



CLINICAL RESEARCH STUDENT/VOLUNTEER CREDENTIALING APPLICATION

Office of Clinical Research
research@tgh.org

FOR OCR USE ONLY:

- Application
- Resume/CV
- Human Subject Education
- Signed PI Statement
- Badge requested on Portal
- Badge Number: _____
- OD contacted for mapping
- Student contacted for Mindlab
- Mindlab Transcript Received
- Student notified of approval
- Project coordinator notified of approval
- Student info entered in Merge

Date Application Received by OCR: _____

Date Credentialing Approved by OCR: _____

Notes: _____

In accordance with Tampa General Hospital policy, students/volunteers requesting authorization to perform any functions related to clinical research at TGH are required to complete a credentialing application with the following supporting documentation:

- A copy of your current Resume/CV
- Protection of Human Subject Education Certificate (can be completed on-line at <http://www.citiprogram.org/>. List affiliated institution as USF). You will need to complete the Biomedical Investigators and Key Personnel Basic Course.
- Signed Investigator statement of responsibility from an attending physician, for your actions during your involvement under the proposed research.
- A copy of your Mindlab transcript, showing completion of online orientation and Epic training, if applicable. Instructions for completion of Mindlab modules will be sent to you separately, after you submit the initial credentialing application.

Student/volunteer duties regarding research activities are limited to retrospective data collection and data processing or analysis.

Students/volunteers may not be involved in any patient contact for the purpose of recruitment/consenting or study visit implementation.

A TGH badge will be issued upon receipt and approval of all documentation. Badges must be worn at all times while on the hospital premises.

No research activities are to be initiated until credentialing approval has been granted.



Please fill out all of the information included and submit it to TGH OCR at research@tgh.org for processing and approval.

I. Personal Information

Name: _____
 First Middle Initial Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ City of birth: _____

E-Mail Address: _____ Last 4 SSN: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Current Position or Year in School: _____

Name of School Currently Attending: _____

Proposed Date of Graduation: _____

Is this research project conducted for a school requirement (for credit)?

- Yes No

If you already have a TGH badge number, please list here: _____

Please indicate your level of education or credentials:

- Bachelor's Degree
- Master's Degree
- Medical Student
- Doctoral Candidate
- Other _____

II. Professional Information

Affiliation: _____

(Name of group or department you will be working under)

Work Address: _____

City: _____ State: _____ Zip: _____

Please list the Principal Investigators that you intend to work with:

Please indicate the types of studies that you expect to be involved in:

- Chart Review
- Registry
- Observational
- Survey
- Drug Trials
- Device Trials
- Industry Sponsored
- Investigator Initiated

I understand that my involvement with human research is a privilege that is to be conducted under the ethical principals of respect for all persons, beneficence, and justice. I am committed to protecting the privacy of patient health information during any data collection that I am responsible for and am committed to minimizing risk for any patients during the conduct of the research that I am involved in. I will conduct all research related activities according to the TGH and IRB approved study protocol and will maintain patient safety at the forefront of all research activities with which I am involved.

Applicant Signature

Date



CONFIDENTIALITY STATEMENT

I, _____ will be participating in research studies that are to be conducted at Tampa General Hospital. Any and all TGH related studies that I serve on as a research staff member will be approved by Tampa General Hospital and a TGH affiliated Institutional Review Board.

I realize that, in the course of my work, I may be exposed to confidential information regarding patients.

I understand that any and all patient information is confidential and protected under State and Federal regulations governing hospitals and patient rights. Violations of the sections may carry penalties.

I further understand that no patient names or data may be abstracted or removed from the hospital other than as identified in the research protocols and approved in the Tampa General HIPAA Authorizations.

I understand the above conditions and agree to comply with them.

Signature

Date

Print Name



INVESTIGATOR'S STATEMENT OF RESPONSIBILITY

Principal Investigator/ TGH supervisor: _____

Institution/ Dept: _____

Student Name: _____

- I will be sponsoring the above named student for a research internship from ____/____/____ to ____/____/____ (Dates).
- I understand that the student may not be involved in any patient contact for the purpose of recruitment, consenting, or study visit implementation.
- I understand that the student's duties regarding research activities are limited to retrospective data collection and data processing or analysis.
- I am requested remote access for my student. I acknowledge that this is only necessary if chart review will occur off the TGH network. (if this is required please have the student complete the additional Security and confidentiality agreement on the last page.

By signing below, I agree to be responsible for the student's conduct while under my supervision for this research role.

Principal Investigator/TGH supervisor*

***Student sponsor must be an attending physician privileged through TGH Medical Staff Services or a TGH employee.**

Security and Confidentiality Agreement

TGH* has a legal responsibility to safeguard the confidentiality and security of our patients' protected health information (PHI) as well as operational, proprietary, and employee information. This information may include, but is not limited to, patient health records, human resources, payroll, fiscal, research, and strategic planning and may exist in any form, including electronic, video, spoken, or written. This agreement applies to all members of the workforce, including but not limited to employees, volunteers, students, physicians, and third parties, whether temporary or permanent, paid or not paid, visiting, or designated as associates, who are employed by, contracted to, or under the direct control of TGH. This agreement also applies to users of TGH information systems and the information contained therein, whether the user is affiliated with TGH or not, and whether access to or use of information systems occurs locally or from remote locations. I hereby agree as follows:

- I acknowledge that TGH has formally stated in policy its commitment to preserving the confidentiality and security of health information in any format. I understand that I am required, if I have access to such health information, to maintain its confidentiality and security.
- I understand that access to health information created, received, or maintained by TGH or its affiliates is limited to those who have a valid business, medical, or professional need to know the information. I understand that TGH has implemented administrative, technical, and physical safeguards to protect the confidentiality and security of PHI, and I agree not to bypass or disable these safeguards.
- I understand that I will be given a unique User ID and password to access electronic health, operational, proprietary, employee or other confidential information. I understand that my User ID and password are confidential, that I am responsible for safekeeping my password, that I am also responsible for any activity initiated by my User ID and password, and that in certain circumstances my User ID and password may be equivalent to my legal signature. If I suspect that my User ID or password has been compromised, I should immediately contact TGH Information Technology (IT).
- I have no expectation of privacy when using TGH's information systems. TGH shall have the right to record, audit, log, and/or monitor access to or use of its information systems that is attributed to my User ID. I agree to practice good workstation security measures on any computing device that uses or accesses a TGH information system. Good security measures include, but are not limited to, maintaining physical security of electronic devices, never leaving a device unattended while in use, and adequately shielding the screen from unauthorized viewing by others.
- I understand that only encrypted and password protected devices may be used to transport PHI or other Restricted Data.
- I understand that smartphones and other mobile devices used to access TGH information systems must be configured to encrypt any Restricted or Sensitive Data, including photographs and videos, in persistent storage. I understand that I may access and/or use TGH confidential or Restricted Data only as necessary to perform my job-related duties and that I may disclose (i.e., share) confidential or Restricted Data only to authorized individuals with a need to know that information in connection with the performance of their job functions or professional duties.
 1. *Restricted Data*: Data in any format collected, developed, maintained, or managed by or on behalf of TGH, or within the scope of TGH's activities, that are subject to specific protections under federal or state law or regulations or under applicable contracts (e.g., medical records, Social Security numbers, credit card numbers, Florida driver licenses, and export controlled data).
 2. *Sensitive Data*: Data whose loss or unauthorized disclosure would impair the functions of TGH, cause significant financial or reputational loss, or lead to likely legal liability (e.g., financial information, salary information, hospital policies, research work in progress, and copyrighted or trademarked material).
- I understand that upon termination of my employment / affiliation / association with TGH, I will immediately return or destroy, as appropriate, any confidential or Restricted Data in my possession. I understand that my confidentiality obligations under this Agreement will continue after the termination of this Agreement and after termination of my employment or affiliation with TGH.
- I agree to immediately report any known or suspected violation of the confidentiality or security of PHI of patients of TGH to either TGH IT or to the TGH Privacy Office.
- I understand that violations of this Agreement may result in revocation of my user privileges and/or disciplinary action, up to and including termination, and that TGH may seek any civil or criminal recourse and/or equitable relief.

By signing or by entering my name and other identifying information on this Agreement, I acknowledge that I have read this Agreement and agree to comply with all the terms and conditions stated above.

Print Name	Entity or Department	
Signature	Date	Badge # or ID #
E-mail		

*For purposes of this agreement, TGH includes the Florida Health Sciences Center, Inc.'s Board of Directors, Florida Health Sciences Center, Inc., Iminary Healthcare Staffing and The Surgery Center at TGH Brandon HealthPlex