

Student Intern Requirements

Required Paperwork:

1. Class Roster with your contact info and agency name at the top (if applicable)
2. Confidentially Agreement and Info Form signed for each student (copy enclosed)
3. Name Badge (first name at minimum and associated educational agency). Name badges are provided by the hospital ONLY for paramedic and intermediate students, or those students requiring access to the supply cabinets for education.
4. Proof of a TB test within 1 year for each student.
5. Paramedic, Intermediate, and any class requiring more than observation are required to have contracts of liability and proof of insurance filed in ED Administration before clinical hours are to start. In order to gain credit for hours towards your license, your education agency needs to have a course verified with the State of Montana.

Mail all required paper work to:

St. Patrick Hospital
ATTN: Caroline Jones, ED
500 W Broadway
Missoula, MT 59802

Dress Code Information:

The dress code for observation remains the same. Casual, professional, and clean clothing attire is accepted. Nice shirts with your agency name are preferred. Shoes must be in good shape. I would indicate business casual, which would include collar shirt and dress pants. **Jeans are unacceptable.** Please be aware that the observer will be sent home if he/she fails to arrive in the proper professional attire.

Shift Lengths:

We have no restrictions on the shift times and/or lengths of shifts **except** we ask that your students do not show up at our shift change (which is 7:00 am and 7:00 pm). They may arrive at 07:15 to make the shift transition easier and more comfortable for everyone. We also ask to limit the amount of students to two at a time.

Please contact me at cjones@saintpatrick.org for questions, to put your student's name in our observation book, or to let me know you'll have a group coming through. The students may not sign themselves up. **You no longer need to contact our Human Resource Department to arrange observation, TB testings, or MMR draws.**

Please place this in your educational office/file for future reference when you begin preparing for your next EMT course. We hope you continue utilizing the excellent educational services St. Pat's provides for your students and employees. We enjoy being a part of your education! Please feel free to contact me if you have any questions.

Thanks,

Caroline Jones
Email: cjones@saintpatrick.org

Confidentially Agreement

Information about patients, employees or volunteer staff of St. Patrick Hospital must be treated as confidential. It is the obligation of every employee, volunteer, professional staff member, or student to maintain confidentiality.

Confidential information includes (but is not limited to) patient records and patient-related information, including financial information; employee records; any information of a private or sensitive nature; or any information whose unauthorized or indiscreet disclosure could prove harmful to a patient, employee, volunteer or St. Patrick Hospital.

St. Patrick Hospital requires that all employees specified professional staff, volunteers, and students must sign the following confidentially agreement:

1. I will protect the confidentially of patient and hospital information.
2. I will not release unauthorized information to any source.
3. I will not access or attempt to access information other than that information which I have authorized access and a need to know in order to complete my job on any given day.
4. I will not disclose my computer security code to anyone.
5. I will not use another person's computer security code.
6. I will not fax patient information outside of the hospital unless required for patient care; required by a third-party payor for ongoing certification of payment of a hospitalized patient; required for placement of patient. No information will be faxed without a Confidentiality Statement.
7. I will not leave patient information or other information of a confidential nature on answering machines.
8. I will report breaches of confidentially to my department Director or Supervisor. I understand that failure to report breaches in confidentiality is an ethical violation and subjects me to disciplinary action.
9. I understand that any violation on my part of the above conditions could result in disciplinary action.

I have read and agree to adhere to the conditions of this confidentiality agreement.

Employee/Student Name (Please Print)

Date

(Department)

Student/Intern Requirements

Student/Intern Information

Student Name: _____

Educational Agency: _____

Instructor's Name: _____ Instructor's Phone Number: _____

Level of care/Type of class: _____

Length of Educational Experience: From: _____ To: _____

Student Address: _____

Phone Number: _____ Emergency Contact: _____

For office only:

Confidentiality Form Signed	Yes	No	
TB Test:	Yes	No	
Immunization Records:	Yes	No	Na
Insurance Information on file	Yes	No	Na

For Office Use Only

OIG Yes No
EPLS Yes No