Please submit all required forms in one complete package per student and use this cover sheet for each package.

Participant Full Name (Print): ______________________________

Program Name: ___________________________ Today’s Date: ______________________________

The following are the steps to become an approved learner at the Johns Hopkins University School of Medicine. Please check each step if completed.

<table>
<thead>
<tr>
<th>Required Forms</th>
<th>Checklist if using Hopkins Payroll System (required by payroll)</th>
<th>Checklist if working with PATIENTS or PATIENT RECORDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Online Program Registration Form (completed by program administrator)-</td>
<td>□ Submit all relevant forms to the student’s youth/undergraduate or summer program human resources</td>
<td>Required by Occupational Health Services</td>
</tr>
<tr>
<td><a href="http://studentpipeline.jhmi.edu/OverallProgram/">http://studentpipeline.jhmi.edu/OverallProgram/</a></td>
<td>department: (Student hire sheet, W-4, MW-507, I-9, and work permit)</td>
<td></td>
</tr>
<tr>
<td>□ Online Participant Registration Form (completed by program administrator)-</td>
<td>□ Youth/Undergraduate and Summer Programs Payroll Form</td>
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</tr>
<tr>
<td><a href="http://studentpipeline.jhmi.edu/Reg14to17/">http://studentpipeline.jhmi.edu/Reg14to17/</a></td>
<td>(submitted to the Office of Student Pipeline Programs)</td>
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</tr>
<tr>
<td>(for minors) OR <a href="http://studentpipeline.jhmi.edu/RegAdult/">http://studentpipeline.jhmi.edu/RegAdult/</a></td>
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<td>(for adults)</td>
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<tr>
<td>□ Johns Hopkins Medical Institutions’ ID Form</td>
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<tr>
<td>□ Confidentiality Agreement</td>
<td></td>
<td></td>
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<tr>
<td>□ Code of Conduct</td>
<td></td>
<td></td>
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<tr>
<td>□ Learner Mistreatment Form</td>
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<td></td>
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<tr>
<td>□ Supervisor/Host Agreement of Expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Parental/Guardian Consent (14-17 years old)</td>
<td></td>
<td></td>
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<tr>
<td>□ Teacher Recommendation (14-17 years old)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Supervisor(s)/Mentor(s) to Minors (14-17 years old): Online Mentor</td>
<td></td>
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<tr>
<td>Registration Form (<a href="http://studentpipeline.jhmi.edu/MentoringMinors/">http://studentpipeline.jhmi.edu/MentoringMinors/</a>), Child</td>
<td></td>
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<tr>
<td>Safety Training, Criminal Background Check, Signed Adult/Mentor Code of</td>
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<tr>
<td>Conduct Form</td>
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<tr>
<td>□ Criminal Background Check (18 years old or older): Completion of criminal</td>
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<tr>
<td>background check forms via Universal Background Screening</td>
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</tr>
<tr>
<td>□ Proof of Health Insurance (18 years old or older): Copy of health</td>
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<tr>
<td>insurance card (front/back) OR any document that verifies that the</td>
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<tr>
<td>participant/student is covered by health insurance</td>
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<tr>
<td>□ Complete all relevant training/forms pertaining to material/subject use</td>
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<tr>
<td>within a lab (e.g. Animal Exposure, Hazardous Materials)</td>
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</tbody>
</table>

Please return all paperwork to the Office of Student Pipeline Programs: Reed Hall, Room 426 (1620 McElderry Street, Baltimore, MD 21205) or to SOMYouthPrograms@jhmi.edu.
For access to this form, please contact the Office of Student Pipeline Programs at SOMYouthPrograms@jhmi.edu.

*Access to this form is for authorized personnel only.
CONFIDENTIALITY AGREEMENT AND HIPAA TRAINING CERTIFICATION FOR CONTRACTED WORKERS AND VISITING STUDENTS

I understand that I may come in contact with or require information to perform my duties or continue my studies at the Johns Hopkins University or Johns Hopkins Health System entity by which I am engaged or through which I am participating in my academic program (“Johns Hopkins”). This information may include, but is not limited to, information on patients, employees, students, other workforce members, donors, research, and financial and business operations (collectively referred to as “Confidential Information”). Some of this information is made confidential by law (such as “protected health information” or “PHI” under the federal Health Insurance Portability and Accountability Act) or by Johns Hopkins policies. Confidential Information may be in any form, e.g., written, electronic, oral, overheard or observed.

By signing below, I agree to the following:

- I will not disclose Confidential Information to patients, friends, relatives, co-workers or anyone else except as permitted by Johns Hopkins policies and applicable law and as required to perform my Johns Hopkins-related duties or studies.

- I will not post or discuss Confidential Information, including pictures and/or videos on my personal social media sites (e.g. Facebook, Twitter, etc.). Likewise, I will not post or discuss Confidential Information on Johns Hopkins-sponsored social media sites without appropriate approval in accordance with established Johns Hopkins policies and procedures.

- I will not access, maintain or transmit Confidential Information on any unencrypted portable electronic devices (e.g. Blackberries, Androids, iPhones, iPads, etc.) and agree to use such devices, with respect to Confidential Information, in accordance with Johns Hopkins policies only.

- I will protect the confidentiality of all Confidential Information, including PHI and electronic PHI, while at Johns Hopkins and after I leave Johns Hopkins. All Confidential Information remains the property of Johns Hopkins and may not be removed or kept by me when I leave Johns Hopkins except as permitted by Johns Hopkins policies or specific agreements or arrangements applicable to my situation.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of Johns Hopkins or termination of my participation in any educational programs at Johns Hopkins. In addition, under applicable law, I may be subject to criminal or civil penalties.

By signing below, I certify that I have received basic HIPAA privacy and security training and have read and understand the above and agree to be bound by it.

Name: ____________________________  Company: ____________________________

Signature: ________________________  Date: ____________________________

A.3.3.b

Page 1 of 2  Effec. Date 7/5/16
Privacy and Security Tips and Reminders

- Avoid disclosing unencrypted electronic PHI in e-mails and shared files over the Internet.
- Never share your log-in with another user.
- Never store electronic PHI on a handheld or portable device that is unencrypted.
- Access and use only the PHI needed to do your job.
- Log off or lock your computer when you are not using it.
- Report computer security problems quickly.
- Report lost or stolen PHI or electronic PHI as soon as possible.
CODE OF CONDUCT FOR YOUTH/UNDERGRADUATE AND SUMMER PARTICIPANTS

Youth/undergraduate and summer programs are welcome to use this template for their code of conduct. Feel free to modify, change, or add to the document to suit your needs. If you have any questions, please contact the Office of Student Pipeline Programs, SOMYouthPrograms@jhmi.edu.

As participants in the Johns Hopkins University School of Medicine youth/undergraduate or summer programs, participants must behave in a responsible manner. Participants selected to the programs have a high standard of positive behavior to uphold. The following are general standards of conduct set by the Johns Hopkins University School of Medicine Youth/Undergraduate and Summer Programs:

- Alcoholic beverages are not permitted on campus at any time. Anyone using or possessing these substances or any paraphernalia will be dismissed from the program.

- Smoking is not permitted at any time.

- Possession of weapons, fireworks, or illegal drugs is not permitted. If such items are found, the matter will be reported to the program advisors and the participant will be dismissed from the program.

- Anyone caught defacing Johns Hopkins University School of Medicine property or the property of another participant will be dismissed from the program and charged for the damages.

- The Johns Hopkins University School of Medicine youth/undergraduate and summer programs deem unacceptable any verbal or physical conduct that demeans others because of their race, gender, ethnic background, religion, or sexual orientation.

- Fighting among participants or with members outside of the program will result in immediate dismissal.

- Youth/undergraduate and summer program participants are expected to have a high degree of professionalism.

- Romantic public displays of affection will not be tolerated.

- Walkmans and electronic devices such as CD players, MP3 players, cell phones, etc. are not permitted to be used inside buildings or during field trips or activities.

- Any other behavior, which is not outlined specifically above, yet compromises the integrity and high standard of excellence of the Johns Hopkins University School of Medicine youth/undergraduate and summer programs will not be tolerated.

Participant’s Name (please print)  Participant’s Signature  Date

If you are under the age of 18 years old, a parent/guardian signature is required.

Parent/Guardian Name (please print)  Parent/Guardian Signature  Date
Defining Mistreatment
Mistreatment, either intentional or unintentional, occurs when behavior:
1. Shows disrespect for the dignity of others,
2. Unreasonably interferes with the learning process, and/or
3. Creates a hostile learning environment.

Examples of Mistreatment
Examples of mistreatment include, but are not limited to:
- Sexual harassment or assault;
- Harassment, bias, or discrimination based on race, ethnicity, gender identity, body weight, sex, sexual orientation, religion, socioeconomic status, age, nationality, culture, pregnancy status, disability, mental health, marital status, career plans, or family plans;
- Public or private humiliation, or inappropriate “singling out”;
- Psychological harm or abuse;
- Marginalization on the team;
- Physical contact that is unwanted, harmful, abusive, and/or offensive;
- Use of grading and other forms of assessment in a punitive manner;
- Breach of personal boundaries, including inappropriate personal questions and comments;
- Assignment of tasks, particularly of a personal nature, that are unrelated to educational goals;
- Threats involving any of the above

Mistreatment, by nature, is difficult to completely define and is a personal experience. If you feel as if you were mistreated in some way, or observed mistreatment of a fellow student that you found troubling, then your experience is a valid one worthy of reporting.

Even if you feel unsure about what you experienced, please know that there is no harm in reporting it honestly.

Below are resources to be aware of:
- Disruptive behavior, bullying, workplace violence, and other forms of mistreatment may be reported to:

<table>
<thead>
<tr>
<th>Safe at Hopkins</th>
<th><a href="http://www.safeathopkins.org">http://www.safeathopkins.org</a></th>
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<tbody>
<tr>
<td>Office of Institutional Equity</td>
<td><a href="https://oie.jhu.edu">https://oie.jhu.edu</a></td>
</tr>
<tr>
<td>Dr. Gerri Cole, Program Manager, Office of Student Pipeline Programs, Johns Hopkins University School of Medicine</td>
<td>Phone: 410-502-2967 <a href="mailto:gerri.cole@jhmi.edu">gerri.cole@jhmi.edu</a></td>
</tr>
<tr>
<td>Dr. Roy Ziegelstein, Vice Dean for Education, Johns Hopkins University School of Medicine</td>
<td>Email: <a href="mailto:rziegel2@jhmi.edu">rziegel2@jhmi.edu</a></td>
</tr>
</tbody>
</table>

I acknowledge that I have read this document and understand the resources available to me.

<table>
<thead>
<tr>
<th>Participant’s Name (please print)</th>
<th>Participant’s Signature</th>
<th>Date</th>
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</thead>
</table>

If you are under the age of 18 years old, a parent/guardian signature is required.

<table>
<thead>
<tr>
<th>Parent/Guardian Name (please print)</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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</thead>
</table>
Hopkins Medicine: Youth/Undergraduate and Summer Opportunities
Supervisor/Host Agreement of Expectations

Student Name: ____________________________________________________________

Student’s Program: __________________________________________________________________________
(e.g. MERIT, DAASI, CTY, SARE, etc.)

Supervisor/Host: __________________________________________________________

Address: _____________________________________________________________________________

Phone Number: __________________________________________________________________________

Name of Assistant (if applicable): ________________________________________________

Name and e-mail address of your Department Chair: ________________________________

Please indicate all other Members of Lab Staff that will supervise the student:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Degree/Position</th>
<th>E-mail Address</th>
<th>Phone Number</th>
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</table>

Description of what the program participant/student will be doing:

As a supervisor/host you must agree to the following:

- You are responsible for every member of your staff that supervises or works with your student. All staff members who work with minors (students under the age of 18) must sign the Adult/Mentor Code of Conduct Form. Any staff members working with a minor must also complete proper child safety requirements as well, including registration, online training, and criminal background screening. It is the responsibility of the supervisor/host to make sure that every staff member has completed all requirements prior to working with your student.

- You will provide direct supervision at all times the participant/student is in your care. The program participant will be supervised by a staff member while participating in all activities. Any additional training for working with hazardous materials or dangerous equipment is the responsibility of the supervisor/host. “Direct supervision” means the following:
  - The participant/student is supervised by a trained and knowledgeable person who is designated on the list above at all times.
  - The supervisor must be the actual person observing and physically present during activities with the program participant.
  - If under exceptional circumstances the supervisor can’t be present, an alternate supervisor, formally named on the list above may substitute. Never allow participants/students to work alone, especially if they are minors.

- You will provide any additional training associated with patients, patient records, hazardous materials, dangerous equipment, or exposure to animals.

- You will provide a safe, engaging and challenging experience for your participant/student.

Signature (must be completed prior to beginning work, electronic signature acceptable):

Supervisor/Host: ___________________________ Date: __________
Template for Parental Consent Form (if under 18 years old)
(Please feel free to adapt to your individual program.)

Dear Parent or Guardian:

In order for your child to participate in a youth/undergraduate or summer program at the Johns Hopkins University School of Medicine (JHUSOM), we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please email the Office of Student Pipeline Programs, Johns Hopkins University School of Medicine at SOMYouthPrograms@jhmi.edu.

Name of participant: _______________________________

- I understand that my child (named above) is going to be a participant, and I hereby give permission for him/her to serve in that capacity at the Johns Hopkins University School of Medicine.
- I understand that my child must be at least 14 years of age.
- I understand that my child will be provided with the orientation and training necessary for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to JHUSOM, hospital, and department policies and procedures.
- I understand that my child will be provided emergency medical care if injured while he/she is on duty as a participant.
- I authorize the release of educational recommendations from my child’s school to the Office of Student Pipeline Programs, Johns Hopkins University School of Medicine.
- I authorize the Office of Student Pipeline Programs, Johns Hopkins University School of Medicine to publish or release to the media any pictures of my child during his/ her time as a participant at the Johns Hopkins University School of Medicine for promotional or recognition purposes only.
  □ Please check box if you do not consent to this statement. This box, if left unchecked, means that you do consent to any publications or media release.

Note: The statement regarding the publishing or releasing to the media your child’s photograph does not hinder the process of your child from becoming a participant at the Johns Hopkins University School of Medicine.

Parent/ Guardian’s Name (please print): ______________________________________

Signature: ______________________________________

Date: ______________________________________
Confidential School Recommendation (if under 18 years old)
(Please feel free to adapt to your individual youth/undergraduate or summer program.)

Student Name: ______________________________________________________

Parental Consent: I authorize the release of information from my son/daughter’s school records to the Office of Student Pipeline Programs, Johns Hopkins University School of Medicine.

Parental Signature: ___________________________________________ Date: ____________

Dear Counselor or Teacher:
A student applying for volunteer service must have a recommendation from a school representative. Your evaluation comments are appreciated. The information you provide may be reviewed by a potential supervisor. You may give the student the evaluation in a sealed envelope with the signature across the flap or you many mail it to the address listed in the top left corner of this form.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td></td>
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<tr>
<td>Courtesy</td>
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<tr>
<td>Dependability</td>
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<tr>
<td>Initiative</td>
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<tr>
<td>Scholastic Record</td>
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<tr>
<td>Willingness</td>
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</tbody>
</table>

Do have any concerns about this student?

Name (Print): ___________________________________________ School: __________________________

Title: ____________________________________________________

Signature: ___________________________________________ Date: ________________
HIPAA Instructions

As of March 1, 2017, all workforce members at JH health care provider organizations (for example, JHH, JHUSOM, JHUSON, JHCP, Suburban Hospital, BMC, JHHCG, etc.), the Fund for JHM, and other JH foundations must initially complete (and annually thereafter) the following HIPAA Training Courses:

- Patient Privacy for Workforce Members
- Electronic Information Security and Data Management Training

You must have a JHED ID in order to complete these HIPAA Training Courses. Once you have your JHED ID, follow the steps below.

1. Access the JHU Portal:
   - URL: https://my.jh.edu/portal/web/jhupub/
   - Click on “login with your JHED ID”.
   - Enter your Login ID and Password.

2. Access the HIPAA Courses:
   - Once logged in, go to the “Education” tab (6th tab down on the left side of the screen).
   - Click on “myLearning”.
   - In the “Catalog Search” type in “Patient Privacy for Workforce Members” and hit enter.
     - Click on “Patient Privacy for Workforce Members”.
     - Click on the “Take Course” button.
     - Note: This online training lasts ~ 20 minutes.
   - In the “Catalog Search”, type in “Electronic Information Security and Data Management Training” and hit enter.
     - Click on “Electronic Information Security and Data Management Training”.
     - Click on the “Take Course” button.
     - Note: This online training lasts ~ 10 minutes.

3. Once you have completed both courses, send proof of successful completion to SOMYouthPrograms@jhmi.edu.
   - This can be done by:
     - Downloading the pdf file of each certificate (found in “My History);
     - Taking a picture of each certificate; or
     - Taking a screenshot of each certificate.
Bloodborne Pathogens Overview

The information in this document will give you an overview of bloodborne pathogens (BBPs), what you should do to prevent exposure, and what actions to take in the event of exposure. Please sign below attesting that you have read and understand this information.

Overview
Bloodborne pathogens can be transmitted when infectious blood or OPIM is introduced into the bloodstream of a person. Transmission of bloodborne pathogens in the workplace can occur through the following routes of transmission:

- Needlesticks/sharps injuries
- Splashes to the mucous membranes (eyes, nose, mouth) or to non-intact skin.

There are several diseases that are caused by bloodborne pathogens. A few BBPs are fairly common and present a risk to you if you come in direct contact with other potentially infectious materials (OPIM) such as human blood and certain body fluids. The three that are most common are HIV, Hepatitis B, and Hepatitis C. There are no vaccines for HIV or Hepatitits C, but there is a vaccine for Hepatitis B. This is a series of 3 shots that is given at the initial clinic visit, a month later, and then 6 months later.

HOW TO PREVENT EXPOSURE TO BLOODBORNE PATHOGENS

1. Practice Standard Precautions: consider all patients and body fluids/blood to be infectious.
2. Use and activate approved safety sharps.
3. Dispose of all sharps into an approved sharps container.
4. Wear Personal Protective Equipment (PPE)!! Gloves and eye/face protection (safety glasses, goggles, face shields).
5. Dispose of all contaminated items into approved medical/infectious waste containers.
6. In Maryland, unless gloves or other non-sharp items are capable of releasing liquid or dried when compressed, they can be disposed of in standard trash containers. When in doubt, dispose of in a red trash bag.
7. Remove PPE before leaving the work area. This includes gloves!!
8. If you are working in an area where there is a risk of exposure, you should never eat, drink, smoke, handle contact lenses, or apply makeup in that area.

9. Food and drink must be stored in separate areas from where blood and body fluids are present. This includes refrigerators.

10. Needles should never be recapped, broken, or sheared off.

11. If you have broken glassware, it should be swept up and placed into a sharps container. Do not directly pick it up with your hands.

12. Practice good hand hygiene!!

---

**WHAT TO DO IN THE EVENT OF EXPOSURE**

1. Wash the exposed site.

2. Call the 24-hour hotline 5-STIX (410-955-7849).

3. Inform your sponsoring supervisor(s).

4. **If recommended,** initiate Post-Exposure Prophylaxis (PEP) for possible HIV exposure **within 1 - 2 hours after exposure** for optimum efficacy.

5. Complete an incident report, and report to the injury clinic (Blalock 139 in Johns Hopkins Hospital).

---

**SIGNATURE**

By signing below, I assert that I have read the Bloodborne Pathogens Overview for Student Observers and understand the risks associated within a hospital setting. I agree to take the recommended precautions to prevent contact with bloodborne pathogens and will follow the hospital’s protocol in the event of exposure.

_________________________  ____________________________  ___________
Participant’s Name (please print)  Participant’s Signature  Date

Primary Supervisor’s Name: ________________________________

Department: ________________________________
Occupational Health Services Forms*

1. Authorization Form
2. Parental Consent Form (*only if student is under 18 years of age*)
3. Demographic Form
4. Hepatitis B Declination Form
5. Tuberculosis Screening Form

For access to these forms, please contact the Office of Student Pipeline Programs at SOMYouthPrograms@jhmi.edu.