

Visiting Residents and Fellows

Please complete legibly and send with copies of required documentation indicated on the onboarding checklist to:

Department of Graduate Medical Education

10666 N. Torrey Pines Rd, 403C La Jolla CA, 92037

Tele (858) 554-3200 Fax (858) 554-3232

Rotations are not approved until ALL documentation has been received by the GME office and you have received a confirmation email. The deadline to submit paperwork is one month prior to the first day of the rotation. For international trainees the deadline is two months prior. Out of state and international trainees will only be approved for observership rotations unless a California Medical license has been obtained.

Last:	First:		MI:	
Address:			_	
SS#:	DOB:	/ / dd yyyy		
Pager#:		Tele/Cell Phone #	:	
Email Address:				
Current Residency Program:				
PGY Level:				
Residency/Fellowship Coordina				
Department rotating through at	Scripps:			
Rotation Dates: / / mm d d	<u>/ yyyy</u> to <u></u>	/ / dd yyyy		
Department rotating through at Rotation Dates: / / mm d d Scripps Supervising Faculty:	/ <u>yyyy</u> to <u></u>	/ / dd yyyy		
Rotation Dates: / / mm d d Scripps Supervising Faculty: Medical School: Medical School Graduation Dat	e / / / / / / / / / / / / / / / / / / /	dd yyyy		
Rotation Dates: / / mm d d Scripps Supervising Faculty:	e / / / / / / / / / / / / / / / / / / /	dd yyyy		
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Rotation Dates: / mm d d Scripps Supervising Faculty: Medical School: Medical School Graduation Dat ECFMG Certificate#: Degree Received: MD □ DO	e / / mm dd yyyy Date of	dd yyyy filssuance: / mm dd		
Rotation Dates: / mm d d Scripps Supervising Faculty: Medical School: Medical School Graduation Dat ECFMG Certificate#:	to	/ / dd yyyy Sissuance: / mm dd	<u>/</u>	

TO BE COMPLETED BY THE GRADUATE MEDICAL EDUCATION OFFICE ONLY:							
Corp ID for clinical systems#:							
	Computer Access Requested		Call Center Notified		Dictation Access Submitted INPT/OUTPT		Added to Medicare Audit



Related Form to Policy S-FW-IM-0201 CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Obligations Regarding Confidentiality and Security of Scripps Data and Information

Confidential Information, which includes protected health information (PHI), personal financial information (PFI) and other sensitive or proprietary Scripps organizational information, is protected by Scripps' policies and the law.

I understand that in my capacity as an employee, medical staff member, contractor, volunteer, or other third party having access to Scripps information, I may see or hear Confidential Information. This Confidential Information, which may exist in any form (oral, written, electronic), includes, but is not limited to:

- Patient information (e.g., patient records, test results, treatment plans, conversations regarding patient status or outcomes, personal financial information);
- Scripps business information, including, but not limited to, strategic plans, budgets, internal financial reports, contracts, vendor quotes, PFI, personnel or employment information or records, or other proprietary information.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- Any Confidential Information that I may receive or learn from any source during the course of my work at Scripps does not belong to me, and I have no right or ownership in such information. Accordingly, Scripps, at its sole discretion, may remove, or in any manner restrict, my access to Confidential Information, or any subset of Confidential Information, at any time and for any reason.
- I will not misuse any Confidential Information, and will only access such information as is necessary for me to do my job.
- I will not use, download, or disclose any Confidential Information at any time, or for any purpose, unless required to do so in the performance of my Scripps-related duties..
- I will not access, view, copy, photograph, or in any other manner obtain, any PHI or PFI that is not required for performance of my work for Scripps. This specifically includes any information that pertains to me, or to any member of my family.
- I will take all necessary steps to safeguard Confidential Information at all times in accordance with the law and Scripps policies, including Scripps policies regarding record retention and authorized record destruction
- I will protect my computer passwords and will not share them with any individual. I understand that my user ID's and passwords are my "electronic signature" and I am accountable for all access and actions under my logon.
- On termination of my employment or engagement with Scripps, or at any other time that I am requested to do so, I will
 immediately return to Scripps all documents or property containing any Confidential Information in my possession, custody or
 control.

I AGREE TO REPORT CONCERNS REGARDING CONFIDENTIALITY SAFEGUARDS:

- If, at any time, I believe that I, or any other individual or entity, has inappropriately accessed or disclosed Confidential Information, I will immediately report my belief and any supporting facts to my supervisor and/or Audit & Compliance Services, and/or the Scripps Ethics & Compliance Alertline (1-888-424-2387). I understand that Scripps will not tolerate any retaliation against me for making any such good faith report.
- I will immediately report any Information Security Incident to the IS Help Desk (858-678-7500). An Information Security
 Incident includes any lost or stolen computer, handheld device, cell phone, and/or electronic storage media, or any disclosure or
 misuse of my password.

ACKNOWLEDGEMENT OF MY RESPONSIBILITIES:

I have read and understand this Confidentiality and Non-Disclosure Agreement. I understand that my obligations under this Agreement shall survive the termination of my employment or engagement with Scripps. I also understand that any failure to comply with any term of this Agreement may result in corrective action, up to and including termination of employment, or any other relationship with Scripps, as well as appropriate legal action. By signing below, I understand that I am agreeing to the terms and conditions of this Agreement, and that I agree to be bound by them.

Name (Print)	Title
Signature	Date

NETWORK ACCESS RELEASE OF LIABILITY WAIVER

As part of the [] agreem	ent, your organization has requested access
	rough VPN remote access. In accessing the
Scripps Health network, certain software is	required. Scripps Health makes no
representations or warranties with respect	to what effect, if any, such installation may
have on the computers, devices or systems	•
Consequently you agree that you will hold S	•
·	iabilities") arising out the installation or use
	er agree that you have taken all appropriate
precautions and have been provided with a	•
accessing the Scripps Health network and d	ownloading any required software to
facilitate such access.	
	ripps Health terminate, you agree, on behalf been furnished by Scripps Health to access d from your company's systems.
Please FAX completed form to IS Help Des	k 858-678-6930
Signature:	Date:
Print Name:	Phone:
Facility:	



Personal Computer Access to Scripps Network Security Safeguard Attestation

In today's rapidly changing technical world it is important to use safeguards to protect your personal computers and for Scripps to minimize risks when your computers are remotely connected to our resources. These required safeguards are basic precautions to protect the confidentiality and availability of our patients' data. To that end, we require that all non-Scripps owned computers that connect to the Scripps corporate network have the following mechanisms enabled:

- ✓ Antivirus Software (AV)
 - Anti-virus software consists of computer programs that attempt to identify, thwart and eliminate computer viruses and other malicious software (malware). (e.g. Norton, McAfee, Symantec, CA, etc.)
- ✓ Latest Operating System Patches (OS)
 - O An operating system (OS) is the computer program that manages all other programs on the machine. Updates address known issues and help protect against known security threats. (e.g. Windows latest update)
- ✓ Personal Firewall
 - A personal firewall is a piece of software installed on an end-user's PC which controls communications to and from the user's PC, permitting or denying communications based on a Security Policy. (e.g. Windows Service Pack 2, Zone Alarm, etc.)

I attest that prior to connecting my personal computer or laptop to the Scripps corporate network; it will have the above mechanisms enabled and operational. In addition, my AV and OS updates will be set to automatically update when new signature files or patches are available and otherwise maintained current.

Signature:	Date:
Print Name :	Phone:
Facility:	