

**Patient Care Services Credentialing at UW Medical Center**

**Attestation Application: YOUR APPLICATION WILL NOT BE APPROVED IF NOT COMPLETE**

**Step 1 - Your information, checklist of required documents & proposed role description**

- Applicant full name.
  
- Applicant job title & employer organization.
  
- Contact phone & email. Please provide a reliable contact as well as a backup contact number, as you will be required to provide a copy of your file **within 24 hours** of our call or email.

**I am responsible for:**

HIPAA training per employer.

Immunizations per UWMC Employee Health (CDC) guidelines:

**Annually updated documentation of immunity to tuberculosis, measles, mumps, rubella, varicella, hepatitis B, pertussis. We also require proof of the COVID-19 vaccination.** Call (206) 598-4848 with specific questions.

Annually updated confidentiality form [UW Medicine Confidentiality Agreement](#)

Photo ID at UWMC:

**UW/UW entity personnel** (e.g. HMC, NW Hospital, Valley Hospital, Airlift NW, UW School of Medicine departments, UW School of Pharmacy, UW School of Public Health, SCCA).

***Upon approval you will wear the photo ID badge issued by your employer.***  
*Photo ID is to be worn at all times in the Medical Center.*

**OR**

**Non-UW/UW entity personnel** (e.g. Puget Sound Blood Center, Fred Hutchinson Cancer Research Center, Group Health, Seattle Children's, VA Puget Sound Health Care System).

**BACKGROUND CHECK REQUIRED.** Submit form as PDFs with *Attestation Application*.

Criminal Background Authorization - Fill out all sections, and sign.

***Upon approval you will obtain the UWMC photo ID badge from Public Safety.***

Contact with specific questions by calling (206) 598-4909 or emailing.

*Photo ID is to be worn at all times in the Medical Center.*

**My proposed role at UWMC:**

RESEARCH.

CLINICAL PRACTICE.

LICENSURE:

If proposed role requires licensure then you must have record of current licensure or certification with the State of Washington.

Note: Medical Assistant - phlebotomist is required by law for venipuncture.

[Washington State Health Medical Assistants](#)

My proposed role requires CURRENT LICENSURE with the State of Washington.

***License type***

***License number***

***Expiration***

ROLE ACTIVITIES.

**Research non-clinical:** recruit patients, obtain consent, administrate surveys, interview patients, data/record review, chart in patient record.

**Other activities with patients:** including physical assessment, culture swab, etc. Please specify.

**Clinical practice:**

Blood draw.

**Venous:** from central venous access, peripheral venous access, venipuncture.

**Arterial:** from indwelling line, arterial puncture.

Invasive procedures (describe).

Medication administration (list meds).

Other (describe).

**Clinical area for work at UWMC:**

7S General Clinical Research Center.

Other areas (please specify).

## Step 2 - Your manager's information & signature

### Required Signature:

I attest that the applicant is competent to perform the proposed role as described.

I understand that I may need to produce a copy of the documentation above **within 24 hours** upon request by University of Washington Medical Center, Patient Care Services Administration.

Access to Patient Records:

If access to electronic medical records is applicable to the applicant's role, it is my responsibility as Manager to contact the UW Medicine Online Information Portal.

Employee Manager:

*Print full name*

*Signature & date*

*Organization/Phone/Email*

## Step 3 - Your signature

### Required Signature:

I attest to the truth and accuracy of the information provided. I understand that my file may be audited and that I may be required to provide proof of HIPAA training, immunization records, a signed confidentiality agreement and proof of current licensure **within 24 hours** upon request by University of Washington Medical Center, Patient Care Services Administration.

*Signature & date*

## Step 4 - Submission of application & retention of records

Email as PDF attachments ONLY the signed *Attestation Application, Criminal Background Authorization Form* (if applicable) and **A COPY OF YOUR COVID-19 VACCINATION CARD** to University of Washington Medical Center, Patient Care Services Administration. Paper applications and incomplete applications will NOT be accepted.

***Please allow at least 2 weeks for processing.***

Retain these records in your employee file. ***You are responsible for maintaining and keeping these records current.*** Your file may be audited and a copy must be provided to University of Washington Medical Center, Patient Care Services Administration ***within 24 hours*** of our call or email.