



WOODSTOCK HOSPITAL

WOODSTOCK GENERAL HOSPITAL **MEDICAL STUDENT/RESIDENT/MIDWIFE/NURSE PRACTITIONER**

1. Privileges will be granted to medical students enrolled in a recognized medical school, under section "Medical Student" as defined below, provided that the student has a local Supervisor.
2. The local Supervisor shall be a member of the Active Staff of Woodstock General Hospital.
3. Application forms for medical student privileges will be abbreviated, and need include only:
 - i) name, address, telephone number and email address;
 - ii) name of medical school in which the student is enrolled;
 - iii) signature of the Dean, or that person responsible for undergraduate education;
 - iv) signature of local Supervisor; and
 - v) statement, signed by the student, indicating recognition of and acceptance of limitations placed on that student's in-hospital activities, as defined by Woodstock General Hospital Bylaws.
 - vi) Completion of the enclosed of the General Orientation Education package.
 - vii) Completion of Cerner training.
 - viii) FOR EMERGENCY ROTATIONS: Completion of FirstNet training (Online, see attached).
4. The medical student shall:
 - i) work only under the supervision of his/her designated local Supervisor;
 - ii) the Supervisor will be, with the student, responsible to the Medical Advisory Committee, Hospital Administration, and the Board, for consequences of the student's actions; and
 - iii) student's written orders for medication, investigation, discharge, etc. shall not be processed by nursing staff, until verified by a licensed Physician.
5. The Resident/Midwife/Nurse Practitioner (Physician/Midwife/Nurse Practitioner with an educational licence) shall:
 - i) work only under the supervision of his/her designated local Supervisor;
 - ii) the Supervisor will be, with the student, responsible to the Medical Advisory Committee, Hospital Administration, and the Board, for consequences of the student's actions; and
6. Graduate positions require written approval by the Chief of Department involved.

I have read and agree to abide by the above.

Date

Signature

PLEASE RETURN APPLICATION PACKAGE TO ANGELA MILLER, MEDICAL STAFF ASSISTANT AT AMILLER@WGH.ON.CA OR BY FAXING IT TO 519-421-4263.

**APPLICATION FOR
MEDICAL STUDENTS/INTERN/RESIDENT
OTHER GRADUATED PHYSICIAN/MIDWIFE/NURSE PRACTITIONER
WOODSTOCK GENERAL HOSPITAL**

NAME: _____

OTHER LAST NAME IF APPLICABLE: _____

MAILING ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

1. CATEGORY

(Check one): Medical Student () Resident () Midwife/Nurse Practitioner ()
Year _____ Year _____ Year _____

1.1 For Resident/Midwife/Nurse Practitioner

Ontario Licence #: _____

CMPA # _____

2. MEDICAL SCHOOL CURRENTLY ENROLLED IN: _____

2.1 Training Program _____

I, _____, confirm that _____

is a student in good standing with _____
Name of Medical School and/or Training Program

Undergraduate Medical Education Co-ordinator

Date

OR

Program Director

Date

UNIVERSITY STUDENT # _____ (Mandatory)

3. DATES OF ROTATION: _____

4. WOODSTOCK GENERAL HOSPITAL SUPERVISOR: _____

I hereby apply for _____ privileges at Woodstock General Hospital. I agree to comply with Woodstock General Hospital Bylaws (a copy of which is available through the Medical Staff Office).

Signature

Date

WGH Supervisor (Name)

Supervisor's Signature

Medical Student/Resident/Midwife/Nurse Practitioner

Name: _____

_____ Recommended_____Not Recommended___ Date_____
Chief of Department

_____ Recommended_____Not Recommended___ Date_____
Chair, Credentials Committee

_____ Recommended_____Not Recommended___ Date_____
Chair, Medical Advisory Committee

_____ Recommended_____Not Recommended___ Date_____
Secretary, Board of Directors

Originated: Credentials - November 4, 2003
 Medical Advisory Committee - November 5, 2003
Revised: Credentials - May 4, 2004
 Medical Advisory Committee - May 5, 2004
 Credentials – November 10, 2016
 Medical Advisory Committee - November
Revised: November 10, 2016



WOODSTOCK HOSPITAL

Name: _____

Position and Department: _____

D.O.B.: _____ Telephone number: _____

Emergency Contact Person and Phone: _____

Address: _____

Email Address: _____

Anticipated Start Date: _____ Anticipated End Date: _____

Compliance with Communicable Disease Surveillance Protocols for Ontario Hospitals and Woodstock Hospital Pre-Placement Health Review policy is a requirement of your employment, placement or volunteer work. Failure to comply without acceptable medical documentation to support a contradiction to vaccines may result in a withdrawal of the offer of employment, placement or volunteering.

The required/recommended vaccinations and TB testing may be administered at your family physicians office or at the local health unit in the area in which you reside. Visiting electives are directed to send their completed forms with proof of immunizations and testing to the Woodstock Occupational Health Nurse. If you require the services of the OHN there will be a fee (See other page for further details).

Visiting Elective Physicians who perform exposure prone procedures have an ethical responsibility to know their serological status for Hepatitis B Virus, Hepatitis C Virus and Human Immunodeficiency Virus (HIV). Those who learn they are infected should seek advice from their professional regulatory body. For those with no regulatory body, the local Medical Officer of Health or OHS can provide advice with respect to the recommended safe work practices.

**Woodstock Hospital Occupational Health Services
310 Julianna Drive
Woodstock, Ontario
N4V 0A4
519-421-4233 ext. 2327
Email: tbrouwer@wgh.on.ca**



WOODSTOCK HOSPITAL

Professional Staff and Visiting Electives

Health Clearance Requirements

Welcome to Woodstock Hospital. As part of the credentialing process you are required to provide medical documentation to our Occupational Health and Safety Department. **Prior to your anticipated start date , return this completed check list and attach all required medical documentation of immunizations/testing listed below to tbrouwer@wgh.on.ca or to our secure fax to 519-421-0601.**

****This form is not sufficient documentation and will delay your start date. You will be contacted if additional information or if testing is required. ****

OR

- ☐ **Tuberculosis (TB) II Step** – Documented proof of a negative 2-step TB Skin test. If a 2-step TB test was completed more than 12 months ago, a current 1-step will be required. (If either TB test is positive, a follow-up chest x-ray will be required and scheduled by the OH department).
- ☐ **Tuberculosis (TB) within past 12 months** – this test is required if you have already had a Two Step TB test completed and have provided copy to nurse. Your one step must be current within the past 12 months.
- ☐ **CXR within past 12 months with a positive TB hx**
- ☐ **Measles/Mumps/Rubella titre (Documented proof of immunity with two recorded doses of MMR)**
- ☐ **Varicella titre (Documented proof of immunity by serology)**
- ☐ **Tetanus/Diphtheria/Pertussis – (proof of primary series, or a booster within the past 10 yrs/Adult Tdap)**
- ☐ **Hep B (Proof of immunity by serology)**
- ☐ **Seasonal Influenza – proof of vaccination (or sign a declination form in OH)**
- ☐ **N95 Fit testing within past 2 years**

Please note: If you require any serology, N95 mask fit testing completion, vaccines or TB testing, this can be completed at Woodstock Hospital by the OH Nurse. Please call 519-421-4233 ext. 2327 to arrange.

Welcome to Woodstock Hospital and thank you for your cooperation!



CONFIDENTIALITY AGREEMENT

All residents / patients / clients under the care of Woodstock General Hospital and all staff and affiliates have a fundamental right to have their health / medical / personal information treated in confidence.

This statement confirms that I have read and understand the Confidentiality Policy for the Woodstock General Hospital.

I commit to hold in confidence all information about patients, residents, clients and their families, staff and affiliates, as well as the operations of the organization, which comes to my attention while carrying out my duties as agreed within the organization.

I commit to respect and maintain the confidentiality of patients, residents, clients and their families, and staff and affiliates of the organization, as well as the operation of the hospital even after my employment / affiliation with the organization ends.

I understand that I may consult my Manager / Coordinator / Department Chief / Chief of Staff / Professional Practice Leader / Human Resources, or the Privacy Officer for details regarding this and related policies.

I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment / contract loss of privileges or affiliation with Woodstock General Hospital, reporting to an individual's professional College, and / or civil action / criminal prosecution, and / or fines levied by the Ontario Privacy Commissioner.

I have completed the following module of the Privacy and Confidentiality education program:

- | | |
|--|---|
| ☐ Professional | ☐ Non-Clinical Support |
| ☐ Regulated Health Professional | ☐ Other (Specify): _____ |
| ☐ Clinical Support | |

Printed Full Name: _____

Signature: _____

Date (mmm/dd/yyyy): _____