

Montana Gastroenterology EMPLOYMENT APPLICATION

DIRECTIONS

- Type or print, using black ink or marker
- If you need additional space, attach a supplemental sheet
- Sign the completed application

GENERAL			
Name (Last)	(First)	(Middle)	Email
Date of Application			
Present Address (Street, City, State, Zip Code)		Phone ()	Cell ()
Have You Previously Worked for Montana Gastroenterology Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment 1) 2)	Department	Position Supervisor
If Hired, Can You Provide Proof of Citizenship or Legal Right to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION			
Type of Position Applying For _____	Source of Referral _____	Job Posting No _____	
Date Available	Applying for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN	Specify Preferred Schedule/Days/Hours	Salary Expected \$

Please note that the Employment Record, Education & Training and References sections do not need to be completed if an attached resume provides all of the specific requested information. If there is information requested that is not on your Resume, please be sure to provide that information in order to ensure your application materials will be considered.

EMPLOYMENT RECORD		List most recent employment first		
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
Employer		Last Supervisor's Name		Phone ()
Street address, city, state, zip code				Reason for leaving
Position Description				
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EMPLOYMENT RECORD <i>continued</i>				
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EDUCATION & TRAINING

College University Or Technical School	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>
	Yes	No			
College University Or Technical School	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>
	Yes	No			
High School Last Attended	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>
	Yes	No			
Other	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>
	Yes	No			

List skills such as supervisory experience, foreign languages, computer literacy, typing and data/word processing, or other skills & training you consider relevant to employment at Montana Gastroenterology

List achievements such as professional licenses, certifications, honors and awards that you consider relevant to employment at Montana Gastroenterology
Please indicate the license/certification number, dates, and state of issuance.

List participation in Professional organizations, associations, and publications you consider significant.

REFERENCES *List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.*

Name/Title	Mailing Address	Phone

AUTHORIZATION

Application must be signed prior to submitting.

I certify that the information provided in this application, or on my resume if provided, is correct to the best of my knowledge. I understand that any misstatement or omission of the information may result in denial of employment or discharge.

_____ I consent to have Montana Gastroenterology contact the people listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual, and given without malice.

_____ I understand that an employment offer is conditional on pre-employment screenings as required by Montana Gastroenterology

Date _____ **Signature** _____

No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed, disability (including HIV status, age, veteran status, marital status or ex-offender status).

Employment is contingent upon furnishing evidence of identity and employment eligibility. Additionally, employment consideration is conditional upon satisfactory results of pre-employment screenings, including but not limited to: Background check; Drug/Alcohol screening; PPD (TB) test; and/or Physical Exam.

BLOODBORNE PATHOGENS FACT SHEET

What are bloodborne pathogens?

Bloodborne pathogens (BBP) are microorganisms in human blood or certain body fluids that cause disease in humans. The most common ones are the hepatitis B virus (HBV), which causes a severe form of hepatitis in some or acts as a carrier in others and the human immunodeficiency virus (HIV), which causes AIDS.

How do you become infected?

BBP may be passed on when the microorganisms enter the body through mucus membranes, through breaks in the skin or through needle sticks. In non-medical occupations, exposure is most common when an injured worker's blood contacts a co-worker rendering first aid. Practicing universal precautions and wearing the proper personal protective equipment (PPE) will prevent exposure.

What are universal precautions?

Universal precautions are methods of preventing infection by treating all human body fluids as if they were contaminated and using proper PPE whenever you are required to come into contact with these fluids. Qualified, trained first-aid providers should be knowledgeable of these precautions.

What should I do to protect myself?

PPE includes latex gloves, gowns, mouth pieces, resuscitation bags, face masks and foot protection. Proper use can significantly reduce the health risks for exposed workers. PPE must be readily accessible to the trained employees required to use it.

Does OSHA have standards for Bloodborne Pathogens?

Yes, the OSHA Bloodborne Pathogens standard, 29 CFR Part 1910.1030, defines requirements to protect workers from occupational exposure to bloodborne pathogens. If it is reasonably anticipated that, in the course of their normal job duties, employees could be exposed to human blood/body fluids, then they must be trained in the requirements of the standard. Some of the actions required of employers are:

- establish a written exposure control plan identifying at-risk workers
- specify means to protect and train them
- implement engineering controls
- implement work practice controls
- provide PPE and enforce its use
- offer hepatitis B vaccination and post-exposure follow-up

Where can I find additional information?

Visit the Centers for Disease Control <http://www.cdc.gov/niosh/topics/bbp/> or OSHA <http://www.osha.gov/SLTC/bloodbornepathogens/> for more information.

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Employee Risk for Occupational Exposure to Bloodborne Pathogens and Other Potentially Infectious Materials (OPIM) by Job Classification

Category I: Occupational Exposure Expected

All tasks or procedures that involve an inherent potential for skin or mucous membrane contact with blood/OPIM:

GI Technician
Surgeon
Anesthesia Provider

RN
Central Processing Instrument Technician
OR/Recovery Cleaning Personnel

Category II: Some Occupational Exposure

Required job tasks do not usually require contact with blood/OPIM:

Biomedical/Contract Personnel
Radiology Technician

Category III: No Occupational Exposure

Unusual for circumstances to require contact with blood/OPIM:

Business Office/Administrative Personnel
Management

Employee Risk for Occupational Exposure to Bloodborne Pathogens and Other Potentially Infectious Materials (OPIM)

Tasks and Procedures Identified for Occupational Exposure

Examples:

Venipuncture (starting and removing IVs) Suctioning and emptying suction Reinforcing or changing surgical dressings Handling contaminated instruments Laboratory tests (hemoglobin, blood glucose, etc.) Care and disposal of vomitus Handling contaminated equipment Reactivating, emptying or removing surgical drains	Insertion of airways Handling soiled linen Performing/assisting with surgery Intubation/extubation Handling biomedical waste Performing regional blocks Placing spinal/epidural catheters/blocks Application of moist eye packs (blepharoplasty)
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Guidelines for Selection of PPE

Procedure (Examples)	Gloves	Gown	Mask	Eyewear
Mucous membrane contact	X			
Venipuncture—starting and removing IV	X			
Drawing blood	X			
Suctioning	X			
Inserting catheters	X			
Handling linen	X			
Intubation	X		X	X
Endoscopy	X	X	X	X
Instrument cleaning	X	X	X	X
Operative procedures	X	X	X	X
Cleaning gross contamination spills	X	X	X	X
Pouring suction in hopper/drain	x	X	X	x

Use gown, mask and eyewear if splattering or aerosolization of blood/OPIM is likely.

**Bloodborne Pathogens and
Other Potentially Infectious Materials (OPIM)
Educational Handout Sign-off Sheet**

Employee: _____

I certify that I have received Bloodborne Pathogens and OPIM educational handout information from Montana Gastroenterology. I understand that I am required, for my job position and as part of my daily duties, to comply with all company policies, state and federal laws and guidelines.

(Employee Signature)

(Date)

(Supervisor Signature)

(Date)

HIPAA and PHI: The Impact on Employees/Credentialed Providers

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), managed by the U.S. Department of Health & Human Services' Office of Civil Rights, protects individuals' protected health information (PHI). Covered entities such as insurance companies, government programs, doctors, data warehouses and other health professionals must follow HIPAA rules. HIPAA impacts employees of these establishments, including credentialed health professionals and staff, in several ways.

Defining Protected Health Information (PHI)

PHI is defined as any information in a medical record that could be used to identify the individual. This includes, but is not limited to, their name, date of birth, social security number, geographic information, telephone number and email address, medical records number, health insurance information, billing account number, biometric identifiers and photos.

Securing and Concealing PHI

With the enforcement of HIPAA, these workplaces must take strong precautions to secure and conceal PHI. Efforts include password protection on computer systems, use of automated screen savers and ensuring that files containing PHI are locked. Additionally, employees are trained not to leave PHI unattended on printers, fax machines or their desks. E-mailing PHI is not a recommended practice since it is unsecured. Centers that use sign-in sheets must conceal each patient's name so the next signer does not see the previous patients' names.

Disposal of PHI

Employees and Providers working with PHI, on paper or electronically, must take precautions to dispose of the information carefully. This center uses shredding as their preferred method of destroying documents containing PHI. Electronic PHI disposal options include overwriting PHI with non-PHI data, or destroying PHI data by demagnetizing the media, disintegrating, melting, shredding or incinerating the data. Written prescriptions should also be destroyed or shredded if not used.

Understanding Authorization and Disclosure

Employees and Providers must understand when it is permissible to disclose PHI and to whom, and when to obtain authorization from the patient before doing so. Maintaining a patient's privacy is the primary goal, therefore PHI disclosure is limited to certain circumstances, and limited to the specific information that the covered entity/or healthcare provider needs to know in order to do their job. Questions about disclosure of PHI should be referred to the Security Officer or Director.

HIPAA Violations

The U.S. Department of Health & Human Services' Office of Civil Rights (OCR) may impose fines or criminal penalties to the business entity if a violation occurs. Employees and Providers who do not observe HIPAA rules could face consequences such as job termination, revocation of privileges or incur individual penalties from the government. Reports of HIPAA violations should be made to the Security Officer or Director.

For more Information

Visit the US Department of Health and Human Services at <http://www.hhs.gov/ocr/privacy>.

HIPAA and PHI: The Impact on Employees
Educational Handout Sign-off Sheet

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(Employee Signature)

(Date)

(Supervisor Signature)

(Date)