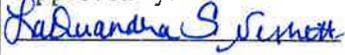
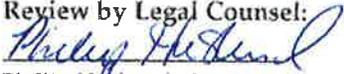




District of Columbia Department of Health General Procedures for Appointing Student Interns and Student Volunteers		PROCEDURE 500.100 Implementing Office: Human Resources Training Required: No Originally Issued: March 31, 2015 Revised/Reviewed:
Approved by:  LaQuandra S. Nesbitt, MD, MPH, Agency Director	Review by Legal Counsel:  Phillip Husband, General Counsel	Effective Date: 5/11/15 Valid Through Date: 5/11/18

I. Authority	Reorganization Plan No. 4 of 1996, Mayor's Order 1997-42
II. Reason for the Policy	The purpose of this procedure is to advise all Department of Health (DOH) administrations of the process for appointing Student Interns and Student Volunteers.
III. Applicability	All DOH employees
IV. Definitions & Acronyms	<ol style="list-style-type: none"> 1. Administration Representative – Department of Health Administration point of contact to DOH HR. 2. Application – To be considered for a paid or unpaid internship, applications are found at the <i>District of Columbia Department of Health website at: doh.dc.gov/service/college-student-internship-program. Applications may be submitted by email at doh.internship@dc.gov or by mail at: District of Columbia Department of Health Office of the Director/Office of Human Resources 899 North Capitol Street, NE 5th Floor Washington, DC 20002</i> 3. DCHR – DC Department of Human Resources. 4. DOH HR Management Liaison – Department of Health Human Resources Management Liaison assigned to the Intern Program.

5. **DOH Administrations** – The Administrations of the Department of Health (DOH) include:
 - Office of the Director (OD)
 - Center for Policy, Planning and Evaluation Administration (CPPE)
 - Community Health Administration (CHA)
 - Health Emergency Health Preparedness and Response Administration (HEPRA)
 - Health Regulation and Licensing Administration (HRLA)
 - HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)
6. **NTE** – Not to exceed date.
7. **OCA** – Office of the City Administrator
8. **OCFO** – Office of the Chief Financial Officer
9. **Student** –A student officially enrolled and in good standing at an accredited college, university, trade/vocational school, or business school that offers a degree, diploma, or certificate at the time the application is submitted; undergraduate students must be 18 years of age or older; maintain a "C" average or above under the system of grading used by the institution. Graduate students must maintain a "B" average or above under the system of grading used by the institution. College seniors must be enrolled in a graduate program beginning in the fall.
10. **Paid Student Intern** – The Student Intern's Grades and Salary is based on the educational level. Paid Student interns are processed in the same manner as paid employees. Approval to hire is subject to funding authorization, Office of the City Administrator (OCA) approval and the DC Department of Human Resources (DCHR) approval.

	<ol style="list-style-type: none">11. Supervisor – Management Supervisory Service (MSS)12. Unpaid Student Intern –Student Intern volunteering time. Not paid and not receiving course credit.13. Unpaid Student Intern for Course Credit –Student Intern who actively participates in a field experience to a degree commensurate with the unit credit requested. Sometimes referred to as an externship.
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<p>V. Contents</p>	<p>I. Appointments for Student Interns paid and unpaid, must be processed by the Department of Health, Office of Human Resources:</p> <ul style="list-style-type: none">A. Guidelines to appoint a Student Intern Candidate Unpaid, Paid or for Course Credit.B. If the position is a paid Student Intern positionC. If the position is an Unpaid Student Intern PositionD. If the position is an Unpaid Student Intern Position for Course Credit <p>II. Separating Student Interns from the Department of Health (DOH):</p> <ul style="list-style-type: none">A. If the position is a paid student internB. If the position is an unpaid student intern not for course creditC. If the position is an unpaid student intern for course credit
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<p>VI. Procedures</p>	<p>The purpose of this procedure is to advise all Department of Health (DOH) Administrations of the process for appointing Student Interns.</p> <p>I. Appointments for all Students Interns paid and unpaid, must be processed by the Department of Health, Office of Human Resources.</p> <p>A. Guidelines to appoint a Student Intern candidate, Unpaid, Paid or for Course Credit.</p> <ol style="list-style-type: none"> 1. A DOH Human Resources Management Liaison is assigned as the Student Internship Program Coordinator for DOH. 2. The HR Management Liaison acts as the DOH point of contact for intern applicants and completes the following in support of the program: <ul style="list-style-type: none"> • Answers emails • Responds to inquiries • Sends forms as requested • Requests funding certification • Requests OCA approval • Processes the final selection package • Process and sends hiring package to DCHR where applicable. • Maintains a file of interested intern candidates for one year. 3. The DOH HR Management Liaison reviews the Student Intern candidate's application, resume, recommendations, essay, and academic transcript. The DOH HR Management Liaison contacts the DOH Administration Representative to inquire if the Administration would like to appoint a student intern with the <u>abilities, professional goals and areas of interest</u> that meet the departmental needs. The DOH HR Management Liaison informs the DOH Administration Representative on whether the intern is seeking a paid, unpaid, or for course work internship.
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4. The resume and application is sent to the appropriate DOH Administration Representative for review.
5. The DOH Administration Representative informs the DOH HR Management Liaison of the decision to appoint or not to appoint the Student Intern candidate.
6. The DOH HR Management Liaison/Intern Coordinator notifies the student of the decision.

PAID INTERN POSITION

B. If the position is a paid student intern position:

1. The DOH Administration submits a Recruitment Intake Form to the HR Management Liaison requesting a paid student intern. The HR Management Liaison prepares a Funding Certification Request for approval by the Agency Financial Officer, Administration Services Manager and the HR Officer.
2. The funding duration of the appointment is not to exceed twelve months.
3. The proposed Student Intern's Grade and Salary is based on the current educational level of the Student determined by transcript or letter from the college or university.

Grade	Educational Level
Grade -CS-399-3	Freshman (1 st Year)
Grade -CS-399-4	Sophomore (2 nd Year)
Grade -CS-399-5	Junior (3 rd Year)
Grade -CS-399-6	Senior (4 th Year)
Grade -CS-399-7	Bachelor's Degree obtained

4. Student Interns are allowed to work up to 20 hours per pay period during the Fall and Spring Semesters. The Student intern is allowed to work 40 hours per week if the DOH Administration identifies funds to cover the additional hours.
5. The DOH HR Management Liaison prepares a Hiring Freeze Appeal through the Office of the City Administrator (OCA) Hiring Protocol system. **No intern may start work for Pay before funding is approved by OCFO and OCA.**
6. The DOH HR Management Liaison:
 - a. Directs the Student Intern candidate to visit the District of Columbia Department Human Resources Career Opportunities website to register as an applicant at <http://careers.dc.gov/>.
 - b. Requests a signed copy of the Authorization for Release of Information for Pre-employment Check D.C. Standard Form No. 04-05 (Rev. 3/09) from the intern candidate.
 - c. Requests Three (3) Professional References (two (2) must be supervisory and one (1)) co-worker or personal reference from the student intern. The references information should include the title, agency, telephone number, and email addresses of the reference provider.
 - d. Requests an official copy of the academic transcript.

7. The DOH HR Management Liaison contacts the references to obtain information to complete the Personal Reference Questionnaire [DC Form 22 (Rev. 5/08)].
8. The DOH HR Management Liaison Performs a Pre-Employment Check to verify the student intern's employment history (for at least 5 years) (if applicable).
9. Safety-Sensitive requirements for the position must be met.
10. The DOH HR Management Liaison submits the required documents through Jobscience to DCHR.
11. Upon DCHR approval to hire the Paid Student Intern, the DOH HR Management Liaison prepares an offer in Jobscience which goes to the student intern by email.
12. The Paid Student Intern accepts the offer in Jobscience, the DOH Administration Representative is notified of the Student's report date and time.
13. The Paid Student Intern rejects the offer in Jobscience; the DOH Administration Representative is notified of the Student's rejection of the offer.
14. The Paid Student Intern reports to the DCHR New Employee Orientation at 441 4th Street NW. The Student Intern completes a Form I-9 and presents documents that establish identity and employment eligibility. The Student Intern also receives a DC Government ID badge.

15. After the DCHR Orientation, the Paid Student Intern reports to the DOH HR Management Liaison/Student Intern Coordinator at the DOH/HR office at 899 North Capitol Street, NE 5th Floor whereby the Student Intern will attend the DOH New Employee orientation. At this time, the Student Intern completes the Department of Health Emergency Contact Information Form and receives a New Hire On boarding Checklist to be completed by the Student Intern's supervisor. The Paid Student Intern will also be required to sign a confidentiality agreement form before starting work.
16. The DOH Administration Representative is requested to pick up the new Student Intern from the DOH/HR office to take the student to their job site.
17. The DOH HR Management Liaison contacts the appropriate parties (IT, Facilities, etc.) to request an email account, and other items requested by the administration.
18. The hours of work, attendance and other job details will be discussed and approved by the Student Intern's DOH Supervisor.
19. The DOH HR Management Liaison/Student Intern Coordinator is responsible for creating a DOH Personnel file for the Intern.

UNPAID INTERN POSITION (Not for Course Credit)

C. If the position is an Unpaid Student Intern position:

1. The resume and application is sent to the appropriate DOH Administration Representative for review.
2. The DOH Administration Representative informs the DOH HR Management Liaison of the decision to appoint or not to appoint the Nonpaid College Student Intern candidate.
3. The DOH HR Management Liaison contacts the Student Intern to report the administration's acceptance of the application.
4. The Unpaid Student Intern reports to the Student Intern Coordinator at the DOH/HR office at 899 North Capitol Street, NE 5th Floor whereby the Unpaid Student Intern completes:
 - The Department of Health Emergency Contact Information Form,
 - The District of Columbia Volunteer Agreement, which must be signed by a supervisor in the Management Supervisory Service (MSS)
 - The DOH Confidentiality Agreement.
5. The Administration Representative is requested to pick up the new Unpaid Student Intern from the DOH/HR office to take the student to their job site.
6. The Administration Representative presents the Non-Employee ID Credential Request Form to the HR Management Liaison for signature. (The form must include the ending date of the Student Intern's appointment).

7. The Unpaid Student Intern takes the completed Non-Employee ID Credential Request Form to the DCHR Customer Care Center at 441 4th St. NW, First Floor to obtain an ID.
8. The DOH HR Management Liaison contacts the appropriate parties (IT, Facilities, etc.) to request an email account, and other items requested by the administration.
9. The hours of work, attendance and other job details will be discussed and approved by the Student Intern's DOH Supervisor.

UNPAID INTERN POSITION FOR COURSE CREDIT

D. If the position is an Unpaid Student Intern Position for Course Credit:

1. Upon receipt from the Student Intern, the DOH HR Management Liaison sends the following documents to the Administration Representative
 - The Resume,
 - DOH College Internship for Course Credit Program Application,
 - Program Proposal or Memorandum of Agreement,
 - A statement of goals the College requires to be met during the internship to the Administration for review.
2. The Administration Representative informs the DOH HR Management Liaison of the decision to appoint or not to appoint the College Student Intern candidate.
3. The DOH HR Management Liaison sends The Program Proposal or Memorandum of Agreement (MOA) to the DOH General Counsel to determine the legal sufficiency of the document. An approved and legally sufficient agreement must be on file before the Student Intern begins to work.

4. **The DOH Administration Student Intern Supervisor signs the Field Instruction or Preceptor's training agreement required by the college/university.** The document must be signed by a supervisor in the Management Supervisory Service (MSS).
5. The signed training agreement is sent to the College or University for approval.
6. The DOH HR Management Liaison contacts the Student Intern to report the administration's acceptance of the application.
7. The Student Intern (For Course Credit) reports to the Student Intern Coordinator at the DOH/HR office at 899 North Capitol Street, NE 5th Floor whereby the Unpaid Student Intern completes:
 - The Department of Health Emergency Contact Information Form,
 - The District of Columbia Volunteer Agreement, which must be signed by a supervisor in the Management Supervisory Service (MSS)
 - The DOH Confidentiality Agreement.
8. The Administration Representative is requested to pick up the new Student Intern from the DOH/HR office to take the student to their job site.
9. The Administration Representative presents the Non-Employee Employee ID Credential Request Form for the Student Intern to the HR Liaison for signature.
10. The Student Intern takes the completed Non-Employee Employee ID Credential Request Form to the DCHR Customer Care Center at 441 4th St. NW, First Floor to obtain an ID.

11. The DOH HR Management Liaison contacts the appropriate parties (IT, Facilities, etc.) to request an email account, and other items requested by the administration.

12. The hours of work, attendance and other job details will be discussed and approved by the Student Intern's DOH Supervisor

II. Separating Student Interns from the Department of Health (DOH)

A1. If the position is a paid intern position whereby the DOH Administration will not renew the position after the NTE date, the Administrative Representative notifies the DOH HR Management Liaison. The DOH HR Management Liaison prepares a Termination of Appointment letter to be signed by the DOH Human Resources Officer.

The DOH Administration Representative presents the letter to the Student Intern who is requested to sign acknowledging that the letter has been received.

The DOH HR Management Liaison

- Completes the Employee Exit Checklist
- Collects the Student Intern's ID Credential

Paid Student Interns may be separated from employment in accordance with DPM Chapter 8 Section 826.5 without notice prior to the expiration date of the appointment.

	<p>A2. If the Separation is a resignation, the Administration Representative:</p> <ul style="list-style-type: none">• Obtains the appropriate resignation letter/ or resignation email.• Directs the Student Intern to the DOH HR Office to complete the Employee Exit Checklist and collect the Student Intern's ID Credential. <p>A3. If the Student Intern no longer qualifies for the DOH Student Internship Program the DOH HR Management Liaison:</p> <ul style="list-style-type: none">• Notifies the Administrative Representative of the Student intern's ineligibility status for the DOH Student Internship Program.• Prepares a Termination of Appointment letter to be signed by the DOH Human Resources Officer.• Presents the letter to the Student Intern who is requested to sign acknowledging that the letter has been received.• Completes the Employee Exit Checklist• Collects the Student Intern's ID Credential
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	<p>B. If the position is an Unpaid Student Intern not for Course Credit position: The Administration Representative is responsible for Initiating the paperwork for the intern to separate:</p> <ul style="list-style-type: none">• Obtain the appropriate resignation letter/or email.• Direct the Student Intern to the DOH HR Office to complete the Employee Exit Checklist and collect the Student Intern's ID Credential. <p>C. If the position is an unpaid intern for Course Credit position: The Administration Representative is responsible for initiating the paperwork for the intern to separate:</p> <ul style="list-style-type: none">• Obtain the appropriate resignation letter/ or email.• Directs the Student Intern to the DOH HR Office to complete the Employee Exit Checklist and collect the Student Intern's ID Credential <p>D. Unpaid Interns may be terminated at any time if their performance does not comply with the signed placement agreement.</p>
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VII. Contacts	District of Columbia Department of Health Office of the Director/Office of Human Resources 899 North Capitol Street, NE 5 th Floor Washington, DC 20002 Internship Program Coordinator (202) 442-5971
VIII. Related Documents, Forms and Tools	<ol style="list-style-type: none">1. DOH College Internship Program Application Process and Checklist2. DOH College Student Internship Program Application – Internship for Course Credit3. DOH College Internship Program Recommendation Form4. DOH Confidentiality Agreement5. DCHR Volunteer Service Agreement



Government of the District of Columbia

Department of Health



COLLEGE INTERNSHIP PROGRAM Application Process and Checklist

Applying for an Unpaid or Paid Internship:

- Submit a Completed DOH College Internship Program Application
- Submit a Current Resume
- Submit two (2) Letters of Recommendation: Recommendations should come from a college advisor and/or professor. Recommendation forms and letters must be sent from the advisor/professor to doh.internship@dc.gov.
- Submit an Essay: 1-2 pages on what you hope to accomplish through an internship at DOH, and how it will relate to your academic and career goals.
- Submit an Academic Transcript: Unofficial copies are acceptable when applying; official copies are required if applicant is selected for the position

Applying for an Internship for Course Credit:

- Submit a completed DOH College Internship for Course Credit Program Application
- Submit a Program Proposal that includes a statement of goals
- Submit a Completed DOH College Internship Program Application
- Submit a Current Resume
- Submit two (2) Letters of Recommendation: Recommendations should come from a college advisor and/or professor. Recommendation forms and letters must be sent from the advisor/professor to doh.internship@dc.gov.
- Submit an Essay: 1-2 pages on what you hope to accomplish through an internship at DOH, and how it will relate to your academic and career goals.
- Submit an Academic Transcript: Unofficial copies are acceptable when applying; official copies are required if applicant is selected for the position

Applications and supporting materials may be submitted by
email to doh.internship@dc.gov,
by fax to 202-442-4808, or by mail to

Department of Health
Office of Human Resources
899 North Capitol Street, NE
Suite 500
Washington, DC 20002
Attention: Internship Coordinator

LATE APPLICATIONS WILL NOT BE ACCEPTED



Government of the District of Columbia
Department of Health



**COLLEGE STUDENT INTERNSHIP PROGRAM APPLICATION
INTERNSHIP FOR COURSE CREDIT**

TO BE COMPLETED BY THE STUDENT

Purpose: Enable students to obtain applied learning experience which will complement and extend the traditional educational process. The experience should also aid the student in the exploration of potential career opportunities and assist the student in identifying his/her personal and educational goals.

Obligations of the Student:

1. Submit a detailed outline of the proposed program, including a statement of goals.
2. Actively participate in the field experience to a degree commensurate with the unit credit requested.

PERSONAL INFORMATION

FULL NAME: (Last, First, Middle)

SOCIAL SECURITY NUMBER: (Last 4 Digits)

XXX-XX-_____

MAILING ADDRESS:

TELEPHONE: _____ (home)

_____ (mobile)

EMAIL: _____

DATE OF BIRTH: _____

ADDRESS WHERE ALL CORRESPONDENCE SHOULD BE SENT: Current Permanent

APPLICATION PERIOD: Year of _____

Summer (deadline May 1) Fall (deadline July 1) Spring (deadline November 1)

ACADEMIC INFORMATION

ACADEMIC LEVEL:

Freshman Sophomore Junior Senior Graduate Student

COLLEGE/UNIVERSITY _____

Major: _____ **Date(s) Attended:** _____

Degree: _____ **Expected Graduation Date:** _____

ABOUT THE INTERNSHIP

WHICH AREA(S) OF THE DEPARTMENT OF HEALTH WOULD YOU LIKE TO INTERN?

- Center for Policy, Planning and Evaluation (CPPE)
- Community Health Administration (CHA)
- Health Emergency Preparedness and Response Administration (HEPRA)
- Health Regulations and Licensing Administration (HRLA)
- HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA)
- Office of the Director (OD)

How did you learn about the DOH College Internship Program?

(Please note: Students cannot be paid and receive academic credit for an internship.)

SUPPORTING DOCUMENTS

COMPLETED APPLICATIONS MUST CONTAIN THE FOLLOWING:

- Completed DOH College Internship for Course Credit Application**
- Program Proposal that includes a statement of goals**
- Current Resume**
- Two (2) Letters of Recommendation:** Recommendations should come from a college advisor and/or professor. Recommendation forms and letters must be sent from the advisor/professor to doh.internship@dc.gov.
- Academic Transcripts:** Unofficial copies are acceptable when applying. Official copies are required if applicant is selected for the position.

The application deadlines are July 1, November 1 and May 1.

ELIGIBILITY REQUIREMENTS

Eligibility Requirements: Students must be enrolled at an accredited institution of higher learning throughout the duration of the internship to qualify to participate in the Department of Health College Student Internship Program. Specifically, undergraduate students must be enrolled at least one semester or quarter prior to the submission of his or her application; be currently enrolled and in good standing throughout the duration of the internship at an accredited college, university, trade/vocational school, or business school that offers a degree, diploma, or certificate at the time of your application submission; undergraduate students must maintain a "C" average or above under the system of grading used by the institution. (Official school documentation is required. Graduate students must maintain a "B" average or above under the system of grading used by the institution; and must maintain enrollment status throughout the duration of the internship. (Official school documentation is required.) College seniors must be enrolled in a graduate program beginning in the fall. Proof of enrollment (letter of acceptance) will be required if accepted into the internship program.

SIGNATURE: _____ **DATE:** _____



Government of the District of Columbia
Department of Health



COLLEGE STUDENT INTERNSHIP PROGRAM APPLICATION

TO BE COMPLETED BY THE STUDENT:

Purpose: Enable students to obtain applied learning experience which will complement and extend the traditional educational process. The experience should also aid the student in the exploration of potential career opportunities and assist the student in identifying his/her personal and educational goals.

PERSONAL INFORMATION

FULL NAME: (Last, First Middle)

SOCIAL SECURITY NUMBER: (LAST 4 DIGITS)

XXX-XX-_____

MAILING ADDRESS:

DATE OF BIRTH: _____

TELEPHONE:

_____ (home)

_____ (mobile)

ADDRESS WHERE ALL CORRESPONDENCE SHOULD BE

SENT: Current (School, etc.) Permanent (Home)

EMAIL: _____

APPLICATION PERIOD: Year of _____

Summer (deadline May 1) Fall (deadline July 1) Spring (deadline November 1)

ACADEMIC INFORMATION

ACADEMIC LEVEL:

Freshman Sophomore Junior Senior Graduate Student

COLLEGE/UNIVERSITY _____

MAJOR _____ **DATE(S) ATTENDED** _____

DEGREE _____ **EXPECTED GRADUATION DATE** _____

ABOUT THE INTERNSHIP

WHICH AREA(S) OF THE DEPARTMENT OF HEALTH WOULD YOU LIKE TO INTERN?

- Center for Policy, Planning and Evaluation (CPPE)
- Community Health Administration (CHA)
- Health Emergency Preparedness and Response Administration (HEPRA)
- Health Regulations and Licensing Administration (HRLA)
- HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA)
- Office of the Director (OD)

How did you learn about the DOH College Internship Program?

SUPPORTING DOCUMENTS

COMPLETED APPLICATIONS MUST CONTAIN THE FOLLOWING:

- Completed DOH College Internship Program Application**
- Current Resume**
- Two (2) Letters of Recommendation:** Recommendations should come from a college advisor and/or professor. Recommendation forms and letters must be sent from the advisor/professor to doh.internship@dc.gov.
- Academic Transcripts:** Unofficial copies are acceptable when applying. **Official copies are required if applicant is selected for the position.**

The application deadlines are July 1, November 1 and May 1.

ELIGIBILITY REQUIREMENTS

Eligibility Requirements: Students must be enrolled at an accredited institution of higher learning throughout the duration of the internship to qualify to participate in the Department of Health College Student Internship Program. Specifically, undergraduate students must be enrolled at least one semester or quarter prior to the submission of his or her application; be currently enrolled and in good standing throughout the duration of the internship at an accredited college, university, trade/vocational school, or business school that offers a degree, diploma, or certificate at the time of your application submission; undergraduate students must maintain a "C" average or above under the system of grading used by the institution. (Official school documentation is required. Graduate students must maintain a "B" average or above under the system of grading used by the institution; and must maintain enrollment status throughout the duration of the internship. (Official school documentation is required.) College seniors must be enrolled in a graduate program beginning in the fall. Proof of enrollment (letter of acceptance) will be required if accepted into the internship program.

SIGNATURE: _____ **DATE:** _____



Government of the District of Columbia
Department of Health



COLLEGE INTERNSHIP PROGRAM
RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT

FULL NAME (last, first middle) _____

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

XXX-XX-_____

COLLEGE/UNIVERSITY _____

GRADUATION DATE _____

MAJOR _____

APPLICATION PERIOD: Summer Fall Spring

Thank you for taking the time to complete this recommendation for an applicant to the Department of Health College Internship Program. This program is designed to provide undergraduate and graduate students the opportunity to learn more about the Department of Health. Through experience directly related to their academic field, students will work under the supervision of professional staff members in one of the department's administrations. Your evaluation and letter of recommendation will be important in the selection process.

How long have you known the applicant, and in what capacity? _____

Please rate the applicant in the following areas:

	Below Average	Average	Good	Very Good	Excellent
Academic Ability	<input type="checkbox"/>				
Academic Potential	<input type="checkbox"/>				
Curiosity/Initiative	<input type="checkbox"/>				
Dependability	<input type="checkbox"/>				

Written evaluations of the applicant's academic and work experience, participation in extracurricular activities, motivation and potential from benefitting from a Department of Health internship are particularly useful to the review committee in making decisions.

The application deadlines are July 1, November 1 and May 1. Please return your recommendation via email to doh.internship@dc.gov in time for inclusion in the review process.

NAME _____

TITLE _____

ORGANIZATION _____

EMAIL _____

SIGNATURE _____

DATE _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



CONFIDENTIALITY AGREEMENT

As an employee/contractor/consultant with access privileges to Department of Health (DOH) data and information, you may have access to what this agreement refers to as “Protected and Confidential Information”. The purpose of this agreement is to help you understand your responsibilities regarding Department of Health protected and confidential data and information.

You are required to conduct yourself in strict conformance to applicable laws, and policies governing confidential and protected data and information. Your principal obligations in this area are explained below. You are required to read and to abide by these prescribed rules of behavior, and violation of any of these may subject you to discipline, which might include, but is not limited to, termination of employment and/or legal liability.

As an employee/contractor/consultant, you understand that you will have access to confidential information that may include, but is not limited to, information relating to:

- Private citizens and District public program participation (such as eligibility records, conversations, admittance information, patient/member financial information, etc.);
- Employee/contractor/consultant information (such as salaries, labor rates, employment records, disciplinary actions, etc);
- District operational information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc); and
- Third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc).

Accordingly, as a condition of and in consideration of your access to confidential and protected information and data, you hereby agree to the following:

1. You will use confidential information only as needed to perform your legitimate duties as an employee/contractor/consultant affiliated with the Department of Health. This means, among other things, that:

DEPARTMENT OF HEALTH -CONFIDENTIALITY AGREEMENT

- A. You will only access confidential information for which you have a “need to know” by work responsibility or job description;
 - B. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your activities at DOH; and
 - C. You will not misuse confidential information under any circumstances.
2. You will safeguard and will not disclose your access codes or any other authorization provided by DOH that allows you to access confidential information.
 3. You accept responsibility for all activities undertaken using your access code and other access authorizations.
 4. You will report activities by an individual or entity that you suspect may compromise the confidentiality of confidential information. (Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.)
 5. You understand that your obligations under this Agreement will continue after termination of your employment or contractual arrangement with DOH. (You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal.)
 6. You understand that you have no right or ownership interest in any confidential information referred to in this Agreement and that DOH may at any time revoke your access code, other authorizations, or access to confidential information. At all times during your work engagement or employment, you will safeguard and retain the confidentiality of all confidential information.
 7. You will be responsible for your misuse or wrongful disclosure of confidential information, and for your failure to safeguard your access code or other authorizations for access to confidential information. (You understand that your failure to comply with this Agreement may also result in your loss of employment or cancellation of your contractual work authorization within DOH.)

DEPARTMENT OF HEALTH -CONFIDENTIALITY AGREEMENT

Employee/Contractor/Consultant Acknowledgment

I _____ acknowledge that I have read the above “ Confidentiality Statement”. I also recognize the importance on my part in assuring the right to privacy of persons for whom data and documents are accessible through my affiliation with DOH.

I therefore will not divulge any confidential information not authorized by District statute, public regulation and/or guidelines applicable to confidentiality of information, and I am aware that penalty for unauthorized disclosure of DOH confidential information accessible to me could result in disciplinary action up to and including dismissal, cancellation of work privileges, fines or imprisonment.

Employee/Contractor Name (Type/Print) _____

Signature _____ Date _____

Title/Job Description _____

District Agency/Program Name _____

Supervisor/DOH Oversight Name _____

Supervisor/DOH Oversight Signature _____

Date _____

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources**

VOLUNTEER SERVICE AGREEMENT

This agreement must be completed and approved before accepting the services of a volunteer. Volunteer services are authorized under the Volunteer Services Act of 1977, effective June 28, 1977 (D.C. Law 2-12; D.C. Official Code § 1-319.01 *et seq.*) (2006 Repl.), and regulations contained in Part I of Chapter 35 of the District Personnel Manual ("DPM"). The volunteer shall be subject to a criminal background check, traffic record check, or both, if providing unsupervised direct services to children or youth (D.C. Official Code § 4-1501.01 *et seq.*) (2007 Supp.)).

Under this agreement, _____ will provide the following services:
(Name of Volunteer)

Last 4 Digits of Volunteer's SSN: _____

Duty Location: _____ Work Schedule: _____

Supervisor: _____ Title: _____ Telephone #: _____

DECLARATION OF VOLUNTEER

I, _____, hereby agree to donate my services to the District government in performing the duties described above. I understand that I will not be compensated for my services and that I am not entitled to other monetary benefits in connection with my volunteer work. I will, however, be considered an employee for purposes of benefits under the District of Columbia Disability Compensation Program in the event of a job-related illness or injury.

I will accept instructions for assignments from the supervisor named above. I understand that my work assignments are limited to the duties described in this agreement, unless otherwise authorized by my supervisor in writing. I will keep my supervisor informed of the status of my progress on assignments and will notify him or her if I am unable to report as scheduled or if I decide to withdraw from volunteer service and terminate this agreement.

As a volunteer member of the District government workforce, I will not engage in any form of political activity during the hours I render service for the District government, and I will not use District government resources to engage in any form of political activity.

I understand that this agreement may be terminated at any time by the District government.

Signature of Volunteer

In case of emergency notify: _____ Relationship: _____

Address: _____ Telephone No.: _____

Volunteer service approved by: _____

Signature

Title

Department or Agency: _____ Date: _____

Criminal Background Check Required: Yes ___ No ___ Traffic Record Check Required: Yes ___ No ___