

Full Application for Non-Fairview Employed Research Staff

All non- Fairview research personnel utilizing patients or patient data within a Fairview facility or system for research purposes must complete this application. It is the responsibility of the researcher to update this application if he/she has a change in employment, study or supervisor.

Part One: Identification, Research Study and Supervisor information.

Name of Applicant (*Last, First, Middle*): _____
Credentials: _____

Last 4 digits of SSN (necessary for identification verification): _____

Employer: U of MN Department: _____
 Other: _____

Work (Primary Department) Address: _____

Work Phone: _____

Work Email (UMN): _____

Supervisor Name (with credentials): _____

Supervisor Phone: _____

Supervisor Email: _____

Part Two: Research department/location information.

Please indicate below the locations and department(s) on which your research is focused and/or which locations you will be working.

Hospital:
Units:

Hospital:
Units:

Clinics:

Will you be working in the Clinics and Surgery Center (CSC)? Yes No

Full Application for Non-Fairview Employed Research Staff

Part Three: Access to Fairview electronic systems

Select the Fairview information system(s) you will be using in your research role. Indicate if you already have access to the system or if you need to establish access to complete your research.

System Name	I have access	I need to establish access
EPIC (<i>Fairview's electronic health record</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Secure Gateway (<i>for remote access to EPIC, required for users accessing Epic outside of Fairview locations</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Name of research colleague to mirror Epic access to: (User needs to be currently NERS approved)		

Part Four: Research tasks and/or procedures you will perform.

Below you will find four NERS categories. Please complete the one category that best represents your research needs.

Required learning will need to be completed through Fairview's Learning Management System (LMS). Access to Fairview Applications and a Fairview badge will not be given until all required learning has been completed. Access to LMS will be granted once NERS application has been submitted.

Health Record View-Only		
Research Tasks <i>(Check all that apply)</i>	Requirements	Attached documentation required
<input type="checkbox"/> Health records review <input type="checkbox"/> Other	Human Subjects' Protection (CITI) CV/Resume LMS: Health Information Privacy & Security LMS: Research Module (Intro) LMS: Epic View Only Access tutorial	<input type="checkbox"/> <input type="checkbox"/>

No Patient Contact		
Research Tasks <i>(Check all that apply)</i>	Requirements	Attached documentation required
<input type="checkbox"/> Health records review <input type="checkbox"/> Research Documentation in Epic (Includes writing Notes, Associating patients, Linking encounters, documenting consent etc) <input type="checkbox"/> Other	Human Subjects' Protection (CITI) CV/Resume LMS: Health Information Privacy & Security LMS: Research Module (All) Epic Research Education classroom training	<input type="checkbox"/> <input type="checkbox"/>

Full Application for Non-Fairview Employed Research Staff

* As noted on our website: NERS collaborates with the University of Minnesota Office of Occupational Health and Safety to ensure the occupational health needs of applicable employees are met. Applicants who interact with patients (NERS Patient Contact and NERS Patient Intervention) are required to submit documentation of immunizations to UMN OHS.

Patient Contact (Non-Licensed/Certified Staff)		
Research Tasks *Requires Fairview ID Badge <i>(Check all that apply)</i>	Requirements	Attached documentation required
<input type="checkbox"/> Health records review <input type="checkbox"/> Research Documentation in Epic (Includes writing Notes, Associating patients, Linking encounters, documenting consent etc) <input type="checkbox"/> Obtain informed Consent <input type="checkbox"/> Survey Administration <input type="checkbox"/> Vital signs <input type="checkbox"/> Specimen Handling* (additional LMS training required) <input type="checkbox"/> Other	Human Subjects' Protection (CITI) CV/Resume LMS: Health Information Privacy & Security LMS: Research Module (All) LMS: Hazardous Waste LMS: Bloodborne Pathogens Background Study Forms (required for badge) Epic Research Education classroom training *LMS: Patient Identification and Laboratory Specimen Handling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Patient Intervention (Licensed/Certified Staff) *Licensure documentation required		
Research Tasks *Requires Fairview ID Badge <i>(Check all that apply)</i>	Requirements	Attached documentation required
<input type="checkbox"/> Health records review <input type="checkbox"/> Research Documentation in Epic (Includes writing Notes, Associating patients, Linking encounters, documenting consent etc) <input type="checkbox"/> Obtain informed Consent <input type="checkbox"/> Survey Administration <input type="checkbox"/> Vital signs <input type="checkbox"/> Specimen Handling <input type="checkbox"/> Blood draw: finger, heel, vein <input type="checkbox"/> Obtain Biological Sample: Blood, Urine, Saliva, other) <input type="checkbox"/> IV access <input type="checkbox"/> IV placement <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Medication Administration* (additional LMS training required)	Human Subjects' Protection (CITI) CV/Resume LMS: Health Information Privacy & Security LMS: Research Module (All) LMS: Hazardous Waste LMS: Bloodborne Pathogens LMS: Patient Identification and Laboratory Specimen Handling Background Study Forms (required for badge) Epic Research Education classroom training *LMS: Medication Administration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Full Application for Non-Fairview Employed Research Staff

Part Five: Signatures of applicant and supervisor are required to qualify as a complete application. Electronic signatures will not be accepted.

I certify that I have provided correct and current information regarding my application to conduct research and provide ancillary clinical professional services at Fairview Health Services.

Signature of Applicant

Date

Signature of Supervisor

Date

Please allow THREE (3) weeks from the date of submission for processing

<i>Submit Completed Application to Fairview Research Administration</i>			
<u>Email- Preferred Method</u> research@fairview.org	<u>Fax</u> 612-672-7691	<u>Intercampus Mail</u> Research Administration Energy Park Building	<u>U.S. Post</u> 2344 Energy Park Drive St. Paul, MN 55108