COLLEGE STUDENT/TRAINEEES

POSITION DESCRIPTION

Clinical System Analyst / Intern - (Contractor Position)
Looking for courteous, reliable students and grads who enjoy human interaction, have good interpersonal skills and a solid background with computer desktop hardware/software. In this role, you will be responsible to deliver high-quality and thorough, Level-1 support to hospital staff (e.g., nurses, doctors, etc) during the initial “go-live” period for a new software release. Support can range from walking hospital staff thru relevant menus, screens and reports as it relates to the new software functionality… to helping identify and resolve printing, connection and user access issues (i.e., typical computer desktop hardware/software issues).

Analyst/Interns will be trained by hospital IT staff in the proper operation/use of the relevant clinical applications (i.e., Quadmed CPR and/or Patient Portal). This training is expected to take no longer than 1 day and will be administered prior to the project commencing. It’s important that you are a quick learner and can quickly demonstrate/master the subject matter to enable you to effectively train others.

QUALIFICATIONS
Currently pursuing (or completed) Associates Degree and/or Bachelors Degree in Computer Science related curriculums (e.g., Computer Science, Information Technology, Computer Engineering, Health IT, etc.)

Also consider those pursuing (or completed) degrees in the Medical related curriculums (e.g., Nursing, Medical, Biomedical, etc.) who have a strong aptitude and enjoy working with computers and related clinical applications.

A+ Technical Certification (nice to have)
Experience in a hospital or clinical setting (highly desirable)

DURATION
November, 2017

WORKDAY AND HOURS: Monday – Friday 8am – 5pm, or 8am – 8pm

LOCATIONS - (Must be able to travel to these locations. See Attachment A for Addresses)
Bronx - Jacobi Medical Center
Bronx - North Central Bronx Hospital
Bronx - Lincoln Medical Center
Bronx - Segundo Ruis Belvis Neighborhood Family Care Center
Bronx – Morrisiona Diagnostic & Treatment Center
Brooklyn - Kings County Hospital
Brooklyn - East New York Diagnostic & Treatment Center
Brooklyn - Woodhull Medical Center
Brooklyn - Cumberland Diagnostic & Treatment Center
Manhattan - Metropolitan Hospital
Manhattan - Bellevue Hospital
Manhattan - Gouverneur Health Medical Center
Harlem - Harlem Hospital Center
Harlem - Renaissanse

INTERVIEW DAYS & DECISION
Interview day: Monday, October 23

TRAINING DAY(S)

ONBOARDING REQUIREMENTS
- Criminal Background Check
- Health Exam, including Drug Screen

HEALTH EXAM DETAILS
As you will be located on the hospital floors among patients, our client requires each contractor meet minimal health requirements. This requires each contractor to have completed a physical exam in the past 12 months and evidence by a Physician. Please see Attachment B for the detailed immunization requirements and a copy of the Physical Clearance Form which needs to be completed by your physician.

Once this form is completed, Tekmark can then schedule an appointment for you with the Clients OHS (Occupational Health Department) Department. You will need to cleared by OHS before commencing the engagement.

If you have NOT had a physical in the past year or if your immunization records are not available or are incomplete, Tekmark can make an appointment for you at the nearest Mobile Health Clinic. While Tekmark will pay for the exam, the cost of any immunizations that may need to be administered will be the contractor’s responsibility.

DRESS CODE – Business Casual
Tekmark will provide company logo shirts.
Clean Khaki Pants/Dress Slacks.
No jeans, T-Shirts or Sneakers.
| 1 | Jacobi Medical Center  
1400 Pelham Parkway South  
Bronx, New York 10461 |
| 2 | North Central Bronx Hospital  
3424 Kossuth Avenue  
Bronx, New York 10467 |
| 3 | Lincoln Medical & Mental Health Center  
234 East 149th Street  
Bronx, New York, 10451 |
| 4 | Morrisania Diagnostic & Treatment Center  
1225 Gerard Avenue  
Bronx, New York 10452 |
| 5 | Segundo Ruiz Belvis Diagnostic & Treatment Center  
545 East 142nd Street  
Bronx, New York 10454 |
| 6 | Gun Hill Community Health Center  
1012 E Gun Hill Road  
Bronx, NY 10469 |
| 7 | Tremont Community Health Center  
4215 3rd Avenue  
Bronx, NY 10457 |
| 8 | Kings County Hospital Center  
451 Clarkson Avenue  
Brooklyn, New York 11203 |
| 9 | Woodhull Medical and Mental Health Center  
760 Broadway  
Brooklyn, New York 11206 |
| 10 | Cumberland Diagnostic & Treatment Center  
100 North Portland Avenue  
Brooklyn, New York 11205 |
| 11 | East New York Diagnostic & Treatment Center  
2094 Pitkin Avenue  
Brooklyn, New York 11207 |
| 12 | Bellevue Hospital Center  
462 First Avenue  
New York, New York 10016 |
| 13 | Gouverneur Healthcare Services  
227 Madison Street  
New York, New York 10002 |
| 14 | Harlem Hospital Center  
506 Lenox Avenue  
New York, New York 10037 |
<table>
<thead>
<tr>
<th></th>
<th>Location</th>
<th>Address</th>
<th>City, State, Zip</th>
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<tbody>
<tr>
<td>15</td>
<td>Metropolitan Hospital Center</td>
<td>1901 First Avenue</td>
<td>New York, New York 10029</td>
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<tr>
<td>16</td>
<td>Renaissance Health Care Network Diagnostic &amp; Treatment Center</td>
<td>215 West 125th Street</td>
<td>New York, New York 10027</td>
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<tr>
<td></td>
<td>HEADQUARTERS</td>
<td>55 Water Street</td>
<td>New York, NY</td>
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ATTACHMENT B

HEALTH CLEARANCE REQUIREMENTS

PRE-PLACEMENT HEALTH CLEARANCE REQUIREMENTS FOR
STUDENT VOLUNTEERS, NON-NBHIN PAYROLL EMPLOYEES,
SUMMER YOUTH EMPLOYEES, AGENCY EMPLOYEES
AND INTERNS (non-physicians)

1. Documentation of a physical examination within the past 12 months demonstrating good health
   (free from communicable disease).

2. Proof of Tetanus/Diphtheria immunization within the last 10 years

3. Documentation of a NEGATIVE PPD Mantoux skin test within the past 12 months. Chest x-ray
   report within 2 or 3 years if PPD test is POSITIVE.
   a) 2 step PPD, or
   b) QuantiFERON TB test

4. Documentation of a positive Rubella (German Measles) titer or documentation of Rubella
   immunization dates.

5. Documentation of a positive Measles titer or documentation of Measles immunization dates.

6. Documentation of a positive Mumps titer or documentation of Mumps immunization dates.

7. Documentation of a positive Varicella (Chicken Pox) titer or documentation of Varicella
   immunization dates.

8. Documentation of Hepatitis B antigen and Hepatitis B antibody titers (only for those involved in
   direct patient care/contact). Proof of Hepatitis B vaccination or declination is required by OHS
   before clearance. Forms can be obtained in OHS.

9. Parental authorization is required if under 18 years of age.

10. Mandatory Drug Testing to be performed exclusively at the OHS Clinic.

reqs4vols

APPOINTMENTS ARE MANDATORY
(need to embed a pdf here… formatting via cut/paste did not work)

PHYSICAL EXAMINATION/ MEDICAL CLEARANCE FORM ( 

PHYSICAL EXAMINATION/ MEDICAL CLEARANCE FORM

Name:                        Age
Department                   Title
Last Physical Date (WITHIN 1 YEAR) / / Name of the Examiner
Childhood Illnesses (Document the date if known])
Measles Mumps Rubella Chicken Pox Hepatitis
Tuberculosis Scarlet Fever Rheumatic Fever Other
Past Medical History ____________________________ Allergies ____________________________
Current medications ____________________________________________
Immunization History
MMR #1 #2 Measles #1 #2
Varivax #1 __________ #2 __________ TD / Tdap (within 10 years) BCG (YES) / (NO)
Hepatitis B Vaccination (YES) (NO) Dates #1 #2 #3_________ ______
TB SCREENING TEST: QuantiFERON TB Gold OR TWO-STEP PPD IS A REQUIREMENT)
QuantiFERON TB Gold Date___________ Result _______ Neg/ Pos (within 3 months)
PPD (Within 3 months) Date Result Neg/Pos mm induration
PPD (Within last 12 months) Date Result Neg/Pos mm induration
If TB Screening test is positive, Chest X-Ray within two years (Attach report) Date Result
SEROLOGIC TESTS (If documentation of appropriate vaccine series is missing. Lab reports must be attached)
Date Titer Result
Measles / / Immune/Non-Immune
Mumps / / Immune/Non-Immune
Rubella / / Immune/Non-Immune
Varicella / / Immune/Non-Immune
*HbsAg / / Neg/Pos
*HbsAb / / Neg/Pos
(*Hepatitis B titer is required only for those at risk for blood and body fluid exposures)
The above person can assume: Full activity Limited activity
If any, list restrictions to full activity
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE PERSON IS IN GOOD HEALTH, FREE OF
COMMUNICABLE DISEASES AND WITHOUT EVIDENCE OF ANY ADDICTION TO DRUGS OR ALCOHOL.
SIGNATURE TITLE __________ LICENSE NO. DATE
ADDRESS
PHONE # ( ) (Please Stamp)