

**BRODY SCHOOL OF MEDICINE
VISITOR ENCOUNTER APPLICATION**

STUDENTS FROM FORMAL ENRICHMENT PROGRAMS, INDIVIDUAL STUDENT AND/OR PROFESSIONAL VISITOR

Instructions: This application must be completed by the visitor and the sponsoring department to include: (1) The application, (2) either Short Term Visitor Health History or Long Term Visitor Immunization (appropriate to the time span of the educational experience), (3) BSOM Assumption of Risk and Release Form, with parent or legal representative's signature if visitor under the age of 18, (4) Evidence (Certificate of Insurance) of adequate professional liability coverage for professional healthcare visitor who is licensed and/or credentialed. The completed package is to be forwarded to the Office of Generalist Program (Students From Formal Enrichment Programs or Individual Student), Office of Academic and Faculty Development (Professional Visitors) or Office of Student Affairs (Medical Students). The Office will review the application packet for completeness and render the final approval for the educational experience. Before the educational experience can begin, the minimum prerequisites attached on the subsequent pages must be met with evidence of compliance.

Visitor Name _____ **Age** _____

Address _____ **Phone** _____

School _____ **Grade or Year** _____

If non-student, please specify status (visiting professional, community member, etc.)

BSOM Department Contact _____ **Phone** _____

Responsible Faculty/Preceptor _____

Type of experience requested _____

Dates of Requested Experience: Begin: _____ End: _____

Request reviewed/approved by Department Chair, Associate Dean or designate? Yes _____ No _____

Signature of Department Chair, Associate Dean or designate

Visitor application with supporting documents reviewed/approved by either the Office of Generalist Programs or Office of Academic and Faculty Development?

Yes _____ No _____

Signature of Office _____



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PLANNED ACTIVITIES, PREREQUISITES AND EVIDENCE OF COMPLIANCE

Visitor Name _____ Department _____

Once the student or professional visitor has been approved for an educational experience by the department and Office of Generalist Program or Office of Academic and Faculty Development, the prerequisites below, based on planned activities, must be accomplished before the experience can begin.

Planned Activities	Prerequisites	Prerequisite Met			Evidence Attached		
		Yes	No	NA	Yes	No	NA
Any visitor identified by this policy.	BSOM Assumption of Risk and Release Form http://www.ecu.edu/cs-dhs/prospectivehealth/training.cfm BSOM Code of Conduct Attestation Form and BSOM Code of Conduct http://www.ecu.edu/bsomcompliance/						
Educational experience less than 14 consecutive calendar days	Health Questionnaire http://www.ecu.edu/cs-dhs/prospectivehealth/training.cfm						
Educational experience greater than 14 consecutive calendar days	Immunization History http://www.ecu.edu/cs-dhs/prospectivehealth/training.cfm						
Access to any patient information in writing, electronic or oral form.	BSOM HIPAA Training http://www.ecu.edu/cs-dhs/hipaa/privacy/training.cfm						
Access to any health information regarding human subject research							

Planned Activities	Prerequisites	Prerequisite Met			Evidence Attached		
		Yes	No	NA	Yes	No	NA
Contact with patients (Hands on/within 6 feet of patient/patients with cough or fever)	Bloodborne Pathogen and Tuberculosis Training <ul style="list-style-type: none"> • Initial training can be accessed by contacting Prospective health at 744-2070 or BSOM New Employee Orientation. • Online training module suitable ONLY for <u>refresher training</u>. • <http://author.ecu.edu/cs-dhs/prospectivehealth/customcf/infectioncontrol/Blood%20Born%20Pathogen%20Refresher%20mix%20Quiz.pdf> 						
Perform procedures or handle human blood or tissue (The individual student should not be asked to perform procedures or handle human blood or tissue.)							
Handle Sharps (needles or scalpels) (The individual student should not be asked to handle sharps.)							
Contact with any laboratory animals (circle all that apply) Rat Mouse Dog Cat Ferret Monkey Other_____	ACUC Animal User Training Class – Required prior to any animal contact. Contact Department of Comparative Medicine at 744-2455 (Janine Davenport)						
Perform laboratory procedures.	Bloodborne Pathogen and Tuberculosis Training Training if human contact or blood / body fluid used. <ul style="list-style-type: none"> • Initial training can be accessed by contacting Prospective health at 744-2070 or BSOM New Employee Orientation • Online training module suitable ONLY for <u>refresher training</u>, Prospective Health website. 						
Contact with radioactive material or radiation exposure.	Registration with Radiation Safety.						

Planned Activities	Prerequisites	Prerequisite Met			Evidence Attached		
		Yes	No	NA	Yes	No	NA
Work in any laboratory using infectious agents or recombinant DNA or organisms. (The individual student may observe but not handle directly any agents at BL-2 or greater due to the hazard level.)	Lab director will train in Lab specific procedures, containment practices, biosafety procedures. Visitor will need to be added to the Institutional Biosafety protocol, if the lab is BL-3 or greater.						

 Department Representative Attesting to Prerequisites Met

 Date