1.0 PURPOSE

The purpose of this policy is to address the steps required to solicit and acquire background information on resident and fellow appointees entering a graduate medical education program in IU School of Medicine.

2.0 POLICY

IUSM is committed to selecting and hiring the most capable house staff in order to pursue its strategic goals of excellence in teaching, learning, research, scholarship, creative activity and service to the community. Further, a law of the State of Indiana requires that a background check of all new employees regarding criminal activity as well as sex and violent offender convictions be conducted. This procedure details the steps that will be pursued to solicit and acquire background information on resident and fellow appointees at IUSM. In addition to the background checks, each faculty member, resident and fellow, medical student and all members of the IUSM community, must agree to and sign the IU School of Medicine Honor Code form. In addition to the background checks explained above, this is a condition of employment at IUSM.

Faculty, staff, students, volunteers and other personnel who work with children must have undergone criminal background checks and sex offender registry checks within the past three years. The checks must be repeated at least once every three years. (Reference 1)

3.0 SCOPE

This policy applies to all GME Trainees in ACGME accredited, IUSM sponsored training programs.

4.0 DEFINITIONS

4.1 ACGME is the Accreditation Council for Graduate Medical Education.

4.2 A GME Trainee is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

5.0 PROCEDURE

IU has established a background check process that consists of two parts: the appointee will be required to complete a self-disclosure questionnaire and a consent form prior to the beginning of training. A formal background check will be conducted by a firm under contract with the IUPUI campus, which will include criminal history, sex and violent offender registries.
1. At the time of the interview, the resident or fellow applicant should be given the following documents (ACGME requirements):
   - Policy for Programs that Involve Children (Reference 1)
   - Memorandum: Information on IUSM Contract and Benefits (Signature Form) (Reference 2)
   - Copy of Letter of Appointment (Reference 3)

2. When the Match results are announced (Main or Subspecialty Matches) or if an individual is chosen outside the Match process, the documents listed below should be sent to the resident or fellow for completion as soon as possible:
   - Self-Disclosure Questionnaire (Reference 4)
   - IU Consumer Disclosure- form (Reference 5)

3. The resident or fellow should return the completed forms to the Residency or Fellowship Coordinator within two weeks from the date of receipt. The completed and signed documents should then be sent to the Office of Graduate Medical Education as soon as possible. If an individual declines to complete and sign the self-disclosure form, consent form, or the honor code form, the offer of a position will be withdrawn.

4. The Office of Graduate Medical Education will initiate the background check process with the appropriate outside firm.

5. If the background check request is returned with no negative information a contract will be processed by the GME Office.

6. If the background check request is returned with any negative information, the GME Office will inform the candidate of the specific information.
   - If acknowledged convictions are confirmed, the resident or fellow may be informed and given the opportunity to discuss the results of the criminal history check. The program director, the Associate Dean for Graduate Medical Education, and University Counsel will jointly evaluate any conviction, including any additional information solicited from the candidate, before the position is confirmed. The existence of a conviction will not necessarily disqualify a resident or fellow from employment. Any decision to accept or reject a resident or fellow with a conviction is solely at the discretion of the School and Indiana University.
   - If the candidate did not self-disclose the information found during the background check, he or she will be given an opportunity to respond to the report through the program director, the Associate Dean for Graduate Medical Education, and University Counsel. The School reserves the rights to withdraw or to rescind any offer of a position based on failure to fully and truthfully disclose information or, if in the judgment of the School, information developed in the course of the background check so warrants. A criminal conviction will not necessarily disqualify the individual from consideration. However, if an individual fails to fully and truthfully disclose information, then the School will have the right to immediately deny or terminate employment.
7. If Indiana University has performed a criminal history check on a resident or fellow within the past year, a new check will not be required. The results of the previously performed criminal history check will be considered for any pending decision on resident or fellow positions. **This applies to individuals who match to an IUSM program through the Main Match or specialty matches one year in advance of the start of their training.**

8. Background checks will be completed at least every five years.

9. Residents or fellows who have been terminated or who have had an offer of a position withdrawn under the provisions of this procedure are not eligible for a future position with IU School of Medicine.

A foreign national who has been offered a residency or fellowship position will be subject to the following provisions:

1. A criminal history check covering time in the United States if the period of time that the individual has worked in the United States exceeds one year.

2. A criminal history check in the individual’s prior countries of residence only if the individual’s visa and/or authorization to work in the United States was issued before implementation of the Patriot Act on October 24, 2001. The School of Medicine will not require that a criminal history check be conducted in the individual’s prior countries of residence if the visa or authorization to work was issued or renewed under the provisions of the Patriot Act.

It must be clearly understood that no new resident or fellow will be approved until a background check has been completed and the results of the check have been considered at the program and school levels. Thus, no resident or fellow can begin training until this process has been completed.

Checks on the education, employment, previous training and licensure of an applicant will continue to be the responsibility of the training program.

6.0 **IMPLEMENTATION**

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.
7.0 OVERSIGHT

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

8.0 REFERENCES

1. POLICY FOR PROGRAMS THAT INVOLVE CHILDREN-PUBLIC SAFETY INSTITUTIONAL ASSURANCE

   The complete policy is available online at:

2. GME MEMORANDUM to GME APPLICANTS

   The Memorandum: Information on IUSM Contract and Benefits (Signature Form) can also be found at:
   http://medicine.iu.edu/residents/index.php/download_file/view/56/

3. SAMPLE LETTERS OF APPOINTMENT

   A sample letter of appointment can be found at:
   http://medicine.iu.edu/residents/index.php/download_file/view/193/95/

4. SELF-DISCLOSURE QUESTIONNAIRE

   The Resident or Fellow Appointee Background Check Self-Disclosure Questionnaire can be found at:
   http://medicine.iu.edu/residents/index.php/download_file/view/75/95/

5. Indiana University Consumer Disclosure Form

   Supersedes: 01/22/2008
   Approved by GMEC: 11/14/2012
   Peter Nalin, MD, Associate Dean, GME
   Electronic Signature on File
   Issued by: ____________________________
   (Signature and Title)
Policy Statement

The following provision applies to all faculty and academic staff, staff, students and volunteers.

1. Notification:

A. Indiana state law requires any person who has reason to believe that a child is a victim of child abuse or neglect has an affirmative duty to make an oral report to Child Protective Services (CPS) 1-800-800-5556 or to their local law enforcement or to the IU Police department. Failure to report may result in criminal charges.

B. In addition to notifying CPS and/or local law enforcement, state law and the university also require that faculty, staff, students, volunteers, and other university personnel report any suspected abuse of minors to the Indiana University Director of Public Safety.

C. Indiana University law enforcement and the Director of Public Safety have the obligation to report any suspected abuse to CPS, which will conduct an investigation.

The following provisions apply to all programs serving children. Programs currently underway should come into compliance with these provisions as soon as practicable.

2. Background checks:

Programs must ensure that all faculty and academic staff, staff, students, volunteers, or other personnel who will work with children have been subject to a criminal background check and sex offender registry check within the last three years. Background and sex offender registry checks must be repeated at least every three years thereafter. Individual programs or units may require more frequent updates.

A program may not allow the participation in the program of any academic, faculty, staff, hourly employee, student, volunteer or other personnel whose criminal background check and/or sex offender registry check includes a record of sexually based offenses or crimes against children. If criminal background checks include a record of other offenses, programs should consult the appropriate office (campus Human Resources office, academic affairs, or the University Director of Public Safety) to determine if those offenses should preclude participation.

Programs for which complete background checks are infeasible (for example, host families in foreign countries) must perform checks to the fullest extent feasible and adopt other measures to prevent child abuse and facilitate the reporting of abuse.
Programs that are discrete, occasional events for which a large number of volunteers are essential, may elect to adopt measures and safeguards instead of background checks for the one-time volunteers (for example, Science Olympiads, children’s reading or activity days). The measures adopted must include requirements that the volunteers be working in public places, not alone with children, and be supervised by a background-checked person. Programs must compile the names and addresses of the volunteers prior to the event and check the names against the sex offender registry. Volunteers must then present photo identification to be checked at the event. Programs adopting this method must have the approval of the University Director of Public Safety.

3. Program information:

Units sponsoring programs that include children, and units responsible for university facilities that are used by programs including children, must maintain an up-to-date list of those programs. Such list should include each program’s dates, times, locations, attendance (age range and number of participants), and a program contact, so that in the event of an emergency, consideration may be given to the possible presence of minors, and the appropriate course of action to address their health and safety. At least seven days prior to the start of a new program, the responsible university unit must also submit this information to the Director of Public Safety by filling out the online form at located on the Protect IU OneStart service (within the gold "Services" tab).

4. Programs that include or serve children shall have in place, enforce, and make available policies that address the following areas, if they are applicable to the program:

• Transportation – including the transportation of children at the beginning and end of the program, to and from the program, and within the program, whether by parents, guardians, staff or others. University programs must also comply with IU policies regarding drivers and vehicles.

• Plans for weather emergencies, if the program is not inside a university facility where such plans are in place.

• Appropriate levels of access to and supervision of children.

• Appropriate physical contact and communication by personnel with children based on the age of children and the nature of the program activities.

• Appropriate forms including permission forms, medical contact information and liability waivers. Forms should be safeguarded and readily available.

• First aid and medical treatment as well as dispensing of medication. Program personnel must have appropriate training.

5. Programs including overnight stays or use of university residences by children shall have the following additional policies in place:

• Identification to be worn by staff members, and participants if appropriate.

• Curfews.
• Code of conduct for participants.

• Substance-free housing and facilities.

• Residential supervision.

6. Contractual agreements concerning personnel or facilities related to programs including children must include compliance with this policy as a term of the contract. When appropriate, such contracts shall also include an indemnification provision in which Indiana University is held harmless for the acts or omissions of other program participants or third party employees or agents.

7. Academic and administrative supervisors are responsible for ensuring that programs are in compliance.

8. This policy supplements and does not supersede any other legal requirements, for example, child care or teacher licensure.
REFERENCE #2  
GME Memorandum to GME Applicants

MEMORANDUM

TO: Applicants to GME Residencies and Fellowships

FROM: Peter M. Nalin, M.D.  
Associate Dean for Graduate Medical Education  
Indiana University

RE: Information on IUSM Letter of Appointment and Benefits

Indiana University School of Medicine (IUSM) sponsors more than seventy-five graduate medical education (GME) programs.

We are proud to offer excellent stipends and benefits. We want you to be informed about our annual letter of appointment, our current benefits, and other information pertaining to GME residencies and fellowships of IUSM. Thus, we are providing a letter of appointment and additional information for your familiarity prior to your participation in the ranking process.

Per IUSM policies, our programs must select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran status.

Appointment to a residency or fellowship (a GME position) is contingent upon and not limited to the following:

1. Licensure to practice medicine in the State of Indiana;
2. IUSM’s verification of credentials;
3. Completion of a criminal history background check as required by Indiana State law. - You will be expected to complete and sign the Self-Disclosure Questionnaire and Consent to Background Check forms.
4. In addition, you will be expected to sign the IUSM Honor Code form located at: http://medicine.iu.edu/residents/index.php/download_file/view/147/95/.
5. Employee Flu Vaccine Program – As recommended by a number of national organizations, all employees, physicians, and volunteers must annually receive the flu vaccine, provide proof the vaccine was obtained elsewhere or apply for an exemption from receiving the vaccine (more information related to how to obtain an exemption can be provided upon request.
Sample Letter of Appointment

{LDATE}
{NAME_F} {NAME_M} {NAME_L}, {MEDSCH DEGREE}
{ADDRESS_CUR}

Dear Dr. {NAME_L}:

On behalf of Dean D. Craig Brater, I am pleased to welcome you to Indiana University School of Medicine. There will be a welcome and orientation for new House Staff on Wednesday, June 30, 2010 at 7:00 a.m. in Ruth Lilly Learning Center Auditorium, lower level of the Riley Outpatient Center (ROC).

To prepare you for your training at IUSM, please review the IU School of Medicine House Staff Handbook located at the following website: http://www.medicine.iu.edu/~resident/. You are fully responsible for reading it in its entirety and being knowledgeable of and complying with its contents.

To prepare for your training, you must complete the on-line orientation prior to your start date. This is available to you through the IUSM ANGEL Online Curriculum Management System. Detailed instructions are enclosed for the In-House and On-Line Orientations. Also attached is a list of documents to complete and submit to residency or fellowship coordinators prior to your start date.

Your Letter of Appointment is enclosed. Indicate your acceptance by signing, dating, and returning the Letter of Appointment to your residency or fellowship coordinator prior to your start date.

A copy of the medical school diploma must be submitted by your start date. All International Medical Graduates (IMGs) must submit a valid unexpired ECFMG certificate. ECFMG application forms for J-1 visas are available on the World Wide Web at ecfmg.org. Completed forms must be sent to Linda Bratcher for signature prior to submission to the ECFMG.

A valid Indiana Medical or Dental License or its equivalent (i.e. a Temporary Medical Permit) must be on file in the Office of Graduate Medical Education prior to your start date. An application and information regarding licensure is enclosed. Please mail the application directly to the Indiana Professional Licensing Agency.

In order to complete the Employment Eligibility Verification form (I-9) as required by the Immigration Reform and Control Act of 1986, you will be required to present evidence of identity and employment eligibility (i.e. U.S. passport or driver's license and social security card) immediately at the beginning of your training.

If you have questions concerning the requirements or procedures, please call the Office of Graduate Medical Education at (317) 274-5261. We are looking forward to your arrival.

Yours truly,

Peter M. Nalin, M.D.
Associate Dean for Graduate Medical Education

Enclosures:
Application for Temporary Medical Permit
Instructions for In-House and On-line Orientation
House Staff Handbook Index
Documents to complete and submit to residency or fellowship program coordinator
Re: Appointment to the House Staff

Dear Dr. {NAME_L}:

It is a pleasure to inform you that your application has been approved and that you are herewith appointed to the House Staff as a {APPT_TYPE}, GME Level {LEVEL}, in the {PROG} Program of the Indiana University School of Medicine and affiliated hospitals for a period of one year. This appointment commences {PROM_SD} with the following understanding:

1. You agree to abide by all policies and procedures for House Staff of the IU School of Medicine including the House Staff Handbook, located at the following website: http://www.medicine.iu.edu/~resident/, and the policies and procedures for the Medical Staff of the Clarian Health Partners, Richard L. Roudebush VA Medical Center, Larue D. Carter Memorial Hospital, and Eskenazi Health Hospital, including the Bylaws, Rules, and Regulations for the Medical Staff of the Clarian Health Partners, Richard L. Roudebush VA Medical Center, Larue D. Carter Memorial Hospital, and Eskenazi Health Hospital.

2. You will receive a stipend to be paid at the rate of not less than {RATE_AS} per annum. Depending upon the sources from which your stipend will be paid, appropriate state and federal withholding and social security taxes may be deducted. In the event no withholdings are made, you are advised to file state and federal estimated income tax forms.

3. You will be expected to fulfill the General Competencies as required by the Accreditation Council for Graduate Medical Education (ACGME) and the special program requirements of your program's Residency Review Committee (RRC), as well as those specifically required by the dean, the chair of the department, and the program director. You agree to conduct yourself professionally, ethically, and personally in a manner consistent with the standards and aims of the medical staff of the hospitals.

4. You will participate in safe, effective and compassionate patient care under supervision, commensurate with your level of advancement and training. You will also be sensitive to and employ cost containment strategies while caring for patients.

5. Education is one of the main goals of this institution. Therefore, you will be expected to participate fully in the educational activities of the program and assume responsibility for teaching and supervising other residents and students.

6. IU School of Medicine believes that moonlighting by house officers is inconsistent with the educational objectives of house officer training and is therefore a practice to be discouraged. All moonlighting activity must be approved by the program director in advance. If moonlighting is deemed to interfere with your assigned duties in the program, the program director may ask you to reduce or terminate your moonlighting activity. If you should engage in employment outside the training program, it is understood that Indiana University, the Schools of Medicine or Dentistry, any of the affiliated hospitals, or their insurers would have no responsibility for your acts or omissions occurring outside the jurisdiction of the hospitals or the training program assignments. Internal moonlighting hours (that which takes place in the affiliated hospitals) must
be added to the hours worked as required in your training schedule and the total hours must not exceed eighty hours per week averaged over a four-week period.

7. You will comply with the Accreditation Council on Graduate Medical Education (ACGME) duty hour regulations.

8. It is understood that you will hold, before the beginning date of your appointment, a valid license, or temporary permit issued by the board of Dental Examiners, or the Medical Licensing Board of Indiana as is applicable under the laws of the State of Indiana, and will maintain such documents or succeeding documents in full force and effect during the term of appointment.

9. At the recommendation of your program director, your appointment may be extended for additional one year terms and/or your stipend amended by the Dean of the Indiana University School of Medicine. Reappointment is not guaranteed. If your appointment will not be renewed, you must be provided with a written notice of intent not to renew the contract no later than four months prior to the end of the current contract.

10. Your appointment as a resident is contingent upon the satisfactory completion of your current residency or fellowship program or other obligations, if applicable. Likewise, your appointment is contingent on the University’s verification of credentials and other information required by State law and completion of a criminal history and a sex and violent offender registries check.

Sincerely,

Program Director D. Craig Brater, M.D.
Dean and Walter J. Daly Professor
On behalf of:
Indiana University School of Medicine
Clarian Health Partners, Inc.
Methodist Hospital
Indiana University Hospital
Riley Hospital for Children
Richard L. Roudebush VA Medical Center
Larue D. Carter Memorial Hospital
William N. Wishard Memorial Hospital

RECEIPT AND ACKNOWLEDGMENT
Attached is a reference list of the policies, terms, benefits and conditions of appointment that are covered in the House Staff Handbook. The manual is located at the following website:
http://www.medicine.iu.edu/~resident/.

I hereby acknowledge that I am fully responsible for reading the House Staff Handbook in its entirety, being knowledgeable of and complying with its contents. If I don’t understand something or if I have questions, I will ask the appropriate person for the answer.

________________________________________  _______________________________________
Appointee Signature                                               Date

A sample letter of appointment can be accessed by connecting to the following link.
Additional information on IUSM residencies & fellowships can be accessed at: [http://medicine.iu.edu/residents/](http://medicine.iu.edu/residents/).

We also can provide printed copies of GME information, available upon your request.

This information satisfies an advisory from the National Resident Match Program (NRMP), which states that it is “essential that applicants understand fully the conditions and requirements of a program where they have interviewed and where they may match”. The entire text of the advisory is available to you on the NRMP website [www.nrmp.org/res_match/index.html](http://www.nrmp.org/res_match/index.html).

In our effort to provide full disclosure and to documents our compliance with the NRMP advisory, we will ask you to sign acknowledgment of your receipt of this information on the day of your interview at our program. If you have any questions about the letter of appointment, current benefits or other GME information, please ask us.

<table>
<thead>
<tr>
<th>I, ____________________________________________, acknowledge that I have received a copy of the contract and information from IUSM, which lists the conditions and requirements of a house staff appointment to IUSM.</th>
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<tbody>
<tr>
<td>Signature_______________________________ Date_________________________</td>
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I, __________________________, certify that the following is a complete list of all convictions, guilty pleas, pleas of no contest (or nolo contendere) to any felony, misdemeanor or any offense other than a minor traffic violation.* I certify that this list includes all charges now pending against me as well as any circumstances that resulted in my participation in a first-offender, deferred adjudication, diversionary, or other program or arrangement where judgment or conviction has been withheld. I understand that if I fail to disclose any information within the scope of this request, the School of Medicine shall have the right, at its discretion, to withdraw or rescind a residency or fellowship position, or to immediately terminate my employment.

If you have nothing to disclose, please sign here: ______________________________

Incident __________________________________ Date __________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

(Print Name) ___________________________________________ (Date) ________________

(Signature) ___________________________________________ (Date) ________________

Please send the completed form to the Residency or Fellowship Coordinator within two weeks from the date of receipt.

ADDRESS OF RESIDENCY OR FELLOWSHIP COORDINATOR

*Convicted means you were declared guilty by a judge or jury or you pleaded guilty in court. A conviction may have taken place even if you did not pay a fine or spend time in jail or in prison. A conviction could have been for either a misdemeanor or a felony. A minor traffic violation is an infraction for which you would be ticketed. Driving while under the influence, driving with a suspended license, reckless driving, leaving the scene of an accident and vehicular homicide are not minor traffic violations. Disclosing this information does not automatically disqualify you for a residency or fellowship position; however, information obtained from the investigation will be used in the review process.
REFERENCE #5
Consumer Disclosure Form