STUDENTS

Thank you for choosing to work With CHI Health. Below is a checklist with the required materials for us to approve you as a non-employee Please check the boxes as each items is included in your packet.					
☐ Page 1- Cover Page/Checklist with all Boxes marked					
☐ Page 2- Personal Information Page					
☐ Page 3- Attestation Page					
☐ Page 4- Licensure or Certifications if they are required (must be primary Source Verified)					
☐ Page 5- Nursing Policies and Procedure certificate (Omaha locations only)					
☐ Page 6- Non Employee General Orientation Certificate					
Any providers practicing in Iowa and All providers working in Nebraska Behavior Health Page 6- Mandatory Reporter Post Assessment Showing passing score					

TO: CHI HEALTH

Student

Email: Nonemployees@alegent.org

Fax: 402-717-1995

Phone: 402-717-6947 option 6

From:	
Email:	
All docur	ments must be assembled into ONE fax and sent to CHI Health Human Resources.



Personal Information Form- All information is required.

If ANY information is missing we will destroy the packet and process will need to start over. We do not keep incomplete packets on file.

Personal Information						
Name (First, Middle, and Last)		Preferred Name				
Social Security Number	Date of Birth	Email Address				
Address- City, State, Zip						
Job and Licensure Information						
Program of Study:						
Are there any required Licenses or Certifications (please include Life Support Cards) required for the job you will be Performing with CHI Health' NO YES -If yes, list them here: Please attach a copy of your credentials to your packet We accept Primary source verified credentials. Failure to do so will delay your start with CHI Health. Please Note: You are required to submit new credentials annually to CHI Health Human Resources. School Name						
Contact Person at your School - Name			Contact Person email address			
Contact persons job title						
	CHI Health	Information				
Please check all the CHI Health Facilities you will be working at:						
□ Bergan Mercy- Omaha □ Immanuel Medical Center- □ Omaha □ Memorial Hospital -Schuyler, NE □ Plainview Hospital □ St Mary's Hospital - NE City	□ Community Memorial Hospital □ Mercy Hospital-Council Bluffs □ Clinics □ Creighton Univ Medical Cent □ Lasting Hope Recover Center	s ter Omaha	 Mercy/Corning Hospital Good Samaritan Hospital - Kearney St Francis Medical Center - Grand Island St Elizabeth Medical Center - Lincoln Nebraska Heart Hospital-Lincol Other 			

School Name

Phone and Email address



Non Employee Background Check Attestation Form & Health Screen Attestation Forms

Please have your company representative fill out the following form. Non-Employees can not complete this form for themselves. If your company does not provide these checks CHI Health may be able to assist. See our FAQ page for more details.

Background Checks - SCHOOL affirms they have conducted a background check on the Non Employee listed below prior to working at CHI Health. Please check those boxes for which the contractor has met the requirement. Unless CHI Health is notified in writing all background checks are negative. For Non Employees working in Nebraska: Criminal Background Check – must include a statewide search of Nebraska and Iowa and every county they lived in for the past 7 years. ☐ Sex Offender Check – must be through the Nebraska State Patrol ☐ Nebraska Adult and Child abuse Check – must be through the Nebraska DHHS Central Abuse Registry. If not completed, please indicate date sent. Date Sent: ___ For Non Employees working in Iowa: ☐ Iowa Single Repository Check (SING) (Iowa Code Section 135C.33). A record check company cannot be used to satisfy the requirements of the Iowa Record Checks and must include all of the following items; (1) Criminal Check from the Iowa Department of Public Safety (2) Iowa Dependent Adult and Child Abuse Check from the Iowa Department of Human Services (3) Iowa Sex Offender Check (4) Iowa Evaluation Results if determined by SING check Criminal Background Check – must include a statewide search of lowa and every county they lived in for the past 7 years IF WORKING IN BOTH IOWA AND NEBRASKA YOU NEED TO COMPLETE BOTH CHECKS. HEALTH SCREENING - School affirms that the Non Employee listed below has completed the following health screenings and has documentation confirming the Non Employee's health status. Please check those boxes for which the Non Employee has met the requirement. 1) Tuberculin Skin Test within the past 12 months 2) Measles, Mumps & Rubella (MMR) a) Dates of 2 Shot Series or b) Positive Titer 3) Chicken Pox - Need proof of positive titer or vaccination 4) Hepatitis B (If required by Job) Required for all staff having contact with blood or bodily fluids a) Dates of 3 shot series or b) Positive Titer or If a Drug Screen is to be completed at a CHI Health facility, please write c) Signed declination form the date of appointment and location below: ☐ Drug Screen – Negative 5 panel or higher 6) | Flu Vaccine Attestation by Company Representative: I have verified, Company has on file the documents checked above as per the CHI Health Agreement. An audit will be conducted at any time by a CHI Health Representative. I attest that the documentation can be produced upon request by CHI Health within three hours for the non-employee: (type name of nonemployee)

Name of School representative that can produce paperwork listed above

Signature from Company Representative (electronic okay)