS ABOUT THE CODE OF CONDUCT WHICH MY SUPERVISOR CAN'T ANSWER OR I SEE OTHERS VIOLATING THE CODE OF CONDUCT?

i. Each hospital/service has a Corporate Compliance Liaison. Contact your Human Resources Department to find out who it is. You may also contact the BJC Vice President of Corporate Compliance, whose address and phone number can be found in the Code of Conduct booklet. These people can answer questions about the Code of Conduct and are appropriate places to report violations. If you are aware of a co-worker who is violating the Code of Conduct it is your responsibility to report it.

D. WHAT IF I FAIL TO COMPLY WITH THE CODE?

i. Violations of the Code of Conduct are considered serious. Although individual circumstances surrounding the particular violation must be evaluated on a case-by-case basis, violations can lead to discipline up to and including discharge.

ISSUE DATE: July 1, 1996

EFFECTIVE DATE: January 1, 2013

REVIEW DATE: December 7, 2012

AUTHORIZED BY: BJC HR Executive Committee

INSTRUCTIONS FOR COMPLETING STUDENT ID BADGE APPLICATION

Complete the following sections as directed below.

Section 1 - Fill in student's name and student ID in place of the Soc. Sec. #.

Section 2 - Check "new position"

Section 3 - Check "Student" and provide student's graduation date for the "expiration date"

Section 4 - Check other and fill in the school name.

Section 5 - Disregard as N/A

Section 6 - Disregard as N/A

Section 7 - Complete with name and credentials as student just as it will appear on badge and in documentation.

Section 8 - Disregard as N/A

Section 9 - Disregard as N/A

Section 10 - Disregard as N/A

Section 11 - Student must sign and date

Section 12 - Signature of clinical coordinator/clinical instructor at the college/university

Take completed application to the BJH Mid Campus Center (MCC), 4590 Children's Place. It is within the square surrounding EPNEC and the IOH buildings. Just in front of the Central West End metro link tracks/station.

The Security department (Suite 1100) is on the first floor behind the information desk.

For questions, please contact Janet Kaminsky at 314-801-4190.

Request for Identification Badge Form

Date: _____

Section 1 - Cardholder Identification: Complete All Blanks

Name (Print): _____ Employee #: _____ Phone #: _____
 Driver License #: _____ State: _____ State ID #: _____ State: _____

Section 2 – Reason for Badge: Check One Box and Complete All Information Requested

- New Position: Complete Sections: 3, 4, 5, 6, 7, 11, 12
- Replace Lost or Stolen Badge: Complete Sections: 3, 9, 10, 11
- Replace Damaged Badge: Complete Sections: 3, 8, 10, 11
- Name Change To: Complete Sections: 3, 7, 8, 11
- New Credential(s): Complete Sections: 3, 7, 8, 11, 12
- Extend Expiration Date: Complete Sections: 3, 4, 8, 10, 11, 12
- Secondary Employment: Complete Sections: 4, 5, 6, 7, 11, 12

Section 3 – Status: Check One Box and Complete All Information Requested

- Employee Contractor – Expiration Date: _____ Complete Section 10
- Volunteer Student – Expiration Date: _____
- Non-Employee Physician Other: _____

Section 4 - Badge Logo: Check One Box

- Barnes-Jewish Hospital BJC Corporation Barnes-Jewish Extended Care
- St. Louis Children’s Hospital BJC Home Care Services BJC Medical Group
- Other: _____

Section 5 – Payroll: Check One Box

- Barnes-Jewish Hospital 0101 BJC Corporate Health Services 1002 BJC Corporation 8001
- St. Louis Children’s Hospital 0103 BJC Physician’s Group LLC 1105 WU Medical School
- BJC Home Care Services 1001 BJC Behavioral Health 1106 Other: _____

Section 6 – Position and Job Title: Complete All Blanks

Cost Center: _____ Position Code: _____ Job Title: _____

Section 7 – Name (as it should appear on the badge)

First Name: _____ Last Name: _____ Credential (S): _____

Section 8 – Old Badge Turned In? Not Applicable Yes No: Complete sections 9, 10

Section 9 – Lost or Stolen Badge:

Date and Time REPORTED TO SECURITY: Date: _____ Time: _____ Officer DSN: _____

Section 10 – Fee Paid By: Check One Box and Complete All Information Requested

- Cash Credit/ Debit Card Payroll Deduction
- Charge to Cost Center: _____ Charge to WU Dept.: _____

Section 11 – Recipient’s Authorization : Complete All Blanks

Signature: _____ Phone #: _____ Date: _____

Section 12 – Manager’s or HR Representative’s Authorization: Complete All Blanks

Name (Print): _____ Department: _____

Signature: _____ Phone #: _____ Date: _____

For Office Use ONLY: Payment: Paid in Full Free of Charge
 Badge Replacement Code: _____ Issued By (Initials): _____ Date: _____

Parking Location for Students

CAB Southeast Lot ... Enter/exit off Tower Grove. Shuttle pick up is the front of Clayton Avenue Building; Drop off is Mid Campus Center.

- Shuttle routes are Monday - Friday
- 1st route starts at 4 AM
- Service ends at 1 AM

This route is served by the

CLAYTON SOUTH SHUTTLE

FOREST PARK/LACLEDE Garage ... Badges will be programmed for this garage during these days/times.

- Mon - Fri – enter after 4PM and must exit by 7:30 AM
- Weekends and Holidays – 24 hours access

Students will be charged for parking according to the rate structure if they remain parked outside the designated times.

This will not impact students who pay the monthly fee to park. They will remain at Forest Part/Laclede garage with 24/7 access.

Questions or comments, please call 314-362-0732

**IF YOU NEED A RIDE BETWEEN 1 AM –
4 AM, CONTACT PUBLIC SAFETY AT
314-362-0750**