

Research Hospital Appointment

LIST OF REQUIREMENTS FOR RESEARCH HOSPITAL APPOINTMENT (RHA)

Required documents as follows (please refer to Documents to be printed & uploaded or submitted below):

1. Complete all the sections of the RHA Application Form below:
2. Letter of recommendation from the PI's Department Head or Vice-President of Health Sciences Research (if Department Head is PI), including a description of the research activities to be undertaken by the applicant and a statement acknowledging that patients/research participants will be informed of the applicant's research activities and will give permission for any research project with patient/research participant involvement.
3. Letter from the institution of primary affiliation (e.g. college/university attesting as to the applicant's enrolment) if applicant is not affiliated with Queen's University (Queen's) or St. Lawrence College (SLC).
4. Copy of valid and current Queen's HSREB, OCREB or CTO initial ethics clearance letter or ethics renewal letter (document has to be dated within 1 year) - **Please attach with the application.**
5. Brief curriculum vita - **Please attach with the application.**
6. Statement of Confidentiality agreement signed by the applicant.
7. Communicable Disease Health Clearance form is required to be completed. - **Please attach with the application.**

LIST OF REQUIREMENTS FOR QUEEN'S AND SLC STUDENTS

I am a student enrolled at Queen's or SLC and my planned research activities are part of my regular academic program (e.g. undergraduate project or graduate thesis). If YES, follow these 4 steps:

1. Complete all sections of the RHA Application Form below.
2. Copy of valid and current Queen's HSREB, OCREB or CTO initial ethics clearance letter or ethics renewal letter (document has to be dated within 1 year).
3. Statement of Confidentiality agreement signed by the applicant.
4. Communicable Disease Health Clearance is required to be completed. Verification documentation of immunizations/testing that meets OMA/OHA Communicable Disease Protocols is acceptable from Queen's or SLC. Verification documentation should be signed/dated from the school's representative, such as the Registrar or Health Dept. If verification documentation is not readily available, the Communicable Disease Health Clearance form is required to be completed.

Note: If any additional research activities are outside your regular academic program, please complete #1 - LIST OF REQUIREMENTS FOR RESEARCH HOSPITAL APPOINTMENT above.

NOTES

1. Students/applicants enrolled outside of Queen's or SLC are required to complete all steps listed under RHA (Steps 1-7).
2. All students/applicants should have a physician supervisor associated with their project, even if they also have an academic supervisor who is not a physician.
3. Photo ID & IT Access Authorization will be provided through the RHA process. All applicants will be notified accordingly.
4. Computer Access still requires the submission of a separate Computer Access Request Form (CARF) by the students/applicant's direct academic supervisor. Please note: remote access via Citrix (e.g. LUMEO & PCS) will not be granted as per Hospital policy. Students/applicants can use the charting computers in the W.J. Henderson Centre for Patient-Oriented Research located on Connell 4 to access LUMEO & PCS or other shared drives within KHSC's firewalls.

KHSC Applications will be processed by the KHSC Office of Medical Administration and brought to the KHSC Credentials Committee for recommendation to the KHSC Medical Advisory Committee.



Kingston Health Sciences Centre

Centre des sciences de
la santé de Kingston



Application for Research Hospital Appointment

APPOINTEE PERSONAL INFORMATION

Surname

Given Names

Present Home Address

Street Name

Apt.

City

Postal Code

Province/State

Country

Phone

Date of Birth

Email

Emergency Contact

Name

Relationship

Address

Contact Details

HOSPITAL LOCATION (Research Hospital Appointment required at)

Hotel Dieu Hospital (HDH) Site?

No

Yes Please indicate % time at HDH site

Kingston General Hospital (KGH) Site?

No

Yes Please indicate % time at KGH site

ACCESS REQUIRED

Onsite

Remote

INSTITUTION OF PRIMARY AFFILIATION

Are you Queen's University or St. Lawrence College student?

No

Yes

POSITION CATEGORY

Please check off which category/status applies to your position:

PRINCIPAL INVESTIGATOR (PI): is an individual who is the lead clinical/basic/nursing scientist or engineer (i.e. Ph.D.) for a particular well-defined science research project, such as a laboratory study, clinical research project or clinical trial, or a particular research unit/centre in the Hospital. These are individuals who are neither a clinician (MD) nor employees of KHSC who work in research but instead have an affiliation with PC, Queen's, SLC or any other applicable academic or hospital institution. Clinicians (MD) do not require a Research Hospital Appointment as they already have medical credentials to work in KHSC related to academics, clinical care and research.

Queen's University

St. Lawrence College

Providence Care

Other, please specify

RESEARCH SUPPORT STAFF: is an individual who provides research support services to the PI and overall research projects and initiatives. These can be Research Assistants, Research Associates, Research Coordinators, Nurses or other Allied Health Professionals, Project Coordinators, Project Leaders, Research Analysts, Research Technicians or Research Administrative Assistants. These individuals would likely be Queen's or PC employees or employees of KHSC and their usual employment or appointment activities would not involve research (i.e. research is not defined in their job description).

Research Assistant

Research Administrative Assistant

Research Associate

Research Analyst

Research Coordinator

Research Technician

Project Coordinator

Project Leader

Research Nurse/Allied Health Professionals, please specify

RESEARCH TRAINEE/LEARNER: is an individual who is completing a research training/ learning experience (paid or unpaid). These are Post-doctoral Fellows, Medical students, Undergraduates students, Masters students, Ph.D. students, Residents and any specified visitor who is at KHSC under the direct supervision of a PI. Medical Residents do not require a Research Hospital Appointment as they already have medical credentials to work in KHSC related to academics, clinical care and research.

Undergraduate Student

Masters Student

Medical Student

Ph.D. Student

Post-doctoral Fellow

Volunteer (Research)

Visitor, please specify

Are you currently employed by KHSC at this time?

No

Yes Role/Department

Are you Licensed? No Yes

College of Physicians and Surgeons of Ontario

Educational Register#

Date

Permanent Register#

Date

Registered Nurse

Registration#

Date

Allied Professional, please specify

Registration#

Date

Other Qualifications

Please provide full description of your research duties

APPOINTMENT DETAILS

Start Date of Appointment:

End Date of Appointment / Renewable Term :

(Renewal on approval by Department)

Renewable (If more than a year)

Hospital Department/Research Unit/Research Centre Name:

Are you the Principal Investigator?

YES

NO, Please provide Principal Investigators
name who will supervise your work:

OTHER

Does this work directly involve the treatment of patients by the applicant? (Please note that if the applicant is a physician, he/she must be licensed in Ontario and show evidence of membership in CMPA or equivalent to be permitted to be directly involved in the management of patients.)?

No

Yes

Has HSREB/OCREB/CTO approval been obtained? **(Please attach copy of applicable clearance letter with the application)**

No

Yes

Have Hospital and Departmental approvals been obtained through a TRAQ DSS FORM application?

No

Yes

Has a TRAQ DSS FORM application been submitted, but approvals are still pending?

No

Yes

Please provide TRAQ DSS FORM application number:

TRAINING

Please click on each Training item below to download and review. Once you have reviewed, please select the checkbox.

I have read and acknowledge that I understand the [Research Orientation package](#)

I have read and acknowledge that I understand the [KHSC General Orientation package](#)

STATEMENT OF CONFIDENTIALITY

It is Hospital Policy and law that all Hospital information is confidential. An employee, a member of the medical staff, volunteer, student or affiliate are agents of the Hospital and this statement applies to all agents. As an agent associated with the Hospital, you will have access to information and material relating to patients, employees, other individuals or the Hospital that is of a private and confidential nature.

1. The mission, principles and philosophy of the Hospital will be followed in accordance with the Hospital's rules and standards of conduct. At all times you will respect the privacy and dignity of patients and their families, employees and all associated individuals.
2. You will treat all Hospital administrative, financial, patient, employee and other records, whether written, verbal or electronically stored, as confidential material and you will protect it to ensure full confidentiality. You will not access records, discuss or use such information unless there is a legitimate purpose to do so in your normal Hospital duties and responsibilities. All hardware, software and other equipment are to be used for business purposes only. The Hospital may conduct periodic audits to ensure compliance and to ensure data integrity.
3. Any system User-ID(s) issued to you and/or any Password(s) created and personally entered by you into Hospital Information Systems are unique codes to identify you to the Hospital Information Systems. All access/entries made will be associated with your identity. You will protect the security of your signature code and you will not use the code of another person, or enable another person to know or use your code

Confidentiality is the right of every patient and everyone affiliated with the Hospital. Each of us is expected to respect that right. A breach of any of these conditions will result in disciplinary action up to and including termination of employment, loss of privileges, sanctions specified in applicable law, or similar action appropriate to your position with the Hospital.

I have read and understand the conditions outlined in this statement. I have also been made aware of the Hospital's policies on security, privacy and confidentiality. I agree to abide by the Hospital Policy as a condition of my work with the Hospital.

Please indicate your
Hospital agent type:

Employee
Affiliate

Medical Staff
Visitor

Volunteer
Observer

Student

AGENT NAME

SIGNATURE

DATE

WITNESS NAME

SIGNATURE

DATE

DECLARATION

I agree to abide by the by-laws, rules and regulations of KHSC, and other restrictions as defined on this application. (Please find on KHSC Intranet) I will maintain the confidentiality of any information concerning patients that comes to my knowledge or possession with my Research Hospital Appointment.

DATE

SIGNATURE

RECOMMENDATION OF PRINCIPAL INVESTIGATOR AND DEPARTMENT HEAD

The proposed research project as outlined above has received approval through the Queen's HSREB, OCREB or CTO. As Principal Investigator (if applicable) and Department Head, I recommend the above named to hold a Research Hospital Appointment.

Department Name:

SIGNATURE

DATE

PRINCIPAL INVESTIGATOR
(if applicable)

DEPARTMENT HEAD

Comments

KINGSTON HEALTH SCIENCES CENTRE

Communicable Disease Requirements for Credentialed Staff

As a prerequisite for working at KHSC, individuals who carry on activities at KHSC must meet the [communicable disease surveillance requirements](#) as stipulated in the Public Hospitals Act (Regulation 965) and KHSC policy. This also includes the requirement to have completed your primary vaccine series for COVID-19. These requirements are outlined in the attached document entitled **“Communicable Disease Health Clearance Requirements.”** Please do not include lab results.

In cases where individuals interface with patients who are on airborne precautions (e.g. tuberculosis), they will be required to don an N95 respirator. To do so, the CSA standard and KHSC policy requires the user to have been fit tested, trained, and medically cleared for respirator usage current within 2 years. The following N95 respirators are available for use at KHSC for those who have been fit tested & trained on their use: 3M 1860R, 3M 1860S, 3M 1870+. Occupational Health, Safety & Wellness conducts fit testing where it needs to be done or updated,

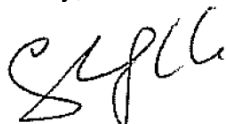
Should you have any questions specific to the requirements for applicants coming to KHSC, please contact Occupational Health, Safety & Wellness at KGH 613-549-6666 x4389 or at HDH 613-544-3400 x2264.

Your application will remain inactive and your privileges pending until required clearance by a physician/RN is provided to our office. Please have your licensed family physician/RN complete the following form and return to the KHSC Medical Administration office. If you do not have a family physician, you may contact:

- **CDK Walk-In Clinic** (2 Locations, Phone: 613-766-0318): 175 Princess Street, Kingston, ON K7L 1A9 (Walk-In Available) or 105 Sutherland Drive, Kingston, ON, K7K 5V6 (Pre-booked appointments only)
<https://www.cdkmd.com>
Note: The CDK clinic accepts cash, Debit card, Visa, MasterCard and will provide a receipt as proof of payment.
- **Kingston Travel Vaccination Clinic:** 902 Portsmouth Ave, Kingston, ON K7M 1W9, (613-507-8317) to set up an appointment to assist with immunization testing if required <https://www.kingstontravel.ca>

The visit may be charged to OHIP (if you have OHIP coverage) however there will be a cost incurred for completion of the form and additional testing if required.

Sincerely,



Christopher Gillies
Vice President of Medical & Academic Affairs

Communicable Disease Health Clearance Requirements
As per Communicable Disease Surveillance Requirements

Applicant's Name:

Today's Date:

Department of:

=====

FOR USE BY PHYSICIAN PROVIDING CLEARANCE TO APPLICANT

Note- where there is a medical contraindication to any of the required vaccinations below, or there is a bona fide exemption under the Human Rights Code based on a protected ground, documentation will be required and our ability to safely accommodate any approved exemption will be assessed.

REQUIRED:

☐ Complete **TUBERCULOSIS SCREENING:**

- a) Individuals whose tuberculin status is unknown, or those previously identified as tuberculin negative, require a baseline **two-step Mantoux skin test**, unless they have

- documentation of a prior two step Mantoux Skin Test, or
- documentation of a negative single step Mantoux Skin Test within the past 12 months, or

in which case a single step Mantoux Skin test should be given and be current within 3 months of your start date.

- b) For individuals who are known to be tuberculin positive, or for those who are tuberculin skin test positive when tested in (a) above, further assessment should be done which may include a chest radiograph (depending on when last done) and/or evaluation by the individual's health care provider to rule out active disease. OR Interferon Gold Test completed and negative.

☐ Complete **MEASLES IMMUNITY-** only the following is accepted as proof of immunity:

- documentation of having received 2 doses of live measles virus vaccine on or after the first birthday, or
- serologic evidence (bloodwork) verifying immunity to measles

☐ Complete **MUMPS IMMUNITY-** only the following is accepted as proof of immunity:

- documentation of having received 2 doses of mumps vaccine (MMR) given at least 4 weeks apart on or after the first birthday, or
- serologic evidence (bloodwork) verifying immunity to mumps

☐ **Complete RUBELLA IMMUNITY**- only the following is accepted as proof of immunity:

- serologic evidence (bloodwork) verifying immunity to rubella, or
- documented evidence of immunization with live rubella virus vaccine on or after the first birthday

☐ **Complete POLIO IMMUNITY**: required for electives at certain hospitals (e.g. Ottawa)

☐ **Complete VARICELLA IMMUNITY**- only the following is accepted as proof of immunity:

- serologic evidence (bloodwork) verifying immunity of varicella
- in cases where the individual has not had chicken pox or is uncertain, they should be screened through bloodwork; if non-immune, they should be immunized with the varicella vaccine.

☐ **Complete PERTUSSIS IMMUNITY**- only the following is accepted as proof of immunity:

- immunization as an adult with one dose of T-dap (Tetanus-diphtheria acellular pertussis)

☐ **Complete COVID-19 VACCINATION**- only the following is accepted:

- immunization with the COVID-19 primary vaccine series at least 14 days ago; OR
- for those not vaccinated with an initial primary series, receipt of one dose of the current COVID-19 vaccine within the past 6 months.

☐ **Complete HEPATITIS B IMMUNITY**- only the following is accepted as proof of immunity:

- serologic evidence (bloodwork) verifying immunity for Hepatitis B

STRONGLY RECOMMENDED:

☐ Vaccination with a current COVID-19 vaccine, 6 months following either a prior COVID-19 vaccine or a confirmed SARS-CoV-2 infection, with 3 months being the minimum interval particularly for those who are considered immunocompromised.

☐ Annual Influenza vaccination

I _____, certify that _____
 (PRINT-Name of physician providing clearance) (Name of applicant)

has met the above communicable disease screening requirements for appointment to Kingston Health Sciences Centre.

Health Care Professional's Last Name		First Name	
Full Address (No, Street)	City	Province	Postal Code
(Area Code) Telephone# _____ (Area Code) Fax # _____			
Signature		Date completed	

Please email completed form to medicalaffairs@kingstonhsc.ca with subject line to include First and Last name.

Thank you

KHSC Medical Administration,
 Kingston General Hospital site, Watkins 4
 76 Stuart St. Kingston, ON K7L 2V7
 Fax 613-548-6082

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