Clinical Experience Program

Student Information & Application Packet
We welcome your interest in a clinical experience at Benefis Health Systems. We have a long tradition of educating healthcare workers, and we are committed to offering clinical experiences that promote the best healthcare today and tomorrow. The safety of our patients comes first, and any clinical experience is provided with patient safety first and foremost.

If you are a student in one of the following programs, your requirements for clinical experiences at Benefis will be handled by your school, and you don't need to read any further:

- Nursing – MSU-Bozeman (Great Falls campus, basic nursing program)
- MSU-Northern (Great Falls campus, basic nursing program)
- GFC-MSU (all healthcare programs, including basic nursing program)

All others who are seeking clinical experience at Benefis need to provide documentation of the following prior to contacting me for a clinical experience:

1. Background check (it may be a background check submitted to another organization, and needs to be within the past year).
2. Liability insurance (your school will have a copy of the certificate of insurance)
3. Current immunizations (See Employee Immunization Requirements)
4. (If a license or certificate is required for this experience) A copy of your current Montana license or certificate.
5. Background check.
6. **When you have documentation of the above**, please email Jan at leisjanm@benefis.org.
   a. Please put “Request for Clinical” in the subject line so your email is not lost.
   b. Fill out the third page of this document and attach it and all supplemental documents listed therein to your e-mail, including the school and degree for which you need the clinical experience and your anticipated starting and ending dates. Also include the total number of hours you are hoping to arrange.

If it is possible to accommodate your request, you will need to follow the policies of Benefis; including our dress code. We also require an ID badge that identifies you as a student. Documentation of required immunizations (see Immunization Requirements for Benefis employees) is required to begin your clinical experience with us.

Jan Leishman-Donahue
Manager Organizational Development
Benefis Health Systems
Clinical Experience Program

Personal Information

Name: ___________________________
College: ___________________________

Program: ___________________________
Graduation Semester: ________________

Address: ___________________________
City: _______________________________

State: ______________________________
Zip: ______

Phone: _____________________________
E-mail Address: _______________________

Date your clinical experience begins: ________________

Date your clinical experience ends: ________________

Total number of hours required: ______

Attach:

• A copy of your license or certificate
• A current record of your immunizations
• Liability insurance
• Background check
• Completed registration packet

Organizational Development/Employer Section – Do Not Fill Out –

Department(s): _______________________

Preceptor: ___________________________

Affiliation Agreement Signed: __________

COI sent to Risk Management: __________
EMPLOYEE IMMUNIZATION REQUIREMENTS

Measles, Mumps and Rubella (MMR)

- Documentation of 2 MMR (Measles, Mumps and Rubella) vaccinations OR
- Documentation of positive antibody titres for MMR (Measles or Rubeola, Mumps, and Rubella)

Chickenpox

- History (memory) of chickenpox disease OR
- Documentation of positive antibody titer OR
- Documentation of 2 chickenpox (varicella) vaccinations

Mantoux (also referred to as PPD or TB skin test)

- Documentation of a negative TB skin test in the last 60 days and documentation of a negative TB skin test in the last 12 months (2 step testing) OR
- If you have a history of a positive TB skin test, provide documentation of negative chest x-ray results within the last year, complete Tb Reactor Form, and obtain medical clearance if determined necessary after EH staff review.

Hepatitis B Vaccinations

It is recommended that you have the Hepatitis B vaccination series if you have risk of exposure to blood or other potentially infectious body fluids while performing your duties. If you are assigned to a work area where there is risk of exposure you need:

- Documentation of Hepatitis B vaccine series (three shots) OR
- Documentation of a positive Hepatitis B surface antibody OR
- Documentation of a signed declination form for Hepatitis B vaccines

Tetanus/Diphtheria/Pertussis (tDap)

Documentation of vaccination within the last 10 years.

Yearly Influenza Vaccination

Documentation of yearly influenza vaccine administration within 1 month of vaccine availability through April 1 of each year

I:\Employee Health\Immunization Requirements
April 2010 Do not fax to employee health