

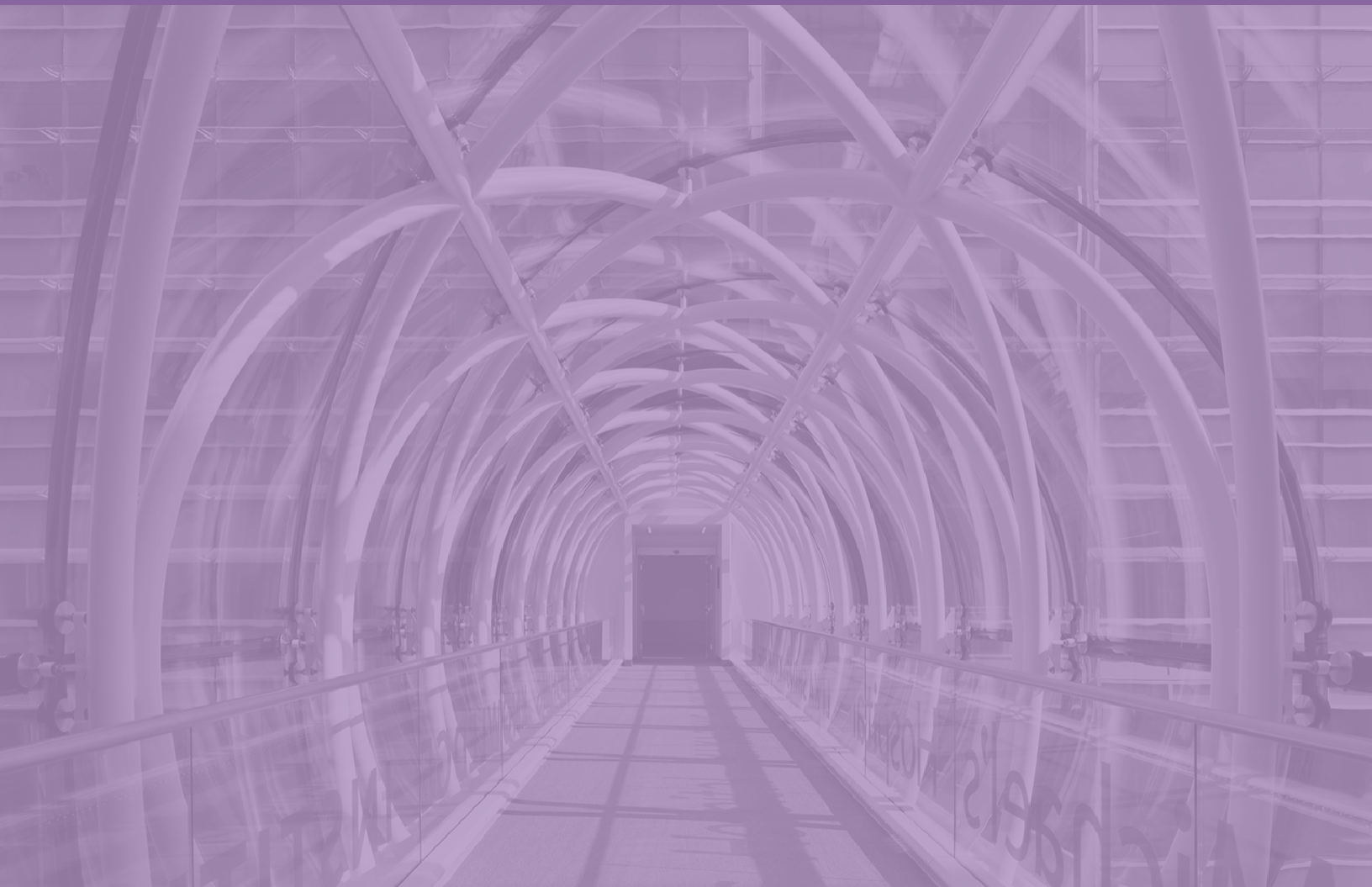


ST. JOSEPH'S • ST. MICHAEL'S • PROVIDENCE

UNITY HEALTH
TORONTO






Getting Started

Stipend Students – Research
Experience (eg, CREMS, IMS)



Who are Stipend Students? A stipend student is a student (undergraduate or graduate) that is registered in a formal Research Experience program which pays a stipend amount. Stipend students are not Graduate Students or Co-Op Students.

Steps: Stipend Student Registration

-   Online Registration
-   Training
-  Activate UHT Email – you will receive an email with instructions after you complete registration

Part 1: Online Registration

Create an Account

Visit <https://students.unityhealth.to/public/login> to get started! Please note that the term 'student' is set in the system. If you're not a student, this language still applies if you're a research registrant.

Scroll down to *New Student? Register here!* and click on **register**. Make sure to register using your personal or University email (**do not use your Unity Health Toronto email!**).

Verify your email address: check your inbox for a verification link.


Fill in your [basic information](#), [local address](#), [emergency contact](#) and click on **agree** after you have read the code of conduct and privacy and confidentiality agreement.

My Placements

Click on **MY PLACEMENTS** on the left menu. Click on **create placement** at the top of the page.

Please note once you click submit; you will not be able to edit any of the information in this section.

Modify Site/Student Type

Select  or St. Joseph's. Under **student type**, select **research**. Code of conduct policy schedule A will appear, select **Agree**. Review the privacy and confidentiality agreement and select **Agree**.

For **research title**, select **Stipend Students**. [Supervisor](#)

Details

Fill in your St. Michael's supervisor's details (**name** and **email**). If you have a research program manager, please fill in their details as well (**name** and **email**).

Placement Information

Fill in your **start** and estimated **end date** (please check with your supervisor prior to filling in these dates).

Placement Conflicts of Interest

Please answer these two questions listed in this section and click on [submit](#).

My Requirements

Click on **MY REQUIREMENTS** in the left navigation menu. Please complete the following courses:

Unity Health Courses:

- a. Research Privacy Training
- b. I-PAC e-learning Module
- c. WHMIS
- d. Workplace Violence
- e. AODA Customer Service and Integrated Accessibility Standards
- f. Hand Hygiene
- g. Worker Health and Safety
- h. Infection Prevention and Control
- i. COVID-19 Attestation

My St. Michael's Courses:

- j. Fire and Safety

Part 2: Complete your Registration

Please email the following to ORAResearch@unityhealth.to:

- PI package of forms (must be signed by both PI and student) – <https://research.unityhealth.to/wp-content/uploads/2024/07/PI-forms-Stipend-Students-Jun2024.pdf>
***Appendix A must be copied and pasted into the body of the email**
- [Personal Information Document](#) (must be completed by student). The student must attach the documents below within the Personal Information document:
 - Scanned Photocopy of 2 pieces of government-issued ID (see below for acceptable ID).
 - Confirmation of SIN
 - Void cheque or direct deposit form
 - Confirmation of enrollment in an undergraduate or medical school program. This can be in the form of an offer letter, transcript or screenshot of course enrollment.
***Can be attached on Page 6 – Additional Documents**
- On the first day of work, a scan of the immunization form (page 7) must be sent to chss@smh.ca

ACCEPTABLE ID FOR SECURITY

As per eHealth Ontario specifications, individual seeking security credentials at Unity Health Toronto must present an identity document chosen from the list of Primary Identity Documents below, and a second document chosen from either of the lists below.

Primary Identity Documents

- Birth Certificate issued by a Canadian Province or Territory
- Canadian Certificate of Birth Abroad
- Certificate of Canadian Citizenship
- Canadian Certificate of Indian or Metis Status
- CANPASS
- Citizenship Identification Card
- Driver's Licence
- Firearm Registration Licence
- Certification of Naturalization
- Nexus
- A valid Passport issued by a foreign jurisdiction
- Canadian Passport
- Confirmation of Permanent Resident (IMM 5292)
- Permanent Resident Card
- Statement of Live Birth from Canadian Province (Certified Copy)
- Citizenship and Immigration Canada-Refugee Protection Claimant Document
- Canadian Permanent Resident Card
- Ontario Photo Card

Secondary Identity Documents

- BYID Card (Formerly Age of Majority Card)
- Canadian Convention Refugee Determination Division Letter
- Canadian Employment Authorization
- Canadian Immigrant Visa Card
- Canadian Minister's Permit
- CNIB (Canadian National Institute for the Blind) Photo Registration Card
- Canadian Police Force Identification Card
- Canadian Student Authorization
- Certificate issued by a government ministry or agency
- Current Employee Card from a Sponsoring Organization
- Federal, Provincial, or Municipal Employee Card
- Other Federal ID Card, including Military
- Judicial ID Card
- Document showing the registration of a legal change of name accompanied by evidence of use or prior name for the preceding 12 months.
- Old Age Security Card
- Ontario Ministry of Natural Resources Outdoors Card
- Current Registration Document from the College of a Health Profession
- Current Professional Association Licence/Membership Card for any Regulated Health Profession
- Record of Landing (IMM 1000)
- Student Identification Card
- Union Card
- Blind Persons Right Act ID Card

IMMUNIZATION AND SURVEILLANCE RECORD (STAFF)

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals you must have this form completed prior to commencing work at St. Michael's.

Instructions: Please have this form completed by your treating physician. Any costs associated with the completion of this form are your responsibility. Your manager/supervisor shall be notified of your compliance.

Name:	Signature:	Date of Birth: (mm/dd/yy)
Telephone No.:	Email:	Dept:

Tuberculin Skin Testing: Documentation of a two (2) step TB skin test is **required**. This consists of one TST followed by a second TST (if the first was negative) at any time from 1 week to 1 year later. The two-step protocol needs to be performed ONCE only if properly performed and documented. It never needs to be repeated. If the negative two step was not completed within the last 12 months, an annual one step must be completed.

	Date Planted	Date Read	Induration (mm)
1 st TST			
2 nd TST			
Most recent TST			

MEASLES	Laboratory evidence of immunity (serum measles IgG)	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR documentation of receipt of 2 doses of live measles vaccine (e.g. MMR) on or after the first birthday	Date of 1 st MMR:	Date of 2 nd MMR:
MUMPS	Laboratory evidence of immunity (serum rubella IgG)	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR documented evidence of immunization with live rubella vaccine (e.g. MMR) on/after the 1st birthday	Date of 1 st MMR:	Date of 2 nd MMR:
RUBELLA	Laboratory evidence of immunity (serum mumps IgG)	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR documentation of receipt of 2 doses of mumps vaccine (or trivalent measles-mumps-rubella (MMR) vaccine) on or after the first birthday	Date of 1 st MMR:	Date of 2 nd MMR:
VARICELLA	Laboratory evidence of immunity (serum VZV IgG)	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR laboratory confirmation of disease	Documented history? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	OR Varicella vaccine (2 doses required)	Date of 1 st dose	Date of 2 nd dose
HEPATITIS B	Laboratory evidence of immunity (anti-Hbs) – MANDATORY	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	Vaccination not mandatory but highly recommended for staff who may have exposure to blood and body fluids	Date of dose 1: Date of dose 2: Date of dose 3:	
TETANUS/ DIPHTHERIA/ PERTUSSIS	Not mandatory but Adacel vaccine (one time in adulthood) is recommended to protect against pertussis	Please check one: <input type="checkbox"/> Td Date: <input type="checkbox"/> dTap (Adacel) Date:	
INFLUENZA	Not mandatory but highly recommended	Date of last vaccine:	

MD/RN Signature	Date	Office Stamp
MD/RN Name		
MD/RN Address		
City	Postal Code	
Telephone	Fax	