University of Pittsburgh – Department of Rehabilitation Science and Technology

Rehabilitation Technology Program

Graduate Student Required Training Modules, Procedures, & Clearances Requirements

In order to participate in research or clinical activities, the University of Pittsburgh and UPMC require certain training modules, procedures, and Clearances. It is recommended to complete these prior to or soon after arrival on campus.

HS Connect

https://www.hsconnect.pitt.edu

- Create account

University of Pittsburgh Access

- Pitt ID Card — https://www.pc.pitt.edu/card/photoid.php
- Bakery Square 4th Floor Access Card — Please see Suite 401, BKSQ, Tyler Fleck, Sr. Department Administrator
- Plan of Study (Academic Track / Research Track) — Required Each Semester with advisor signature

University of Pittsburgh CITI Access Portal

http://www.citi.pitt.edu

If you already have an existing CITI account, please access the instructions at https://www.citi.pitt.edu/citi/, which will inform you how to link your accounts together.

- Biomedical Human Subjects Research (includes all health science students) — Required every 3 years
- Responsible Conduct of Research — Required every 3 years
- Conflict of Interest - https://www.coi.pitt.edu/coi-filing-process/coi-superform-system — Required Annually -

Internet-based Studies in Education and Research

https://www.hsconnect.pitt.edu/HSC

- HIPAA Privacy and Security Awareness for Physicians, Mid-Level Providers, Dentists, Staff, and Students working in University of Pittsburgh clinical facilities, all Staff and Faculty working in other HIPAA-covered departments and all Students, Staff and Faculty in the Schools of Health Sciences — No expiration
- Bloodborne Pathogen Training (Formerly RPF Module 9) — Required annually
- Responsible Literature Searching — No expiration
- UPMC Information Privacy and Security Awareness Training for Physicians, Mid-Level Providers, Staff, and Students Who Are Not Employed by UPMC but Who Encounter Protected Health Information in UPMC Facilities — Required every 3 years
- Plagiarism Tutorial http://www.umuc.edu/writingcenter/plagiarism/index.cfm — No Expiration

Updated July 29, 2019

University of Pittsburgh Child Welfare Resource Center

- Act 31: Child Abuse Reporter Training — Required every 3 years

https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id=_91_1

University of Maryland

- Academic Integrity Tutorial — No Expiration

http://www.umuc.edu/students/academic-integrity/ai-tutorial/academic-integrity-tutorial.html

Clinical Requirements and Clearances

- Physical Examination — Required annually and for all internships

The SHRS Initial and SHRS Annual Health Forms are available on the University's Student Affairs Website: http://www.studentaffairs.pitt.edu/shs/ (attached is the SHRS Initial Health Appraisal Form)
***First Year students must complete the Initial Health Form which verifies vaccination status. Thereafter, students may complete the Annual Form*

- CPR Certification
- Proof of Personal Health Insurance
- Pennsylvania Criminal Record Check (Act 34)

http://www.psp.pa.gov/Pages/Request-a-Criminal-History-Record.aspx#.Vio0kH6rSUk
Choose "Volunteer", may have to recomplete if internship is paid since volunteers waive the fee.

- Child Abuse Background Check (Act 33)

https://www.compass.state.pa.us/cwis/public/home

- FBI Criminal Background Check (Act 73)
  PA IdentoGo Fingerprint-based Background Check

https://uenroll.identogo.com/
Choose "FBI History Check", "Schedule or Manage Appointment", and Reason for requesting "Personal Review". This should result in PA PDE-Volunteer Appointment. In the online appointment scheduler, you will be able to choose between the background check results being mailed or emailed. If email is chosen, a ONE TIME USE link will be sent and has to be open within 30 days of receiving it

- Clinical Education Release Form — No expiration

UPMC Mandatory Training Modules

https://www.upmc.com/healthcare-professionals/education/mandatory-training
Required modules include:

- Bloodborne Pathogens
- Compliance and Ethics Review
- Creating an Inclusive Workplace
- Emergency Preparedness
- EMTALA: Emergency Medical Treatment and Labor Act
- Environment of Care
- Harassment-Free Workplace
- Infection Prevention
- Patient Safety
- Privacy and Information Security Policy Awareness
- Stroke Awareness
- Understanding the Elder Justice Act
- Understanding Infant Security

<u>IMPORTANT:</u> Participation in Clinical Education and access to any data files (hard files or electronic files) will not be permitted until all required training has been completed or will be withdrawn if student fails to keep all requirements up to date.

- Documentation of requirements should include completion certificates for training modules, CPR certification and original reports for the criminal record and child abuse background checks. A photo copy of your insurance card will be accepted as proof of personal health insurance. Copies will be kept on file and will be forwarded to all necessary parties as appropriate.

- All requirements are due by **<u>August 23, 2019</u>**.

- There may be additional requirements based on your clinical internship assignment or your involvement in research testing.

- ***Please make sure to keep a copy of all the above required forms along with sending a copy to Bethany Semancik, Rehabilitation Technology Academic Coordinator at bls200@pitt.edu***. If you have any questions Bethany can be reached at the above email address or direct line (412) 624-6256.

Updated July 29, 2019

UNIVERSITY OF PITTSBURGH
SCHOOL OF HEALTH AND REHABILITATION SCIENCES

Example: Plan of Studies
Academic Track Timeline (One Year)

MR.-MS.-MRS.	PRINT - LAST NAME FIRST NAME MIDDLE OR MAIDEN NAME	PEOPLESOFT ID
PRESENT MAILING ADDRESS - STREET CITY, STATE AND ZIP CODE		PHONE (AREA CODE & NO.) ( ) -
PERMANENT MAILING ADDRESS - STREET CITY, STATE AND ZIP CODE		PHONE (AREA CODE & NO.) ( ) -
STATUS FULL TIME ☐ PART TIME ☐	☐ BS ☐ CDN ☐ CSD ☐ DPT ☐ EM ☐ HIM ☐ MOT ☐ RS ☐ RS/AT MS Rehabilitation Technology PhD _____ (Indicate Emphasis)	DATE ADMITTED / /

COURSE NO.	TITLE OF COURSE	UNIVERSITY WHERE TAKEN EXPERIENCE	YEAR/ TERM	GRADE	CREDIT
Fall Term	**(19 Credits)**				
*HRS 2704	Fundamentals of Rehabilitation Engineering and Assistive Technology	University of Pittsburgh			3
*HRS 2706	Introduction to Rehabilitation Engineering Design	University of Pittsburgh			4
*HRS 2708	Individual, Social and Cultural Experience of Disability	University of Pittsburgh			3
*COUN 2715	Medical and Psychosocial Aspects of Disability	University of Pittsburgh			3
*HRS 2724	Assistive Technology Policy, Funding & Management	University of Pittsburgh			3
*HRS 2901	Introduction to Research Methodology	University of Pittsburgh			3
Spring Term	**(12 Credits)**				
*HRS 2705	Rehabilitation Engineering and Assistive Technology Practices	University of Pittsburgh			3
*HRS 2718	Client-Centered Design	University of Pittsburgh			3
*HRS 2905	Ethical Issues in Healthcare	University of Pittsburgh			3
*HRS 2926	Scholarly Paper	University of Pittsburgh			
Summer Term	**(6 Credits)**				
*HRS 2921	Rehabilitation Science and Technology Internship	University of Pittsburgh			6
Electives					
Fall Options					
HRS 2435	Financial Management Foundations for Health Care	University of Pittsburgh			3
HRS 2774	Rehabilitation Biomechanics	University of Pittsburgh			3
HI 2210	Issues in the Health System	University of Pittsburgh			3
HRS 2910	Applied Biostatistics	University of Pittsburgh			3
HRS 3702	Soft Tissue Biomechanics	University of Pittsburgh			2
Spring Options					
HRS 2709	Wheelchair Design and Evaluation	University of Pittsburgh			2
HRS 3710	Clinical Applications of Wheelchair Seating & Mobility	University of Pittsburgh			4
HRS 3705	Wheelchair Biomechanics	University of Pittsburgh			2
		Total Required (44)			
		Overall QPA			

STUDENT'S SIGNATURE	DATE	ADVISOR'S SIGNATURE	DATE
	/ /		/ /

UNIVERSITY OF PITTSBURGH
SCHOOL OF HEALTH AND REHABILITATION SCIENCES

Example: Plan of Studies
Research Track Timeline (Two Year)

MR.-MS.-MRS.	PRINT - LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME	PEOPLESOFT ID
PRESENT MAILING ADDRESS - STREET CITY, STATE AND ZIP CODE				PHONE (AREA CODE & NO.) ( ) -
PERMANENT MAILING ADDRESS - STREET CITY, STATE AND ZIP CODE				PHONE (AREA CODE & NO.) ( ) -
STATUS FULL TIME ☐ PART TIME ☐	☐ BS ☐ CDN ☐ CSD ☐ DPT ☐ EM ☐ HIM ☐ MOT ☐ RS ☐ RS/AT MS Rehabilitation Technology PhD _____ (Indicate Emphasis)			DATE ADMITTED / /

COURSE NO.	TITLE OF COURSE	UNIVERSITY WHERE TAKEN EXPERIENCE	YEAR/ TERM	GRADE	CREDIT
Fall Term (Year 1)	**(13 Credits)**				
*HRS 2704	Fundamentals of Rehabilitation Engineering and Assistive Technology	University of Pittsburgh			3
*HRS 2706	Introduction to Rehabilitation Engineering Design	University of Pittsburgh			4
*HRS 2708	Individual, Social and Cultural Experience of Disability	University of Pittsburgh			3
*COUN 2715	Medical and Psychosocial Aspects of Disability	University of Pittsburgh			3
Spring Term (Year 1)	**(6 Credits)**				
*HRS 2705	Rehabilitation Engineering and Assistive Tech Practices	University of Pittsburgh			3
*HRS 2718	Client-Centered Design	University of Pittsburgh			3
Summer Term (Year 1)	**(6 Credits)**				
*HRS 2921	Rehabilitation Science and Technology Internship	University of Pittsburgh			6
Fall Term (Year 2)	**(6 Credits)**				
*HRS 2724	Assistive Technology Policy, Funding & Management	University of Pittsburgh			3
*HRS 2901	Introduction to Research Methodology	University of Pittsburgh			3
Spring Term (Year 2)	**(9 Credits)**				
*HRS 2905	Ethical Issues in Healthcare	University of Pittsburgh			3
HRS 2924 / HRS 2925	Graduate Research Proposal & Graduate Research	University of Pittsburgh			6
	or				
*HRS 2926	Scholarly Paper	University of Pittsburgh			
ELECTIVES					
****Fall Options****					
HRS 2435	Financial Management Foundations for Health Care	University of Pittsburgh			3
HRS 2774	Rehabilitation Biomechanics	University of Pittsburgh			3
HI 2210	Issues in the Health System	University of Pittsburgh			3
HRS 2910	Applied Biostatistics	University of Pittsburgh			3
HRS 3702	Soft Tissue Biomechanics	University of Pittsburgh			2
****Spring Options****					
HRS 3710	Clinical Applications of Wheelchair Seating & Mobility	University of Pittsburgh			4
HRS 2709	Wheelchair Design and Evaluation	University of Pittsburgh			2
HRS 3705	Wheelchair Biomechanics	University of Pittsburgh			2
		Total Required (44)			
		Overall QPA			

STUDENT'S SIGNATURE	DATE	ADVISOR'S SIGNATURE	DATE
	/ /		/ /

Student Agreement to Participate in Clinical Education
Release of Information Form

I, _____ _____am a student in the Department of Rehabilitation Sciences & Technology, School of Health & Rehabilitation Sciences, the University of Pittsburgh. I understand and agree in accordance with the curriculum requirements outlined in the department student handbook that in order to complete the program in which I am enrolled, I will be required to compete clinical education placements within facilities external to the University, and such facilities will require criminal background checks and drug screens prior to the start of the experience. Additionally, in order to become licensed, many states will inquire as to whether the applicant has been convicted of a misdemeanor, a felony, or a felonious or illegal act associated with alcohol and/or substance abuse. Should I fail a check, clearance and/or drug screen, I understand that the Department cannot guarantee that it will be able to place me in a facility in order to meet my clinical education requirements for graduation. Nor can the Department guarantee that these results may not affect my future ability to be licensed.

I also understand and agree that while I am participating in clinical education, that I am not covered by workman's compensation for any accident/injury that may occur during my time on site. I understand that I, or my medical insurance plan, are responsible for all expenses incurred and that the University of Pittsburgh and the Department of Rehabilitation Sciences & Technology assumes no responsibility or liability for any injury I might sustain. Therefore, I specifically release the University of Pittsburgh, its schools, departments, agencies, officers, directors, and employees from any such responsibility or liability.

I further understand and agree that during my clinical education, I may be placed at a facility that may require me to utilize a personal vehicle for transportation purposes. I am responsible for insuring that I have adequate and appropriate automobile insurance and a valid driver's license prior to using a personal vehicle during a clinical education experience. I accept this responsibility and I specifically release the University of Pittsburgh, its schools, departments, agencies, officers, directors, and employees from any such responsibility or liability.

Release of Information

Prior to the start of each clinical education experience, the Department of Rehabilitation Sciences & Technology will send requested student information to the clinical site for

review and verification that I meet their requirements for clinical placement. This may include clearances, certifications, health information, demographic information, and resumes.

I hereby give my permission to the Department of Rehabilitation Sciences & Technology at the University of Pittsburgh, to release any and all information required for clinical education purposes to a contracted facility as requested. Release does not apply to my application materials, personal references, or transcripts.

I understand that under the Family Educational Rights and Privacy Act (FERPA) that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

My signature on this agreement indicates that I have read and understand this agreement and represents that I meet all criteria listed above.

Student name _____

Student signature_____

Date_____

Desk Assignment Only if Assigned Pre-Doc Position

Rehabilitation Science and Technology
School of Health and Rehabilitation Science

Desk Assignment Request Form
Department of Rehabilitation Science and Technology
University of Pittsburgh

Student PS#: _____

Student's Name:_____ Student's Email:_____

Placement Request Location: ☐ HERL ☐ RST

Faculty Sponsor: _____

Assigned Supervisor: _____

Project Assigned: _____

Term of Appointment:_____ Start Date:_____ End Date: _____

Specific Requirements: ☐ Computer ☐ Telephone / Voicemail
or Faculty Member Approval

Signature_____ Date_____

*I understand that signing above indicates that this student is to be given a workspace in RST/ HERL for the duration listed above to participate in the research indicated above. If any changes to this information need to be made, I will notify the appropriate personnel in the administration of RST. By signing above, I indicate that it is my responsibility to initiate continuation of appointment / research via completion of a new student request form.

For RST Administration Use

Review and approved on:_____ Designated Location _____
Sent back for revisions on:_____ Updated Personnel Module _____

Comments: _____