|  |  |  |
| --- | --- | --- |
| **Information in this section should be completed by the student before submitting to HR.** | | |
| **Personal** | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name:** |  | | **Contact phone No.:** |  | | **Address:** |  | | | | | **SSN:** |  | | **Date of Birth:** |  | | **Email address:** | |  | | | | \*TRMC will verify to ensure that your SSN matches your name. | | | | | |
| **Emergency**  **Notification** | | In case of an Emergency, notify:   |  |  |  |  | | --- | --- | --- | --- | | **Name:** |  | **Phone No.:** |  | | **Address:** |  | | | |
| **Criminal**  **History** | | |  |  |  | | --- | --- | --- | | **Other than traffic violations, have you ever been convicted of a crime?** | | Yes  No | | **If yes, please describe:** |  | |   \*Depending on the nature of the crime (felony – theft, etc.) TRMC will elect to prohibit your services. |
| **Accountability** | | I understand that this form is used for informational purposes only and does not constitute an employment agreement or contract. I agree to abide by hospital policies and procedures. I understand that the Department Manager in which department I am placed will oversee my work performance during the contract/service agreement period and will report any findings to administration and individual/group contract entity, as appropriate.   |  |  |  |  | | --- | --- | --- | --- | | **Signature:** |  | Date: |  | |
| **School** | **Thibodaux Regional Medical Center has entered into a contract/service/affiliation agreement with:**   |  |  |  |  | | --- | --- | --- | --- | | **School/Program:** |  | | | | **Contact Person:** |  | **Phone No.:** |  | | **Address:** |  | | | | |
| **Authority** | **Human Resources to designate appropriate Director responsible for Student Extern/Intern:**   |  |  |  |  | | --- | --- | --- | --- | | **On-site Training Begins**: |  | **Ends:** |  | | **Department:** | | | | | |
| **Insurance** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Certificate of Insurance is Attached:** | |  | Yes |  | No | | | **Policy No:** |  | | | | | **Expiration:** | |  | | |
| **For TRMC Use Only** | | |
| **Query** | **For Human Resources Use Only**  Sanction Report   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Office of Inspector General:** | |  | No Match | |  | Match | \*If a Sanction “match results, TRMC | | | | **System Awards Management:** | |  | No Match | |  | Match | Will elect to prohibit your services | | | | **Date:** |  | | | **HR Initials:** | | | |  | | |

Thibodaux Regional Medical Center does not discriminate on the basis of any protective status.