

Lancaster General Health Internship Prerequisite Checklist

ALL IMMUNIZATION AND CLEARANCES ARE REQUIRED 10 BUSINESS DAYS PRIOR TO START DATE

Please print this list and check each item below as you complete the requirement. When complete, please scan all your prerequisites along with the completed checklist to Allison Harnsberger at allison.harnsberger@pennmedicine.upenn.edu no later than 10 days prior to your start date.

Immunizations

- ☐ Proof of 2 **MMR** vaccines or Rubella, Rubella, and Mumps Titers (blood tests for MMR antibodies).
- ☐ Proof of 2 **Varicella** vaccines or Varicella Titer results (blood test for Chicken Pox antibodies).
Date of disease is not accepted.
- ☐ Proof of 3 **Hepatitis B** vaccines or Hbsab (blood test for Hepatitis B antibodies).
- ☐ Results of a **Quantiferon Gold blood test** dated within 2 months of the internship start date
(recommended option)

Or

Proof of 2 **TB Skin Test** results within the past 12 months

Either

Provide both results of a "2-step" TB skin test:

-requiring 4 visits to your health provider within 1 year of internship start date. Or

Provide the results of ANNUAL testing from 2 separate TB skin tests:

-1st test result dated within 1 year of internship start date & the 2nd test result dated no later than one year prior to the date of the 1st test.

- ☐ Proof of a Flu Shot for internships extending beyond **November 15, 2022**. It is your responsibility to receive a flu shot once they become available. Please provide documentation that you have received a flu shot by **November 15, 2022**.
- ☐ Proof of COVID-19 vaccination. Student must be fully vaccinated 14 days before their start date. At this time, boosters are not required.

Clearances

***Must be active clearances throughout the end of the internship –with clearances being valid for 5 years.**

*** Independent software company background clearances will not be accepted.**

- ☐ **Pennsylvania Department of Human Services FBI – Fingerprinting Background Check**
To obtain this clearance, please follow the **Pennsylvania Department of Human Services FBI Fingerprinting Background Check Directions** below. The results of this clearance may take 4-6 weeks and will be mailed to you.
- ☐ **Pennsylvania Department of Human Services Child Abuse Background**

*This clearance is available through the State of Pennsylvania website. Results will be available online. To obtain this clearance, please follow the **Child Abuse History Clearance Directions** below and select the Application Purpose option described in item 15. We only accept the Employment Record Check.*

☐ **PA PATCH (Pennsylvania Access To Criminal History)**

Go to the following website & follow instructions <https://epatch.state.pa.us/Home.jsp>. The printable results are returned immediately online. Please choose "Submit New Record Check" and "Employment" as the reason for request. We only accept the Employment Record Check.

Pennsylvania Department of Human Services

FBI Fingerprint Background Check Directions (appointments available at the LGH main hospital – NOT Burle)

1. Click on the following link or copy and paste into your browser: <https://uenroll.identogo.com/>
2. Enter the following Service Code and click 'Go' (not case sensitive): **1KG756**
3. On the next page, click on 'Schedule or Manage Appointment'
4. On the following page, enter all of the required fields and then click 'Next'
5. On the following page, you will be required to enter your Country of Birth, State/Province of Birth, and Country of Citizenship. Once you have completed these steps, click 'Next'
6. On the following page, you will be required to answer 3 questions. Note: Alias would include a Maiden name. For the 3rd question, answer 'No' for "Do you have an authorization code that you will be using as a method of payment?", then click 'Next'
7. On the following page, enter your Personal Information, then click 'Next'
8. On the following page, enter your Mailing Address and then click 'Next'
9. On the following page, please select the Documents that you will be required to bring to your appointment. Once completed, click 'Next'
10. On the following page, select a location to complete your digital fingerprints by entering your Postal Code, City, Airport Code or Special Location Code. Select the location you would like to use and then click 'Next'
11. On the following page, select the date and time of your appointment. Once completed, click 'Next'
12. The following page is a confirmation page for your appointment that includes payment options. Please note that you will need to pay \$22.60 whenever you go to your appointment. Cash is not accepted.
13. You can print the confirmation page but it is not needed for your appointment. Please be sure to take the appropriate ID with you to your appointment (as noted on your confirmation page). You will be mailed your clearance.

**To obtain the Pennsylvania Department of Human Services FBI Fingerprint Background Check by mail
(when outside the state of Pennsylvania)**

1. Please call Identogo directly at 844-321-2101.

2. After the language prompt, press #6 and ask the customer service representative for the "cards by mail" step by step instructions to obtain the Pennsylvania FBI Fingerprint clearance (using the required FD-258 card).
3. You will need to provide the following Service Code: **1KG756**.

Pennsylvania Department of Human Services Child Abuse History Clearance Directions

Original Child Abuse Clearances are required by certain employees of Lancaster General Health in order to comply with state child care laws and Lancaster General Health's Pennsylvania Child Protective Services Law Clearances Policy:

Procedures, #5: **Any employee, who is working provisionally and does not receive a PA State DPW Child Abuse clearance with a cleared status at the end of their provisional period will be suspended. Their employment will be terminated if the clearances are not received within two weeks of the end of their provisional period.**

This clearance is available through the State of Pennsylvania website. To obtain this clearance, please refer to the following instructions:

INSTRUCTIONS

Please note that to complete the application process you will need the following:

- *Addresses where you have previously lived*
- *Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.*
- *Any previous names you have used or have been known by*
- *Credit/Debit Card information for the application fee*

1. Click on the following link or copy and paste into your browser:
<https://www.compass.state.pa.us/cwis/public/home>
2. Click on 'Create Individual Account' or click on 'Individual Login' if you already have an account.
3. After reading the General Information page, click 'Next'.
4. Create a Keystone ID, complete all required fields, and click 'Finish'.
5. The system will then send you 2 e-mails. The first will be a confirmation of your user name. The 2nd will contain a temporary password. Once you have received these e-mails, you will need to go back to the original page and click 'Login'.
6. On this new page, please read the disclosure information provided and click 'Continue' at the bottom right of the page.
7. Please enter the username and temporary password that were sent to you on the new page.
8. On the following page, please follow the directions and create a password. Then click 'Submit'.
9. Once you have successfully submitted a new password, click 'Close Window'.
10. You will now need to login using your username and password.
11. Once you have logged into your account, you will need to read the Terms and Conditions, click the option to agree or not agree, and click 'Next'.
12. You will again be directed to read the disclosure information and click 'Continue' at the bottom right of the page.
13. On the next screen you will need to click on 'Create Clearance Application'.
14. On the following screen, you will need to read the information provided and click on 'Begin' at the bottom right of the page.
15. For Application Purpose, you will need to select:

Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child's welfare or having direct contact with children. Then click 'Next'.

16. On the following screen, you will need to complete basic information about yourself and confirm your e-mail address. Once you have completed this, click 'Next'.
17. Please complete the information on the following pages to complete the application including your:
 - a. Current Address
 - b. Previous Address
 - c. Household Members
 - d. Review your application
18. You will then need to complete the application by applying your electronic signature and entering your payment information.
19. You will be notified by the system when your clearance is complete.
20. When you receive notification that your clearance is complete you will need to login to your account and print the clearance. The clearance will need to be submitted on your first day of orientation or to Human Resources if you receive your clearance after orientation.

**WELLSPAN HEALTH - UNPAID INTERN
VACCINATION DOCUMENTATION FORM**

Name _____

Date of Birth _____

Last 4 digits of SSN # XXX-XX- _____

Phone Number _____

INTERNS MUST SUBMIT THIS FORM WITH MEDICAL DOCUMENTATION OF ALL REQUIREMENTS LISTED BELOW. MEDICAL DOCUMENTATION INCLUDES HEALTHCARE PROVIDER OR ELECTRONIC MEDICAL RECORDS. RECORDS SUBMITTED MUST CONTAIN YOUR NAME & DATE OF BIRTH.

1. **Tuberculosis: Unpaid Interns have three options to provide Tuberculosis results:**
OPTION 1: 1-Step Tuberculin Skin Test/PPD within 12 months of the start of internship; provide results. If history of positive PPD, answer following questions **and** provide copy of chest x-ray results within the last 12 months.
 - Do you have any current symptoms (persistent cough, fever, night sweats, etc)? _____
 - Did you do INH treatment? _____**OPTION 2: QuantiFERON Gold** performed within 3 months of the start of internship; provide results.
OPTION 3: T-spot test performed in within 3 months of the start of internship; provide results.
2. **Chicken Pox Vaccination (Varicella):** provide documentation of 2 placement dates or positive titer results.
NOTE: We will not accept "had disease" as documentation.
3. **MMR Vaccination (Measles, Mumps, Rubella):** provide documentation of 2 placement dates or positive titer results. **NOTE: We will not accept "had disease" as documentation.**
4. **TDAP (Tetanus, Diphtheria & Pertussis):** provide documentation of one (1) adult dose after age 11.
NOTE: If documentation of TDAP dose at age 10 and given within the past 10 years, this is acceptable. If the dose was given at age 10 and given greater than 10 years ago, an updated TDAP is required.
5. **Hepatitis B Vaccination:** provide documentation of placement dates or positive titer results.
NOTE: Hepatitis B is the only vaccination that is not mandatory for internships. It is recommended that you have the vaccine, if you will be working in a clinical area with any potential of blood or body fluid exposure. If you have not had the vaccination series or your Hepatitis B titer results were non-reactive or negative and you wish to decline receiving the vaccine, please sign below. By signing below, you acknowledge that you are aware of the risks involved with not receiving the vaccine and declining the Hepatitis B vaccines.

Intern Signature: _____

6. **Flu Shot and COVID-19 Vaccination Status:**
As part of your onboarding process, WellSpan policy requires we receive information about your flu vaccination status and COVID-19 vaccination status. Flu vaccination for the current flu season (October 1st through April 30th, or subject to change based on CDC/Health Department requirements) is required to work, volunteer or observe in a WellSpan facility. Vaccination against COVID-19 is not required but we must know your vaccination status for regulatory purposes. Please fill out this information at [this link](#) prior to your start date.

UNPAID INTERN
INSTRUCTIONS FOR MANDATORY CLEARANCES

Please read the instructions carefully regarding the forms that are necessary for your Unpaid Internship position. Unpaid Interns are required to pay for the cost of the mandatory clearances. The three clearances listed below are required to start your internship. Failure to provide the necessary clearances will delay the start of your internship!

The following 3 clearances are required for your WellSpan internship:

1. **PA State Police Criminal Record Report:**

- On-line submission at <https://epatch.pa.gov/home>
- Click on "New Volunteer Record Check"
- Enter required information to obtain report.

2. **Pennsylvania Department of Human Services Child Abuse History Clearance:**

- On-line submission at <https://www.compass.state.pa.us/CWIS/public/home> .
- Click on **Create Individual Account**; follow the instructions to obtain your clearance.
- When you arrive at the Application Purpose Section, click/enter the following:
 - Volunteer Having Contact with Children
 - Application Purpose = Volunteer
 - Volunteer Category = Other
 - Agency Name = WellSpan Health
- Be sure to enter your social security number! If you do not enter it, there is a guaranteed delay in receiving your clearance due to more investigative work by PA!

3. **FBI Department of Human Services Background Report:**

- On-line submission at <https://uenroll.identogo.com/>
- When enrolling, enter the following service code:
 - Code = 1KG6ZJ
- Click on "Schedule or Manage Appointment" to complete the registration process if submitting fingerprints in-person. After all required information is provided, you can also schedule your fingerprint appointment by clicking on "Schedule Appointment" on the Service Summary screen. Once you have registered, you will receive a confirmation email. Payment will be required at time of service. If you are out of state and not able to submit your fingerprints in person, follow the instructions for submitting a fingerprint card by mail, submitting payment, etc.

NOTE: If you have already obtained any of the clearances listed above for another internship and it will not expire prior to the completion of your internship (valid for 5 years), please provide originals or copies of the clearances. We are able to utilize these clearances and you will not be required to order additional clearances.

