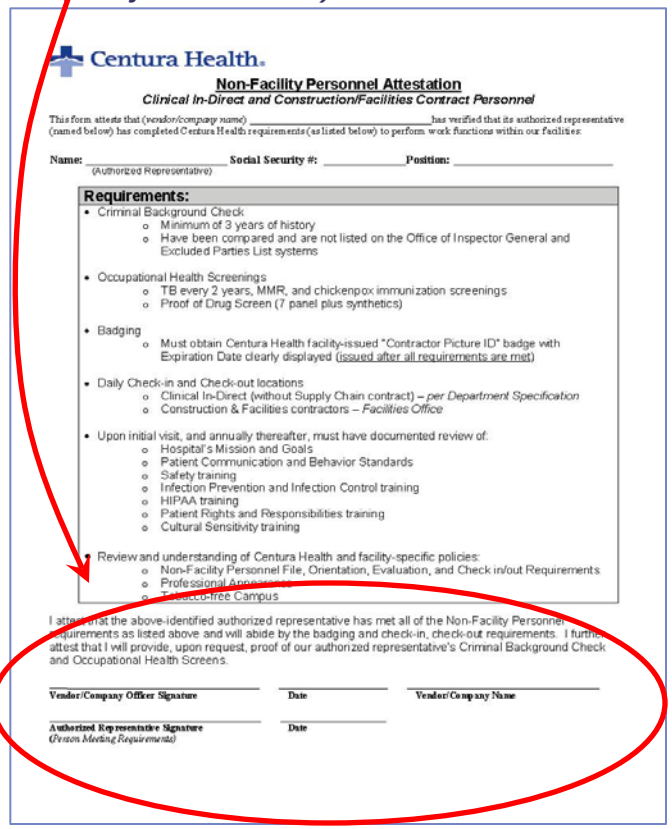
Category 3: Clinical Indirect Patient Care Provider
Category 4: Construction/Facilities

(Badging and Check-in / out Process)

Step 1: Review and acknowledge that you meet all the requirements. Submit to HR. *(subject to audit)*



Centura Health.

Non-Facility Personnel Attestation

Clinical In-Direct and Construction/Facilities Contract Personnel

This form attests that (*vendor/company name*) _____ has verified that its authorized representative (named below) has completed Centura Health requirements (as listed below) to perform work functions within our facilities:

Name: _____ **Social Security #:** _____ **Position:** _____
(Authorized Representative)

Requirements:

- Criminal Background Check
  - Minimum of 3 years of history
  - Have been compared and are not listed on the Office of Inspector General and Excluded Parties List systems
- Occupational Health Screenings
  - TB every 2 years, MMR, and chickenpox immunization screenings
  - Proof of Drug Screen (7 panel plus synthetics)
- Badging
  - Must obtain Centura Health facility-issued "Contractor Picture ID" badge with Expiration Date clearly displayed (issued after all requirements are met)
- Daily Check-in and Check-out locations
  - Clinical In-Direct (without Supply Chain contract) – *per Department Specification*
  - Construction & Facilities contractors – *Facilities Office*
- Upon initial visit, and annually thereafter, must have documented review of:
  - Hospital's Mission and Goals
  - Patient Communication and Behavior Standards
  - Safety training
  - Infection Prevention and Infection Control training
  - HIPAA training
  - Patient Rights and Responsibilities training
  - Cultural Sensitivity training
- Review and understanding of Centura Health and facility-specific policies:
  - Non-Facility Personnel File, Orientation, Evaluation, and Check in/out Requirements
  - Professional Appearance
  - Tobacco-free Campus

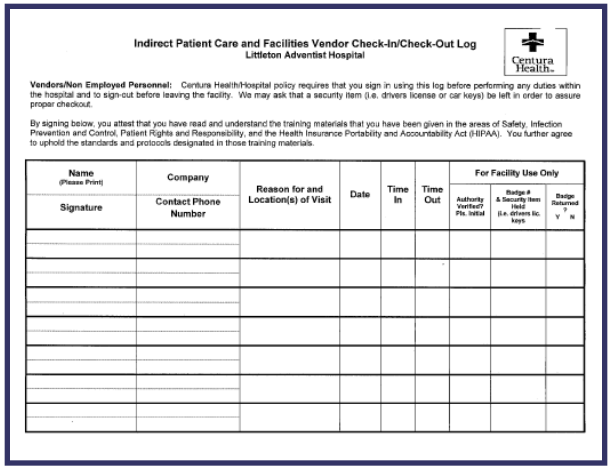
I attest that the above-identified authorized representative has met all of the Non-Facility Personnel requirements as listed above and will abide by the badging and check-in, check-out requirements. I further attest that I will provide, upon request, proof of our authorized representative's Criminal Background Check and Occupational Health Screens.

_____ _____ _____
Vendor/Company Officer Signature **Date** **Vendor/Company Name**

_____ _____
Authorized Representative Signature **Date**
(Person Meeting Requirements)

Step 2: Receive a Centura-issued Contractor Badge with Expiration Date

Step 3: Check-in & -out daily in specified department



Indirect Patient Care and Facilities Vendor Check-In/Check-Out Log
Littleton Adventist Hospital

Centura Health.

Vendors/Non Employed Personnel: Centura Health/Hospital policy requires that you sign in using this log before performing any duties within the hospital and to sign-out before leaving the facility. We may ask that a security item (i.e. drivers license or car keys) be left in order to assure proper checkout.

By signing below, you attest that you have read and understand the training materials that you have been given in the areas of Safety, Infection Prevention and Control, Patient Rights and Responsibility, and the Health Insurance Portability and Accountability Act (HIPAA). You further agree to uphold the standards and protocols designated in those training materials.

Name (Please Print) / Signature	Company / Contact Phone Number	Reason for and Location(s) of Visit	Date	Time In	Time Out	For Facility Use Only: Authority Verified? Pls. Initial	For Facility Use Only: Badge # & Security Item Held (i.e. drivers lic. keys	For Facility Use Only: Badge Returned? Y / N

Centura Health.