



## Required Attestations from Academic Institution Seeking Placement for Student, Resident, or Intern

*The individual below seeks a placement at Neighborhood Health as part of his or her training program. Neighborhood Health requires the individual's academic institution to provide the following attestations before considering the individual's placement request.*

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):	Email:

**Having conducted appropriate searches and other due diligence, I hereby attest the following:**

1. I am an authorized official of \_\_\_\_\_ and have the authority to make the representations below on behalf of my institution.
2. **Provision of Materials:** I provided the individual above with a copy of both Neighborhood Health's:
  - Procedure for Students, Residents, and Interns Seeking Placements at Neighborhood Health; and
  - Policy Booklet for Students, Residents, and Interns with Onsite Placements.

Alternatively, I confirmed this individual has received both of these documents.
3. **Current Enrollment:** I confirm the individual above is a student or resident currently enrolled and in good standing in our academic training program.
4. **Not an Online Student:** I confirm this student is **not** matriculating in an online program (unless the student is from Frontier Nursing University and seeks to work in rural areas).
5. **HIPAA Training:** I confirm the individual above has successfully completed a thorough training regarding patient privacy and the confidentiality requirements of the federal HIPAA statute and regulations, including but not limited to the safeguarding of patient information and the proper storage and protection of patient records.
6. **Life Safety Training:** I confirm the individual above has successfully completed general life safety training, including but not limited to fire safety, personal security, and injury prevention training appropriate for outpatient health care settings.
7. **Infection Control Training:** I confirm the individual above has successfully completed general infection control training appropriate for outpatient health care settings.

8. **Background Check:** I confirm the individual above has completed a criminal background check during the previous three (3) years, the institution has reviewed the results, and the institution found no cause for concern.
9. **No Criminal Convictions or Pending Charges:** I confirm the individual above currently has no criminal convictions or pending criminal charges.
10. **No Malpractice Settlements or Pending Claims:** I confirm the individual has no past or pending malpractice settlements or claims, nor is the individual the subject of any pending investigations in this regard.
11. **Not on Exclusion List:** I confirm this individual is not on the Office of Inspector General's List of Excluded Individuals/Entities, nor is this individual otherwise excluded from participation in any federal or state programs as a result of federal or state investigations.
12. **No Harassment or Discrimination Findings or Pending Claims:** I confirm the individual above has not been the subject of any findings regarding harassment or discrimination, nor is the individual the subject of any pending investigations.
13. **Adherence to Neighborhood Health Policies and Procedures:** I carefully explained to the individual above that he or she must closely adhere to all Neighborhood Health policies and procedures and that failure to do so may result in Neighborhood Health's immediate termination of his or her placement there.

I attach a comprehensive explanation of any clarifications to the attestations above. If I check this box and attach this information, I specifically note in the attachment the item number(s) above I seek to clarify. (This item is optional.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Direct Telephone #

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

***Please email this completed, signed document to  
[administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org)  
and carbon copy the individual above.***