

Workforce Members
Privacy, Confidentiality, and Information Security Agreement
For Patient, Confidential, Restricted and Proprietary Information

All UW Medicine workforce members (including faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine) are personally responsible for ensuring the privacy and security of all patient, confidential, restricted, research data, student information or proprietary information to which they are given access (referred to throughout this document as protected information).

I understand and acknowledge the following:

Policies and Regulations:

- I will comply with UW and UW Medicine policies governing protected information.
 - Privacy: <http://depts.washington.edu/comply/privacy.shtml>
 - Information Security: <https://security.uwmedicine.org/guidance/policy/default.asp>
- I will report all concerns about inappropriate access, use or disclosure of protected information, and suspected policy violations to UW Medicine Compliance (206-543-3098 or comply@uw.edu).
 - I will report all suspected security events and security policy violations to the UW Medicine ITS Security team (https://security.uwmedicine.org/incident_response/default.asp) and my IT support desk.

Confidentiality of Information:

- I will access, use, and disclose protected information only as allowed by my job duties and limit it to the minimum amount necessary to perform my authorized duties. I understand that my access will be monitored to assure appropriate use.
- I will maintain the confidentiality of all protected information to which I have access.
- I will only discuss protected information in the workplace for job-related reasons, and will not hold discussions where they can be overheard by people who have neither a need-to-know nor the authority to receive the information.
- I will keep patient information out of view of patients, visitors, and individuals who are not involved in the patient's care.
- I will use UW Medicine resources, including computers, email, photographic, video, audio or other recording equipment only for job-related duties or under conditions expressly permitted by applicable institutional policy or law.
- I will keep protected information taken off site fully secured and in my physical possession during transit, never leaving it unattended or in any mode of transport (even if the mode of transport is locked). I will only take protected information off site if accessing it remotely is not a viable option.

Computer, Systems, and Applications Access Privileges:

- I will only access the records of patients for job-related duties.
- I will not electronically access the records of my family members, including minor children, except for assigned job-related duties. This also applies in cases where I may hold authorization or other legal authority from the patient.
- I will protect access to patient and other job-related accounts, privileges, and associated passwords:
 - I will commit my password to memory or store it in a secure place;
 - I will not share my password;
 - I will not log on for others or allow others to log on for me;
 - I will not use my password to provide access or look up information for others without proper authority.
- I am accountable for all accesses made under my login and password, and any activities associated with the use of my access privileges.

- I will only use my own credentials in accessing patient accounts and/or systems as provided to me for my job duties.
- I will not forward my email account or individual work-related emails containing protected information to unapproved email domains. The Approved Email Domain list:
https://security.uwmedicine.org/guidance/technical/email/approved_list.asp.

Computer Security:

- I will store all protected information on secured systems, encrypted mobile devices, or other secure media.
- I will not change my UW computer configuration unless specifically approved to do so.
- I will not disable or alter the anti-virus and/or firewall software on my UW computer
- I will log out or lock computer sessions prior to leaving a computer.
- I will use only licensed and authorized software;
 - I will not download, install or run unlicensed or unauthorized software.
- I will use administrative permissions only when I am approved to do so and when required by job function;
 - If I perform system administrator function(s) I must use designated administrative accounts only for system administrative activities and use non-administrative user accounts for all other purposes.
- If I use a personally-owned computing device for UW Medicine business operations, I will not connect it to a UW Medicine network unless it meets the same security requirements as a UW Medicine-owned device,


My responsibilities involving protected information continue even after my separation from UW Medicine and I understand that it is unlawful for former workforce members to use or disclose protected information for any unauthorized purpose.

Failure to comply with this agreement may result in disciplinary action up to and including termination of my status as a workforce member. Additionally, there may be criminal or civil penalties for inappropriate uses or disclosures of certain protected information. By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: _____

Department: School of Medicine Job Title: Visiting Medical Student

Signature: _____ Date: _____

Copy provided on  by Laura Ellis

Date

Name supervisor, manager or designee

Signature

- Provide copy of this Agreement to the workforce member. File original Agreement in departmental personnel or academic file.
(All signed Agreements must be maintained for 6 years)

Policies and Standards References:

1. UW Administrative Policy Statements (APS): <http://www.washington.edu/admin/rules/policies/APS/TOC00.html>
 - APS 2.4 Information Security and Privacy Roles, Responsibilities, and Definitions
 - APS 2.5 Information Security and Privacy Incident Management Policy
 - APS 2.2 Privacy Policy
2. UW Medicine Compliance Policies: <http://depts.washington.edu/comply/privacy.shtml>
3. UW Medicine Information Security Policies & Standards: <https://security.uwmedicine.org/guidance/policy/default.asp>

INTRODUCTION

The MD degree is recognized as a broad undifferentiated degree requiring the acquisition of general knowledge and basic skills in all fields of medicine. The education of a physician requires assimilation of knowledge, acquisition of skills and development of judgment through patient care experience in preparation for independent and appropriate decisions required in practice. The current practice of medicine emphasizes collaboration among physicians, allied health care professionals, and the patient.

POLICY

The University of Washington School of Medicine endeavors to select applicants who have the ability to become highly competent physicians. As an accredited medical school, the University of Washington School of Medicine adheres to the guidelines promulgated by the Liaison Committee on Medical Education in "Functions and Structure of a Medical School." Within these guidelines, the University of Washington School of Medicine has the freedom and ultimate responsibility for the selection of students, the design, implementation, evaluation of its curriculum, evaluation of students, and the determination of who should be awarded a degree. Admission and retention decisions are based not only on prior satisfactory academic achievement but also on non-academic factors which serve to insure that the candidate can complete the essential functions of the academic program required for graduation.

The School has the responsibility to the public to assure that its graduates can become fully competent physicians, capable of fulfilling the Hippocratic duty "to benefit and do no harm." Thus, it is important that persons admitted possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice medicine.

The School of Medicine, as part of the University of Washington, is committed to the principle of equal opportunity. The School does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability, disabled veteran or Vietnam era veteran status. When requested, the University will provide reasonable accommodation to otherwise qualified students with disabilities.

PROGRAM

Technical standards as distinguished from academic standards refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation. The essential abilities required by the curriculum are in the following areas: motor, sensory, communication, intellectual (conceptual, integrative, and quantitative abilities for problem solving and diagnosis,) and the behavioral and social aspects of the performance of a physician.

The University of Washington School of Medicine curriculum requires essential abilities in information acquisition. The student must have the ability to master information presented in course work in the form of lectures, written material, and projected images.

The student must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills may be described as the ability to comprehend, memorize, analyze and synthesize material. He/she must be able to discern and comprehend dimensional and spatial relationships of structures, and be able to develop reasoning and decision making skills appropriate to the practice of medicine.

The student must have the ability to take a medical history and perform a physical examination. Such tasks require the ability to communicate with the patient. The student must also be capable of perceiving the signs of disease as manifested through the physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs, and auditory information (patient voice, heart tones, bowel and lung sounds.)

The student must have the ability to discern skin, subcutaneous masses, muscles, joints, lymph nodes, and intra-abdominal organs (for example, liver and spleen.) The student must be able to perceive the presence or absence of densities in the chest and masses in the abdomen.

The student must be able to communicate effectively with patients and family, physicians and other members of the health care team. The communication skills require the ability to assess all information including the recognition of the significance of non-verbal responses and immediate assessment of information provided to allow for appropriate, well-focused follow-up inquiry. The student must be capable of responsive, empathetic listening to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.

The student must be able to process and communicate information on the patient's status with accuracy in a timely manner to physician colleagues and other members of the health care team. This information then needs to be communicated in a succinct yet comprehensive manner and in settings in which time available is limited. Written or dictated patient assessments, prescriptions, etc., must be complete and accurate. The appropriate communication may also rely on the student's ability to make a correct judgment in seeking supervision and consultation in a timely manner.

The student must be able to understand the basis and content of medical ethics. He/she must possess attributes which include compassion, empathy, altruism, integrity, responsibility and tolerance. He/she must have the emotional stability to function effectively under stress and to adapt to an environment which may change rapidly without warning and/or in unpredictable ways.

These essential functions of medical education identify the requirements for admission, retention and graduation of applicants and students respectively at the University of Washington School of Medicine. Graduates are expected to be qualified to enter the field of medicine. It is the responsibility of the student with disabilities to request those accommodations that he/she feels are reasonable and are needed to execute the essential requirements described.

I verify that I have read and understood, and am able to meet with or without reasonable accommodation the [Essential Requirements of Medical Education](#). Signature required for consideration.

STUDENT'S SIGNATURE

DATE

HIPAA TRAINING CERTIFICATION

I, _____ certify that I have received _____ training
(Print Name) (Hours/minutes)
on the confidentiality of patient health information, specifically the privacy regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), at

_____ on ____/____/____.
(Name and location of facility) (Day/month/year)

I understand that I must maintain the confidentiality of individual healthcare information and agree to comply with UW Medicine Privacy policies and procedures located at <http://depts.washington.edu/comply/privacy.shtml>.

Additionally I understand **and have reviewed and received a copy of** the following summary of selected UW Medicine Privacy Policy and Procedures:

PP-01. The University of Washington (UW) is a hybrid entity with both health care components and non-health care components. UW has designated certain of its health care components and related covered entities as one affiliated health care entity known as "UW Medicine." UW Medicine is comprised of the University of Washington Medical Center and Clinics; Harborview Medical Center and Clinics; UW Medicine Neighborhood Clinics (University of Washington Physicians Network); UW Physicians Sports Medicine Clinic; UW Medicine Eastside Specialty Center; Hall Health Primary Care Center; and UW Physicians. Within these entities, protected health information (PHI) may be shared for treatment, payment and health care operations. PHI may not be shared with the non-health care components of the UW without patient authorization unless it is for the component to support the treatment, payment or health care operations of UW Medicine. Throughout this summary, references to UW Medicine will include UW Medicine's workforce.

PP-02. Prior to April 14, 2003, and until the individual's first contact with UW Medicine for services, UW Medicine entities may continue to rely on the individual's "Registration Consent /Financial Agreement," authorization, or other express legal permission to use and disclose PHI for treatment, payment, or health care operations. Each UW Medicine entity will obtain the individual's acknowledgement of receipt of the UW Medicine Notice of Privacy Practices or make a good faith effort to obtain an acknowledgment for all services provided after April 14, 2003.

PP-03. Outlines UW Medicine's policy for the administrative requirements related to the UW Medicine's Privacy Program. The Administrative Requirements include twelve sections: Training, Sanctions for the Failure to Follow Applicable Privacy Policy or for a Breach of Patient Confidentiality or Security, Safeguards, Disclosures by Whistleblowers, Workforce Member Crime Victims, Mitigation, Retaliatory Acts, Waiver of Rights, Complaints, Personnel Designations, Revisions to Privacy Policies and Procedures, and Documentation of Privacy Policies and Procedures.

PP-04. The law requires UW Medicine to train its workforce, including physicians, on the organization's policies and procedures. UW Medicine maintains documentation of the training provided to each individual for six years.

PP-05. Patients and their families have the right to file complaints about how UW Medicine and individual health care providers use or disclose their PHI. They may complain to the UW Medicine Privacy Office, the individual UW Medicine entity, or the U.S. Department of Health and Human Services • Office for Civil Rights (OCR). If any person complains to a member of the UW Medicine Workforce about a use or disclosure of PHI, the workforce member must contact the Privacy Official of the entity rendering the care immediately. **UW Medicine will not retaliate, or tolerate retaliation, against any one who files a complaint.**

PP-06. The UW Medicine sanction policy requires that appropriate sanctions be applied to workforce members who fail to comply with policies and procedures. Sanctions will be based upon UW Medicine policies and the relative severity of the violation.

PP-08. UW Medicine may share PHI for treatment, payment or health care operations among the UW Medicine entities and with UW components that support UW Medicine. UW Medicine may share PHI with any non-UW Medicine health care provider for treatment purposes. UW Medicine may share the minimum necessary PHI with

non-UW Medicine entities for payment purposes. Questions regarding the sharing of PHI for the health care operations of a non-UW Medicine entity should be directed to the Privacy Official of the entity providing treatment to the patient. Any other disclosure of PHI requires a valid authorization, unless the disclosure is allowed by PP16.

PP-09. Health care providers may communicate face-to-face with their patients about health related products or services that UW Medicine provides. Providers may also communicate with their patients about alternative treatments, coordination of care, or specialty care. UW Medicine must obtain the patient's authorization for any use or disclosure of PHI for non face-to-face marketing unless it is a promotional gift of nominal value.

PP-10. UW Medicine may use or disclose patient demographic information and the dates when patients received health care services to raise funds for its own benefit. UW Medicine must obtain an authorization for the use or disclosure of any other PHI for fundraising purposes. Individuals have the right to opt out of fundraising communications.

PP-11. UW Medicine has identified staff within UW Medicine who will respond to requests for disclosure of PHI. UW Medicine will verify the identity of all requestors and the requestors' legal authority for obtaining PHI. UW Medicine will document the requestors' authority to receive the PHI prior to release of PHI.

PP-12. UW Medicine may disclose PHI to a business associate that is performing an activity on its behalf when UW Medicine obtains satisfactory assurances that the business associate will safeguard the information. Satisfactory assurances are documented in writing through a business associate agreement. Relationships between health care providers involving the treatment of a patient do not require satisfactory assurances and are therefore not business associate relationships. Please contact your entity's Privacy Official if you have questions about whether a business associate relationship exists in a specific situation.

PP-13. Upon admission, patients have the opportunity to decide whether to be included in the hospital's inpatient directories. If a patient opts against disclosure in the directory, UW Medicine will not include that patient in the directory. If a patient is incapacitated at admission, the provider should exercise his or her best judgment on whether to list the patient in the facility directory until the patient is able to express an opinion. Hospitals may release the condition and location of patients when a requestor asks for the patient by name. With the permission of the patient, clergy of the same faith may be given directory information without asking for a patient by name.

PP-14. With exceptions, the personal representative or legally authorized surrogate decision-maker for the patient may sign the acknowledgement for receipt of the UW Medicine *Notice of Privacy Practices (Notice)* and make decisions concerning UW Medicine's use and disclosure of the individual or emancipated minor's PHI. In addition, unemancipated minors may sometimes acknowledge receipt of the UW Medicine *Notice* and make decisions concerning UW Medicine's use and disclosure of their PHI.

PP-15. UW Medicine may use or disclose PHI to relatives or other persons involved in the treatment or care of the patient, provided the patient does not object. When a patient is unable to express his or her wishes, the provider should exercise professional judgment on whether to release any PHI. If PHI is disclosed under these circumstances, UW Medicine will let the patient know of the disclosure as soon as possible.

PP-16. UW Medicine may use or disclose PHI without an individual's authorization for public health activities, health oversight activities, and specialized government functions. UW Medicine may also use or disclose PHI without an individual's authorization to avert a serious threat to the health or safety of any person, to law enforcement when required to do so by law, or pursuant to legal process. Please contact the Privacy Official for your entity for fact-specific questions.

PP-17. Psychotherapy notes maintained by behavioral health providers are a subset of PHI subject to heightened confidentiality protections. Psychotherapy notes may **only** be used or disclosed absent the patient's authorization to conduct UW Medicine training programs, for treatment by the behavioral health professional, to defend against legal action, to protect the health or safety of any person, or when required by law.

PP-18. Research involving human subjects requires review by an approved Institutional Review Board (IRB). Researchers may use or disclose PHI for research when authorized by the human subject or pursuant to an IRB-approved waiver of authorization or alteration. For more information on conducting research, please review the UW Human Subjects Division web page at <http://www.washington.edu/research/hsd/index.php>.

PP-19. Federal law allows UW Medicine to use or disclose a limited data set for research, public health, or health care operations. A limited data set is PHI that excludes 16 specific identifiers of the individual or of relatives,

employers or household members. UW Medicine must obtain satisfactory assurances (data use agreements) from the entity requesting a limited data set prior to allowing the use or disclosure. PHI may be de-identified through removal of 18 specific identifiers. Once de-identified, the data is no longer subject to state or federal privacy laws and regulations.

PP-20. When using or disclosing PHI for payment and health care operations or when the patient has not authorized the use or disclosure, providers may only disclose the minimum necessary PHI required to accomplish the intended purpose.

PP-21. UW Medicine provides all patients (except prisoner patients) a copy of its Notice of Privacy Practices (NPP), which outlines how an individual's PHI will be used or disclosed. UW Medicine is required to make a good faith effort to obtain written acknowledgement of receipt of the NPP from each patient treated.

PP-22. Individuals treated at UW Medicine facilities have a right to request additional restrictions on the use or disclosure of their PHI. UW Medicine is not required to agree to any restriction. If UW Medicine does agree then it must follow the agreed-upon restrictions. All agreed-upon restrictions must be documented in the individual's designated record set. The designated record set contains an individual's medical and billing records, and other information used to make decisions about the individual.

PP-23. An individual has the right to access, inspect or request a copy of PHI contained in the UW Medicine designated record set, unless an exemption applies (e.g., psychotherapy notes, information compiled for risk management purposes, etc.). Requests to access, inspect or photocopy PHI should be referred to the Release of Information Service Area for the entity in which services are provided.

PP-24. An individual may ask a health care provider to correct or amend his or her health care record. Requests must be in writing and state a reason for the requested change. UW Medicine has ten days from receipt of the request to respond in writing. If a provider receives a request for amendment, he or she must immediately contact the Release of Information Service Area for the entity in which services are provided.

PP-25. An individual has the right to request UW Medicine to provide an accounting of all disclosures from an individual's designated record set, excluding those uses or disclosures for which an accounting is not required (e.g., treatment, payment, or health care operations; uses or disclosures made with the individual's authorization; or uses or disclosures incidental to an authorized use or disclosure). If you receive a request for an accounting, please contact the entity's Health Information Management Area.

PP-26. Defines the UW Medicine Medical Record Designated Record Set and the Billing Designated Record Set.

PP-27. This policy sets forth the framework for UW Medicine's collection, management and use of SSNs and is applicable to all UW Medicine units. SSNs must be appropriately encrypted according to UW Medicine Information Security Policy SEC-05.03 – Encryption Standard.

PP-28. To protect patient privacy and to decrease the risk of a breach of confidentiality, patient information should only be faxed to fulfill a treatment, payment, or health care operation obligation or a specifically authorized request.

If I have any questions or would like to know more about these policies and procedures, I can contact a Privacy Officer or view the materials at <http://depts.washington.edu/comply/privacy.shtml>

Dated _____

Signature

Print Name

Department and Box No.

Documentation to me maintained in workforce member department record

University of Washington School of Medicine

**Required Background Check for Admission and Continuation
Request for Criminal History Information**

Self-Disclosure, Consent, and Release of Information

The Washington State Child and Adult Abuse Information Act (RCW 43.43.830 through 43.43.845) requires that certain individuals who have access to children under sixteen years of age, developmentally disabled persons, and vulnerable adults, disclose criminal history information. This criminal history information includes certain crimes against children and other persons, related to abuse of these populations, and crimes relating to financial exploitation. They do not include offenses such as traffic violations. In addition, the law includes requirements for background checks through the Washington State Patrol (WSP) concerning these crimes and offenses.

The University of Washington School of Medicine (UWSOM) medical degree requirements include rotations at clinical training sites that require a WSP and other background check information. Admission to the UWSOM is contingent upon satisfactory completion of this and other criminal background checks. Additional background checks will be done every two years to remain compliant with UWSOM policy.

Certiphi Screening Inc. is requesting the WSP check on the UWSOM's behalf. **Please complete this Self-Disclosure, Consent, and Release form and return to the UWSOM Office of Academic Affairs.** A copy of the WSP response will be available to you through Verified Credentials Inc.

Consent and Release of Criminal Background Check

I authorize background checks, including any repeat checks as necessary, through Verified Credentials, Inc. and the Washington State Patrol, that are necessary for my admission and continuation in the University of Washington School of Medicine. I authorize the release of my self-disclosure information all background check results and any information provided by me related to the background checks, to the University of Washington School of Medicine and to clinical training sites, whether in or outside the state of Washington, as deemed necessary by the School of Medicine.

Name: _____

Signature: _____

Date: _____

Please select:

- Newly Accepted UWSOM Student
- Current UWSOM Student
- Visiting Student

CRIMINAL HISTORY INFORMATION – SELF DISCLOSURE

Name: _____
(please print) Last First MI

Date of Birth: _____

For the questions below, please circle either ‘yes’ or ‘no.’

Have you ever been convicted in any jurisdiction of any of the following crimes?

Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

First, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.

No

Yes If yes, specify and explain _____

Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

No

Yes If yes, specify and explain _____

Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

No

Yes If yes, specify and explain _____

Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

No

Yes If yes, specify and explain _____

Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

No

Yes

If yes, specify and explain _____

I certify, under penalty of perjury, that the statements above are true and correct. I understand that if any of the above statements is found to be false, it may result in my offer of admission being rescinded or dismissal from the program.

Signature (must be original signature, NOT electronic)

Date

Visiting Students:

Upload this form directly to VSAS.

A handwritten signature or image of a handwritten signature is required.

Typewritten signatures are not accepted.

Checklist of Supplemental Documents to Upload to VSAS:

1. **Criminal Background Check:**
Please complete a criminal background check through the University of Washington School of Medicine portal on the CastleBranch website: <https://portal.castlebranch.com/ur95>. There is a flat fee of \$54. It is not necessary to upload the report to VSAS. We can view the completed report on the CastleBranch website.
2. **UW Self Disclosure, Consent, and Release of Information Form.** Provide handwritten signature or an image of a handwritten signature. Typewritten signatures are not accepted. Upload the form to VSAS.
3. **Personal Health Insurance Card:** If your school cannot verify on VSAS that you have personal health coverage, upload a copy of your health insurance card to VSAS.
4. **AAMC Standardized Immunization Form:** Students must submit the AAMC immunization form. We do not accept immunization forms from your home school. All required dates must be entered and the form signed by your school health official or by your primary care physician. We do not accept immunization records. Upload the completed form to VSAS.
5. **UW SOM Essential Requirements for Medical Education Form:** Provide handwritten signature or an image of a handwritten signature. Typewritten signatures are not accepted. Upload signed form to VSAS.
6. **UW Privacy, Confidentiality, and Information Security Agreement Form:** Complete Data Stewardship Training (review the Power Point slides located on the UW website) and upload signed form to VSAS. Provide handwritten signature or an image of a handwritten signature. Typewritten signatures are not accepted. Leave blank the line starting with "copy provided on". This is for official use.
7. **BLS or CPR:** If your school cannot verify your BLS dates on the VSAS application, you must send in a copy of your card. Please note: we do not accept ACLS or EMT certifications as a substitute for BLS training. The card must be valid through the end date of your requested elective.
8. **HIPAA Training Certificate:** HIPAA training is required. If you have already completed HIPAA training at your home institution you can sign the HIPAA Training Certification form included in this packet. Make sure to record the NUMBER OF HOURS. If you have not already completed HIPAA training the Visiting Student Coordinator will register you for UW HIPAA training. Allow two weeks to receive user id and log in information.
9. **Processing Fee:** The \$100 processing fee is due as soon as you are offered a clerkship. If applying to more than one department send in a \$100 fee **for each department**. For instance if you are offered three PEDs electives you owe \$100 and if you are offered 2 PEDS and 1 MEDECK you owe \$200. Fees are non-refundable. Checks should be made out to the University of Washington. We will notify you when this fee is due. **THIS FEE IS NOT DUE UNTIL YOU ARE OFFERED A CLERKSHIP.**

Once all items have been received your application will then be approved and forwarded to the department(s) where the clinical elective has been requested. An approved application does not guarantee an elective. The department will then contact you within 6 weeks of the start date of the elective to confirm availability of the requested rotation. If you have questions about clerkships availability contact the departmental coordinator under the **Departmental Course Listings** page on our website. <http://uwmedicine.washington.edu/Education/MD-Program/visiting-students/US-Canadian/Departmental-Course-Listings/Pages/default.aspx>