Children's Hospital of Philadelphia		Non-Patient Care Buildings, Unoccupied Buildings & Remote Workers*	Patient Care Buildings Limited Access Only**	Patient Care Buildings**	
CREDENTIALS	DESCRIPTION OF REQUIREMENTS	Level 2A	Level 2B (Inpatient Bldgs)Pre- Approved Limited Access	Level 3	Level 4 (Direct Patient Contact)
VENDOR & COMPANY INFOR					
BACKGROUND CHECK	Annual 7-year criminal background and national sex offender registry checks. Attestation letters will not be accepted. International checks will be performed as applicable and permitted by jurisdiction. A valid driver's license or government-issued photo ID is required to perform these checks. This requirement must be met, unless Contingent Workforce Management contracts specify otherwise.	Х	Х	Х	Х
GOVERNMENT WATCH LIST (OIG, EPLS & Medicaid)	Annual State and Federal exclusion and sanction checks will be performed to ensure that you and/or your company are not on any government watch or exclusion lists, unless Contingent Workforce Management contracts specify otherwise.	Х	X	X	Х
GENERAL LIABILITY INSURANCE	An Acord Certificate of Insurance in minimum amounts of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the annual aggregate, or otherwise CHOP contracted and approved coverage. Please indicate that Children's Hospital of Philadelphia is an additional insured on the General Liability policy by checking the additional insured box on the left side of the General Liability section of the Acord form. CHOP must also be listed as the certificate holder on this document- Children's Hospital of Philadelphia 3401 Civic center Blvd. Philadelphia, PA 19104 The Children's Hospital of Philadelphia also requires Workers' Compensation and Employers' Liability to be provided meeting Statutory Limits and One Million Dollars (\$1,000,000) in Employers' Liability Limits unless you are a sole proprietor. Sole proprietors must submit a signed letter indicating that they are a sole proprietor and do	х	х	X	х
IMMUNIZATION & SCREENIN	not carry worker's compensation coverage.				
COVID-19 Vaccination	Upload documentation indicating that you have received the COVID-19 Vaccine. Acceptable documentation includes a copy of your vaccination card or medical record indicating that you are fully vaccinated. This credential will not be approved until you are fully vaccinated which occurs 2 weeks after the final dose of the vaccine has been administered. If you have not received the COVID-19 vaccine, you can either obtain the vaccine or obtain a qualifying medical exemption from your employer and then supply CHOP with appropriate documentation via the Green Security portal. Documentation must be a letter signed by your physician on letterhead. CHOP also requires that the exemption have a co-signature with printed name and title from a Vice President level or C-Level leader within your company. Attestation letters indicating vaccination will not be accepted.		Х	Х	Х
EMPLOYEE DRUG TEST (4 PANEL)	Drug testing to be completed by a licensed laboratory. Actual results are required, letters of attestation will not be accepted. The 4 substances are: Amphetamines, Cocaine Metabolites, Opiates, and Phencyclidine.	Х	Х	Χ	Х
TUBERCULOSIS SCREENING (TB)	Completion of the CHOP TB Questionnaire or a Current TB test with negative results is required. Acceptable testing is a TB skin test (PPD) or a blood test (IGRA). If the individual has a history of a positive TB test, further documentation is required. This includes a completed symptom review form and a copy of a chest x-ray that was done after having had the positive test. All TB test documentation and symptom review forms expire annually.		Х	Х	Х
INFLUENZA	Annual current influenza vaccine which can be administered from August through March. An updated flu vaccine is required each year.		X	Χ	Х
MEASLES, MUMPS & RUBELLA (MMR)	Two doses of MMR vaccine or a blood titer test indicating immunity to Mumps, Measles AND Rubella are required. Vaccination documentation will not expire once requirement is met.			X	Х
VARICELLA	Two doses of the varicella vaccine or blood titer results indicating your immunity to varicella are required. Vaccination documentation will not expire once requirement is met.			X	X
TETANUS, DIPHTHERIA & PERTUSSIS (Tdap)	One dose of the Tdap (tetanus, diphtheria, acellular pertussis) vaccine. This is an adult form of the vaccine aimed at preventing pertussis (whooping cough). Primary vaccination for tetanus, pertussis and diphtheria in childhood is not adequate. Vaccination documentation will not expire one requirement is met.			X	X
HEPATITIS B	Documentation of a blood titer showing positive antibodies or a declination statement signed off by a medical provider must be provided.				X
TRAINING/COMPETENCY CRI	EDENTIALS				
GENERAL EXPECTATIONS & HOSPITAL SAFETY	Acknowledgement of the following Children's Hospital of Philadelphia Policies; Compliance Standards of Conduct, Vendor Access Program, Bloodborne Pathogens, Fire Safety, Safe Handling of Hazardous Materials, Hand Hygiene, Data Protection Awareness, and Operation Seek.	Х	Х	X	Х
PRODUCT & SERVICES TRAINING	superior.	Х	Х	Х	Х
HIPAA TRAINING	Proof of HIPAA Privacy Training. HIPAA Training reviews the Health Insurance Portability and Accountability Act (HIPAA), including the implications of related privacy and security rules. Please provide a certificate of training or a letter on letterhead signed by your manager or superior. Resources and training materials are available via: http://www.hhs.gov/hipaa/for-professionals/index.html			X	Х
CONTRACTOR/COMPETENCY	CREDENTIALS				
BONDS & INSURANCE	Individual's proof of fulfillment of the required bonds and insurance.	-	on a per project bas		k to be performed
CERTIFICATIONS, LICENSES & TRAINING	Individual's proof of all trade certifications and licenses.	Х	Х	X	Х
INSERVICE & PROCEDURES	Individual's completion of any mandatory and customized policy & procedures, safety training, work hours, parking, use of the facility and any other project related requirements.	May be requested	on a per project bas	is based on the wor	k to be performed
NON-PAYROLL WORKFORCE NETWORK ACCESS	REQUIREMENTS Complete the attached form to request new non-payroll CHOP workforce network access.	Optional			
EDUCATION, EXPERIENCE &	Primary source education and work history verification performed per job description	For Staff Augmentation Only X			
COMPETENCE CERTIFICATIONS, LICENSES,	requirements as applicable for contingent workforce.	If Required by Role / Job Description X			
REGISTRATIONS & REFERENCES PA ACT 153	Completed based on the role and service being provided. Verified Act 153 Clearances (PA State Criminal, FBI Fingerprint and PA Child Abuse Clearance).	X			
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Level 2A —Non-Patient Care Buildings, Unoccupied Buildings and Remote Workers that do not require access to patient care buildings with the exception of the CHOP Services & Logistics Center, which requires Level 2B credentialing.

Level 2B - Contractors, Vendors Representatives & Non-Clinical Temporary Workers who require limited access to patient care buildings (for example: the loading dock and cleaning vendors who need access to ambulatory care buildings when patients are not present, etc.). This also includes all vendors and contractors who access the Services and Logistics Center.

Level 3 - Contractors, Vendors Representatives & Non-Clinical Temporary Workers that require access to CHOP patient care buildings.

Level 4 - Clinical and Non-Clinical Temporary Workers, including, but not limited to social workers, scribes etc. whose role requires them to interact directly with patients. All level 4 registrants require proof of PA Act 153 compliance.

Remote Workers - Contractors & Non-Clinical Temporary Workers that are not working onsite at any physical CHOP location must follow the Level 2A access and complete the CHOP Network Access credentialing requirements (flu shot and hard badge will not be required).