EDUCATION AFFILIATION INFORMATION

Name of College/University:
Contact Person/Dept/Program:

Phone:
Fax:
Email:

This packet contains the following items to assist you with meeting the conditions of the affiliation agreement with CMC-NORTHEAST, INC.:

_____ Information on Service Standards of CMC-NORTHEAST, INC.

_____ Information on HIPPA Policies and Procedure Guidelines
   • Workforce Privacy Training Policy
   • Policy On Retaliation For Complaints
   • Use and Disclosure of Protected Health Information
   • Minimum Necessary Use and Disclosure
   • Background and Sanction Checks
   • Smoking

_____ Release from Responsibility Statement
   • Make copies for your students and keep for your files. Submit only on request.

_____ Release from Confidentiality Statement
   • Make copies for your students and keep for your files. Submit only on request.

_____ Required Immunization and Vaccination Form
   • Keep documentation for your files.
   • Submit verification date on form provided prior to assignment.

_____ * Evidence of Liability Insurance
   • Certificate of Verification from insurance carrier.
   • Submit prior to assignment.

_____ * Verification of Clearance Form
   • Criminal Background Check
   • Drug Screening
   • Immunization and Vaccinations
   • Submit prior to assignment.

Return only two forms with an asterisk to: Cabarrus College of Health Sciences
   Attn: Theresa Bunn
   401 Medical Park Drive
   Concord, NC 28025

To schedule your students, please contact the appropriate CMC-NORTHEAST, INC.
Department Manager.