

**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.

<b>Hospital:</b>
<b>Units:</b>

<b>Hospital:</b>
<b>Units:</b>

<b>Clinics:</b>

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

Do you currently have access to Epic for a clinical or student role?  Yes     No

If yes, please provide detailed information:

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**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 tasks.**

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.

<b>Health Record View-Only</b>		
Research Tasks <i>(Check all that apply)</i>	Requirements	Attached documentation required
<input type="checkbox"/> Health records review <input type="checkbox"/> Other	GCP/ 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"/>

<b>No Patient Contact</b>		
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	GCP/ Human Subjects' Protection (CITI) CV/Resume  LMS: Health Information Privacy & Security LMS: Research Module (All)	<input type="checkbox"/> <input type="checkbox"/>

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\* 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.

<b>Patient Contact (Non-Licensed/Certified Staff)</b>		
<b>Research Tasks</b> <b>*Requires Fairview ID Badge</b> <i>(Check all that apply)</i>	<b>Requirements</b>	<b>Attached documentation required</b>
<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	GCP/ Human Subjects' Protection (CITI) CV/Resume  LMS: Health Information Privacy & Security LMS: Research Module (All) LMS: Hazardous Waste LMS: Bloodborne Pathogens  VCI Background check (required for badge) DHS Background check (required for badge) Epic Research Associates classroom training  *LMS: Patient Identification and Laboratory Specimen Handling	<input type="checkbox"/> <input type="checkbox"/>

<b>Patient Intervention (Licensed/Certified Staff) *Licensure documentation required</b>		
<b>Research Tasks</b> <b>*Requires Fairview ID Badge</b> <i>(Check all that apply)</i>	<b>Requirements</b>	<b>Attached documentation required</b>
<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)	GCP/ 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  VCI Background check (required for badge) DHS Background check (required for badge) Epic Research Associates classroom training  *LMS: Medication Administration	<input type="checkbox"/> <input type="checkbox"/>

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**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**

<b>Submit Completed Application to Fairview Research Administration</b>			
<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