



Children's National.

Special Category Associate Intake Form

Thank you for your interest in participating in the Special Category Program at Children's National Hospital, an equal opportunity employer.

In order to begin the Special Category process, you must have confirmed with a Children's National staff member that they will serve as your supervisor while you aide in their department at Children's National or a Children's affiliated organization. The position description and assignment start/end dates must have been established at time of application submission.

After completing the intake form, please email this to your listed supervisor for verification purposes.

Applicant Information

First name: _____

Last name: _____

Middle name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

Date of Birth: _____

Gender: _____

Race/Ethnicity: _____

Languages Spoken: _____

YES NO

Are you a citizen of the United States?

If you are not a U.S. citizen and you have a Visa or ESTA Visa Waiver, please send a copy of your Visa or ESTA Visa Waiver to specialcategory@childrensnational.org

Please list the Visa status that you will hold during your time in the U.S.

Have you ever been convicted of a felony or misdemeanor (including any driving related misdemeanors), other than one that has been expunged from your record or one for which you have been pardoned? (A criminal conviction will not automatically disqualify you but rather will be considered in connection with the specific position(s) applied).

YES NO

If yes, explain: _____

Education and Experience

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Emergency Contact Information

Full Name: _____ Relationship: __

Email: _____ Phone: __

Address: _____

Children s National or HSC Dept. & Supervisor Information

Please enter the department you will be working in, department cost center, and contact information for your supervisor.

Department Name:

Department Number (Cost Center):

Supervisor Employee ID#:

First name:

Last name:

Work phone:

Email address:

Associate Role

Please indicate the associate role you will participate in during your assignment at Children's National or a Children's affiliated organization.

CLINICAL TRAINEE- Children's National provides educational opportunities for students in various clinical programs. They do not yet have the requisite skills to function as a Children's employee in their chosen field and are at Children's National to gain experience and develop relevant skills in healthcare clinical care. They are involved in hands-on patient interactions under the direct supervision of a Children's clinician. May include observation only trainee. (Requires Clinical Training Affiliation Agreement, or Observership Agreement for observation only trainee)

RESEARCH TRAINEE: Unpaid trainees are enrolled in a Children's National departmental research training program and must be participating exclusively in a closely supervised research-based training curriculum. Trainees are at Children's National to gain experience and develop relevant skills in a research environment. They are not actively engaged in providing services to Children's National but, rather are participating here purely for instruction. Trainees do not yet possess the skills to work independently as a Children's National employee. May include observation only trainee. (Requires Training Affiliation Agreement (Sponsored), or Unpaid Trainee Package (with Intern, or Observership Agreement if observation only trainee)

ADMINISTRATIVE TRAINEE: Unpaid Administrative Trainees do not yet have the requisite skills to function as a Children's employee in their chosen field and are at Children's National to gain experience and develop relevant skills in healthcare administration. Administrative Trainees are not involved in a Children's National research or clinical role. (Requires Training Affiliation Agreement (Sponsored), or Unpaid Trainee Package with Intern)

SPONSORED EMPLOYEES: Sponsored Employees meet the same definition as "Employee." However, all or part of their salary is paid directly to them by an outside source/third party. (Requires Clinical Training Affiliation Agreement)

RESEARCH COLLABORATOR: Collaborators are employed full-time or part time outside of Children's National and are working at Children's National under the direction of their primary employer/home institution to collaborate with a Children's research team. Some may work virtually only. (Requires Collaboration Agreement for Research)

Role: _____

Confidentiality & Commitment Agreement

Children's National Hospital is committed to maintaining the highest standards of confidentiality. Recognizing that preserving confidential information rests with each employee/non-employee, the intent of this statement and agreement is to alert employees/non-employees to their specific responsibilities.

I understand associates must be at least 15 years of age, and agree to complete the online application, a background check, and all medical requirements.

I agree that I have read the orientation packet, confidentiality and commitment agreement, and privacy and HIPAA statement, and have completed the mandatory safety quiz and online Error Prevention training. I also authorize for release of general information given on this application.

I verify that I read the program description and requirements of the Special Category Associate Program and understand the role of a non-employee at Children's National. I understand that non-employee duties and responsibilities are designed to supplement and assist employee efforts; Associates are not permitted to perform in the same capacity as a paid employee, inclusive of contract employees.

I understand that I will be asked to present written, valid, official government documentation that I am legally present in the United States for the duration of the time that I will be assisting at Children's National (i.e. VISA, passport, or Social Security Card).

I understand that I may not begin my assignment nor receive an ID badge until all forms are completed and cleared by the Special Category team. I understand that if cleared to be a Special Category Associate, I must discontinue all activities on the approved end date and return my badge to my supervisor.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an assignment, I understand that false or misleading information in my application may result in my release.

By typing your name, you are confirming that you have read and understood each statement. For any questions, please contact specialcategory@childrensnational.org.

Signature: _____ Date: _____