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**

- Create account

**University of Pittsburgh Access**

- Pitt ID Card

- Bakery Square 4th Floor Access Card

- Plan of Study (Academic Track / Research Track)

**University of Pittsburgh CITI Access Portal**

If you already have an existing CITI account, please access the instructions at [https://www.citi.pitt.edu/citi/](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)
- Responsible Conduct of Research
- Conflict of Interest - [https://www.coi.pitt.edu/coi-filing-process/coi-superform-system](https://www.coi.pitt.edu/coi-filing-process/coi-superform-system)

**Internet-based Studies in Education and Research**

- 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
- Bloodborne Pathogen Training (Formerly RPF Module 9)
- Responsible Literature Searching
- 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
- Plagiarism Tutorial [http://www.umuc.edu/writingcenter/plagiarism/index.cfm](http://www.umuc.edu/writingcenter/plagiarism/index.cfm)

**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](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](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/](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](http://www.psp.pa.gov/Pages/Request-a-Criminal-History-Record.aspx#Vio0kH6rSUk)
  - Child Abuse Background Check (Act 33)
    [https://www.compass.state.pa.us/cwis/public/home](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/](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](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
IMPORTANT: 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 **August 23, 2019**.

- 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.
## UNIVERSITY OF PITTSBURGH

**SCHOOL OF HEALTH AND REHABILITATION SCIENCES**

Example: Plan of Studies

Academic Track Timeline (One Year)

<table>
<thead>
<tr>
<th>MR.-MS.-MRS.</th>
<th>PRINT - LAST NAME</th>
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### 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
  - 3

### 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**

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UNIVERSITY OF PITTSBURGH
SCHOOL OF HEALTH AND REHABILITATION SCIENCES

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

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**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)**
- 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
- HRS 2926 Scholarly Paper
  University of Pittsburgh
  3

**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
  3

**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
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*Total Required (44)*

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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 complete 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: ________________________________

Created 08-AUG-18