**Emory Healthcare (EHC) Research Credentialing Checklist**

**Prior to beginning the electronic credentialing application,** prepare the following documents to upload. It is possible to save/reopen online application with temporary password; however, once submitted it cannot be re-opened.

[ ]  **Recent Photo ID**

Federal or state issued photo ID such as a passport or driver’s license.

[ ]  **Resume/CV**

[ ]  **Professional License/Certification** (if applicable for role)

Submit web verification or copy of license/certificate with identity number and expiration

[ ]  **Evidence of Malpractice Insurance**

EU and EHC employees receive Clifton malpractice insurance automatically.

To verify employment, please upload either an offer/invitation letter with an EU letterhead or an EU/EHC pay stub. (Select “Clifton” malpractice on application).

[ ]  Current CPR certification

American Heart Association required & must be within the last 24 months. *(Heart Saver AED or higher) (RN/LPNs require BLS)*

Required for full contact- direct patient contact: collecting specimens, vital signs, ht/wt, and phlebotomy.

CPR is not required for minimal contact –no direct pt contact (nothing more than handshake –

Obtaining informed consent, specimen processing/shipping, questionnaires, etc.)

For CPR Class schedule: <http://www.ocr.emory.edu/training/courses.html>, or contact Karen Browning at karen.browning@emory.edu

[ ]  HIPAA

Read and sign within electronic application for confidentiality and non-disclosure statement

[ ]  **Job Description** (form not provided)

A brief, HR type job description of basic role.

*Sponsor or designated supervisor and applicant must date and sign.*

[ ]  **Use of Title “MD” within Emory Healthcare** (if applicable to role)

Must sign form if applicant has been trained as a physician domestically or internationally.

[ ]  Research Informed Consent (if applicable to role). Sponsor/PI signs.

*Study IRB numbers and CITI training certification required.*

[ ]  Immunization Records

Submit Immunization verification for Varicella, MMR, TB, HEP B Titer (see Exhibit D).

*For immunizations needs, contact Emory Healthcare Employee Health for an appointment. In lieu of personal pay, a department letterhead with Speed-key number may be provided for payment- stating “immunizations required for credentialing”.*

EU or outside verifications are accepted. Series must be initiated prior to patient contact. Check Emory Peoplesoft for your Immunization report: <https://leo.cc.emory.edu/> (Peoplesoft -> Self Service -> Workplace Health -> my medical information -> Immunizations).

[ ]  Seasonal Flu Vaccines (Mandatory October-March)

Submit verification from Clinic, MD office, or Pharmacy. Within Emory, submit confirmation e-mail.

Georgia CTSA Clinical Research Center sites provide flu vaccines to EHC-Credentialed Research staff: gcrc@emory.edu, 404-727-4617. Locations: EUH - Ground floor, room HH-02 or EUHM - 2nd floor Davis Fisher Bldg, room 2311.

[ ]  Declaration of MD Sponsor & Selected Sites

MD Sponsor must have active clinical privileges or sponsor must have authorized clinical access at sites requested**.** *Sponsor or designated supervisor and applicant must date and sign.*

Selection of Operating Room (OR), only select if required for role - No direct patient contact in OR.

[ ]  Attestation of Annual Regulatory Requirements

 Read courses in PDF format from hyperlink for self- study.

<http://www.ourehc.org/departments/human-resources/organizational-development/learning-management-system-services-hlc/non-ehc-staff-resources.html>

Initial each regulatory after completion. Sign and submit the attestation. There are no on-line tests to submit. Complete age appropriate (adult or pediatric) as applicable. Or HLC Express may be used – submit certificates or transcript.

[ ]  **EHC Clinical Authorizations and Competency Review form**

Form determines granted authorizations

Select basic functions needed for role, modifications can be made to include new skills required can include additional competency.

For some skills such as phlebotomy, height & weight, vital signs, and EKG, the application must be completed beforeskill can be authorized.

Sponsor or designated supervisor must grade each skill and date/sign form.

[ ]  **Phlebotomy 101 Training: Introduction to Venipuncture (required for phlebotomy)**

Emory University and Emory Healthcare employees can learn the essentials to phlebotomy

Through Georgia CTSA and Emory Medical Laboratory.  Fee involved/ CPR certification required to take course. For more information: <http://georgiactsa.org/discovery/gcrcs/phlebotomy-101.html>

Contact Jeb Williams, 404-712-3581, GCRC@emory.edu

[ ]  **CPOE (Computerized Provider Order Entry**)

As an authorization within Emory Healthcare, please submit the thank you e-mail that you received after completing the course.

*CPOE for non-licensed is currently only available within Winship Cancer Institute.*

**For CPOE Class:** <http://www.ocr.emory.edu/training/courses.html>, or contact Bridget Strong, OCR: bridget.strong@emory.edu

[ ]  **ECG Competency**

Attached the Lippincott instructions for a 12 lead electrocardiogram. Please read and utilize during the training that your department will provide.

Then submit the last attachment – “Electrocardiogram ECG Verification form” signed by you and your trainer.

The Winship Cancer Institute training and ECG competency may be submitted in lieu of the attached Electrocardiogram ECG Verification form.

[ ]  **Height & Weight Competency**

Read attached references on procedure, assessment, skills checklist, images, quick list, and watch the videos. Then submit the first attachment “Height and Weight Verification form” signed by you and your trainer.

[ ]  **Vital Signs Competency**

Read attached references on procedure, assessment, skills checklist, images, quick list, and watch the videos. Then submit the first attachment “Vital Signs Verification form” signed by you and your trainer.

[ ]  **Letters of professional reference** (not required for EU or EHC employee)

Three written professional references (1 doctoral level MD/PhD, and 2 peers)

To document satisfactory, critical thinking, technical and interpersonal relationship skills.

Request form to be used. The designated sponsor or supervisor may not act as reference

Preferably, the references are of the same clinical designation as applicant;

Have known the applicant for at least one year; and may be, but are not required to be

Affiliated with Emory. Applicant should not return the reference.

Complete application prior to functioning independently within role in Emory entities. Nursing Office of Credentialing will notify of completion and request EHC photo ID badge from Security.

OFFICE CONTACT:

E-mail: Research.credentialing@emoryhealthcare.org

Confidential Fax: (404) 712-4976.

Mail: Office F-213, Emory University Hospital, Box 45, 1364 Clifton Road, NE, Atlanta, GA 30322.

Location: Emory University Hospital, 2nd floor, across from E elevator, enter Nursing Admin, F-213

 **For questions or assistance, please call Zeinab Abdulkadir at (404)-712-0510.**