



Lifespan Pre-Employment Requirements

Lifespan Corporate Services

Lifespan Physician Group

Newport Hospital

Rhode Island Hospital

The Miriam Hospital



Pre-Employment Requirements Checklist

Please complete each task below within the specified timeframe to avoid delays in starting your new position.

Complete within 1 – 2 days of receiving this welcome email:

- Call Employee and Occupational Health Services (EOHS)** and schedule a health screening appointment. Please ask any questions you may have regarding your immunization records at the time you are scheduling your appointment and bring all your available immunization records with you to your EOHS visit. **SEE PAGES 3-8**
- Initiate the background check process** by completing the required information:
 - Receive email and instructions from ADP, our background check administrator, from donotreply@adp.com and complete a profile online.
- Schedule a visit with your HR onboarding coordinator** to provide I-9 employment eligibility verification document(s). This can be on the same day as your EOHS appointment . **SEE PAGES 9-10**
- If applicable:** email your HR onboarding coordinator a photo of your current American Heart Association BLS card. **SEE PAGE 11**

Complete within ONE WEEK of receiving this welcome email:

- Visit a listed Lifespan laboratory** to complete a pre-employment drug and nicotine screen. Please note this must be completed within 7 days of receiving this welcome email. **SEE PAGE 12**
- If applicable:** All nursing applicants hired into positions requiring a RI State License (not including C.N.A.s and Medical Assistants) visit the RI Attorney General Customer Service Center to complete a NCIC Fingerprint check. **SEE PAGES 13 - 14**
- Log in to your Lifespan Career space account** at lifespan.org/careers and complete pending tasks listed under “MY TASKS”. **SEE PAGES 15 – 16**
- Review Frequently Asked Questions** for more information on how to sign up for direct deposit, update tax information and benefit enrollment. **SEE PAGE 17**



NEXT STEPS: Once you have completed the tasks above and have cleared all pre-employment requirements, your onboarding coordinator will email you your Employee ID #, Lifespan email and login information. If you do not receive this information by the Wednesday before your start date, please contact your onboarding coordinator.

Employee and Occupational Health Services

Dear Lifespan Candidate:

Congratulations on your job offer at Lifespan. A screening in Employee and Occupational Health Services (EOHS) is required before you can start work or attend orientation at a Lifespan site. You must attend a pre-employment health screening appointment at your assigned EOHS location.

Instructions:

Call your assigned EOHS location to schedule a health screening appointment. Bring a copy of your immunization records and completed screening forms (page 4-7) with you to your EOHS appointment. Completed immunization records are important to avoid delays in starting your new job. Please call your assigned EOHS location with any questions.

The following immunization records must be completed before you can start your new job:

ALL CANDIDATES REQUIRE:

- 2 Measles containing vaccines or a positive titer result- numerical results require interpretation
- 2 Mumps containing vaccines or a positive titer result- numerical results require interpretation
- 1 Rubella containing vaccine or a positive titer result- numerical results require interpretation
- 2 Varicella vaccines or a positive titer result - numerical results require interpretation
- 1 Tdap vaccine (Tetanus, Diphtheria and Pertussis)- Adult dose in the past 10 years
- 3 Hepatitis B vaccines or positive titer result- numerical results require interpretation Influenza vaccine between 10/1 and 3/31 annually
- PPD's are also required and must be recorded in millimeters identifying the plant and result dates. PPD's recorded as "negative" will not be accepted. Two-step PPD's are required as per RI Department of Health regulations. The first and second PPD must be a minimum of one week apart. One PPD must be documented within six months of your first day of employment. A second PPD must be documented within the past twelve months of your first day of employment. Those with a history of a positive PPD need the date and result documented in millimeters or a positive blood assay result for Mycobacterium tuberculosis; or proof of treatment. All candidates with a positive TB test result require a chest x-ray on or after the positive TB test result date. A blood assay for Mycobacterium tuberculosis may be provided as an alternative to PPD documentation and must be done within the previous six months of your first date of employment, if negative.

WHERE CAN IMMUNIZATION RECORDS BE FOUND?

- Call your provider and ask them to complete and sign the immunization form on page 4.
- Contact school, college, health clinic, or military service for these records.

Call EOHS to schedule your health screening appointment:

**Lifespan Physician Group employees can visit any Employee Health*

RI Hospital /Lifespan Corporate Services / Gateway:

Phone: 401-444-4038 Fax: 401-444-7074

Newport Hospital:

Phone: 401-845-1245 Fax: 401-848-6040

The Miriam Hospital:

Phone: 401-793-3126 Fax: 401-793-7699

Bradley/Lifespan School Solutions:

Phone: 401- 432-1265 Fax: 401-432-1513

Lifespan Immunization Record

Name: _____

DOB: ___/___/___

MMR (measles, mumps and rubella): (The first vaccine must be on or after your first birthday)

Vaccine #1 ___/___/___

Vaccine #2 ___/___/___

If MMR vaccines are not available, please provide documentation of 2 measles, 2 mumps, and 1 rubella containing vaccine or positive titers:

Measles: (Rubeola): (The first vaccine must be on or after your first birthday)

Positive Titer Date: ___/___/___ or Vaccine #1 ___/___/___ and Vaccine #2 ___/___/___

Mumps: (The first vaccine must be on or after your first birthday)

Positive Titer Date: ___/___/___ or Vaccine #1 ___/___/___ and Vaccine #2 ___/___/___

Rubella: (German Measles) (The vaccine must be on or after your first birthday)

Positive Titer Date: ___/___/___ or Vaccine #1 ___/___/___

Varicella: (Chicken Pox): Positive Titer Date: ___/___/___ or Vaccine #1 ___/___/___ Vaccine #2 ___/___/___

Tdap (Tetanus, Diphtheria and Pertussis) Vaccine-Adult Dose in past 10 years: Vaccine Date: ___/___/___

Hepatitis B:

Vaccine #1 ___/___/___ Vaccine #2 ___/___/___ Vaccine #3 ___/___/___

Positive Titer Date: ___/___/___

Influenza: Vaccine Date: ___/___/___

Tuberculosis: (The first PPD/BAMT must be within 6 months of 1st day of employment)

PPD #1 Plant Date: ___/___/___ PPD Read Date: ___/___/___ Result (in mm size) _____

PPD #2 Plant Date: ___/___/___ PPD Read Date: ___/___/___ Result (in mm size) _____

Or Blood Assay for Mycobacterium TB (BAMT) Date: ___/___/___ Result _____

If PPD or blood assay positive, current documentation of inactive disease by recent chest x-ray on or after the date of the positive PPD/blood assay test is required.

Chest X-ray date: ___/___/___ Chest X-ray Result: _____

Treatment Dates (if applicable) _____

Provider Stamp or Printed Name and credentials: _____

Provider Signature (No self-signatures): _____ Date: ___/___/___

Lifespan Employee & Occupational Health Services Pre-Placement Screening

Name: _____ Job Title: _____

Address: (Street/City/State/Zip) _____

SS#: XXX-XX-_____ DOB: ____/____/____ Email address: _____@_____

Preferred Telephone: _____ Primary Care Provider: _____

Emergency Contact: _____ Phone: _____

Are you allergic or sensitive to latex (i.e. latex gloves, medical devices, balloons, band aids, adhesive tapes, clothing with elastic, etc.)? Yes No

If yes, please state type of reaction: _____

Allergies (include food, medications, seasonal, etc.): _____

Do you have any limitations of muscle strength or joint range of motion due to an injury or illness? Yes No

If yes, please state: _____

Do you need any special accommodations to perform your job duties? Yes No

If yes, please state: _____

Please list any medications you are currently taking: _____

Medical History

Please indicate whether you have had any of the following medical conditions/diseases by checking either Yes or No for each one. If answering yes, please describe on the line provided.

Blood Disease (Anemia/Blood Clots/Bleeding tendencies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Respiratory Disease (Asthma/COPD):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Cancer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Endocrine Disease (Diabetes/Thyroid):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sensory Impairment (Vision/Hearing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Neurological (Headaches/Migraines/Head Injury):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Cardiovascular (Heart Conditions/ High Blood Pressure/ Stroke):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Gastrointestinal (Ulcer/Hernia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Genitourinary (Kidney/Bladder/Liver diseases):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Behavioral Health (Anxiety/Depression):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Operations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Musculoskeletal (Arthritis/Neck/Back):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Skin Conditions (Rashes/Eczema/Psoriasis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Previous Tobacco Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

I certify that the information given by me is true and complete to the best of my knowledge. I understand that providing false information may be grounds for termination of employment. Also, I have received a copy of the privacy notice. It describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the notice may be changed at any time. I may obtain a revised copy by calling any Lifespan partner at (401) 444-4728 or by logging on to www.Lifespan.org.

Signature: _____ Date: ____/____/____

Lifespan Employee and Occupational Health Services

2018 OSHA Respirator Mandatory Medical Questionnaire
Regulated by OSHA Standard 1910.134

7. Do you currently take medication for any of the following?

- | | | |
|--------------------------------|-----|----|
| a. Breathing or lung problems: | Yes | No |
| b. Heart trouble: | Yes | No |
| c. Blood pressure: | Yes | No |
| d. Seizures (fits): | Yes | No |

8. If you've used a respirator, have you ever had any of the following problems?

(If you've never used a respirator, skip and go to question 9.)

- | | | |
|---|-----|----|
| a. Eye irritation: | Yes | No |
| b. Skin allergies or rashes: | Yes | No |
| c. Anxiety: | Yes | No |
| d. General weakness or fatigue: | Yes | No |
| e. Any other problem that interferes with your use of a respirator: | Yes | No |

9. Would you like to talk to the health care professional who will review this questionnaire: Yes No

I understand the questions above and have answered truthfully and fully to the best of my knowledge. I hereby permit the Lifespan designated healthcare provider to review this confidential information and to provide to my manager a statement limited to my capability to wear a protective respirator, without any disclosure of clinical diagnoses.

Signature

Date

Clinic Use Only

I have reviewed the OSHA Respirator Medical Evaluation Questionnaire on the above named employee and certify that this employee is (please check one):

_____ Medically fit to perform job duties with use of a respirator.

_____ Medically fit with the following restrictions: _____

_____ Not medically fit to perform job duties with use of a respirator.

HCP Signature

Date

Employee and Occupational Health Services

Location and Parking Information

Bradley Hospital

1011 Veterans Memorial Parkway
Riverside, RI 02915
Phone: 401-432-1539

Parking is available in the visitor parking lot. Check in at front desk and ask the receptionist to let Employee and Occupational Health Services know you are there.

Newport Hospital

11 Friendship Street
Newport, RI 02840
Phone: 401-845-1245

Parking is available in the visitor parking lot. The Employee and Occupational Health Services office is in the MacLaurin building on the first floor. Please check in at the information desk for further instructions.

Rhode Island Hospital - EOHS Office - Grads Dorm Building

593 Eddy Street
Providence, RI 02903
(for GPS directions – 110 Lockwood St. Providence, RI is the closest street address)
Phone: 401-444-4038

Parking is available in the Plain Street visitor parking lot; cross the street and walk towards the Grads Dorm Building (3-story brick building, stair case on the right side of building). Walk around to the front and enter the door marked “Employee & Occupational Health Services.”

The Miriam Hospital

164 Summit Ave
Providence, RI 02906
401-793-3126

Street parking is available within walking distance to the hospital. The Employee and Occupational Health Services office is located on the 2nd Floor, Room 239. Please check in at the information desk for further instructions.

I-9, Employment Eligibility Verification

LIST OF ACCEPTABLE I-9 DOCUMENTS

Provide Human Resources one UNEXPIRED document from **List A**

OR

Provide Human Resources one UNEXPIRED document from **List B AND** one UNEXPIRED document from **List C**

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Lifespan Human Resources

Coro Building, Coro East, 2nd Floor, Suite 2B

167 Point Street

Providence, RI 02903

Parking

Coro parking garage: enter the “Visitor and Patient” entrance located on Hoppin Street. Our receptionist will validate your parking.

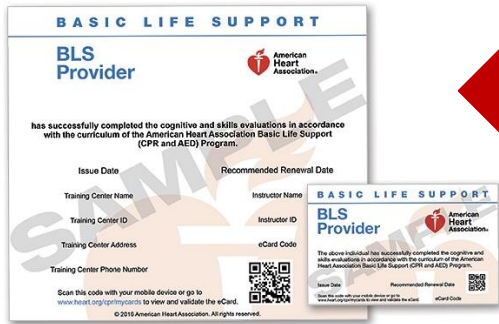
Street parking: Metered parking is available on Hospital Street and Point Street.

Getting to Human Resources from the Coro garage

Option 1 (see blue path below): Take the stairs or elevators to the ground level of the garage, exit onto South Street, walk past Coro West on your left towards Coro East, the entrance will be on your left. Please check in at the Security desk.

Option 2 (see green path below): Walk through the breezeway located on the 3rd level of the garage near the elevators, continue through Coro West, follow signs to “Human Resources”, continue through the wooden doors to Coro East, take elevators down to the 2nd Floor. Please check in at the Human Resources Reception desk.





Lifespan accepts AHA BLS cards only



Obtaining a CPR-BLS certification through the American Heart Association

Reasons to Obtain:

- Current CPR-BLS card is expiring
- Current CPR-BLS card is not certified by American Heart Association
- Getting certified for the first time

Instructions:

- Go to www.onlineaha.org
- Locate the “Find Course by Topic” search bar
- Select “Basic Life Support (BLS) for Healthcare Professionals”
- Register for \$28.50
- Complete Part 1 online and print certificate
- Complete Parts 2 & 3 (Skills Training and Skills Test) in a Skills Station (bring your certificate).
- Find a local Skills Training and Skills Test (instructions below):

Use the “Find a Course” tool to locate an AHA Training Center in your area that offers classroom and skills sessions.



The BLS Instructor-led course teaches both single-rescuer and team basic life support skills for application in both prehospital and in-facility environments, with a focus on High-Quality CPR and team dynamics.

Pre-Employment Drug and Nicotine Testing

Lifespan is committed to ensuring a safe and healthy workplace for its patients, employees, and visitors. Toward this end, Lifespan does not hire users of tobacco products, and has established a pre-employment drug and nicotine policy for candidates who have received a conditional offer of employment.

Instructions:

Please present the **lab slip attached in your welcome email** to one of the Lifespan Laboratories listed below within seven (7) days of accepting a conditional offer of employment from Lifespan. Laboratory professionals will collect a urine sample in a confidential environment according to the procedures established by the laboratory. A negative pre-employment drug and cotinine screen result is a requirement of employment.

Lifespan Laboratories

Telephone: 401-793-4242 or 1-800-980-4244, option 3

Fax: 401-793-4234

1. Rhode Island Hospital

Ambulatory Patient Center (APC)

110 Lockwood St.

Providence, RI 02903

Hours: Monday-Friday from 7 a.m. through 3 p.m.

The lab is located on the first floor of the APC building across from Registration.

Parking: <https://www.lifespan.org/locations/ambulatory-patient-center-apc-building-rhode-island-hospital-110-lockwood-street/parking-information> for parking information

2. The Miriam Hospital

Fain Building

Second floor

164 Summit Avenue

Providence, RI 02906

Hours: Monday-Friday from 8 a.m. through 3 p.m.

The lab is located on the second floor of the Fain building.

Parking: <https://www.lifespan.org/locations/fain-building-miriam-hospital-outpatient-surgicenter-summit-ave-5th-street/parking-information> for parking information

3. Newport Hospital

11 Friendship St.

Newport, RI 02840

Hours: Monday-Friday from 7 a.m. through 3 p.m.

The lab is located in the main lobby behind Registration.

Parking: <https://www.lifespan.org/locations/newport-hospital-20-powel-avenue/parking-information> for parking information

NURSING APPLICANTS HIRED INTO POSITIONS REQUIRING A RI STATE NURSE LICENSE ONLY:

IMPORTANT NOTICE FROM THE STATE OF RHODE ISLAND

Effective February 19, 2012 all nursing applicants hired into positions requiring a RI State Nurse License are required to undergo a **National Crime Information Center (NCIC) Fingerprint** check prior to entering into employment.

Instructions:

All nursing applicants seeking employment must go to the RI Attorney General Customer Service Center located at 4 Howard Avenue, Cranston, RI 02920. The office is open Mon-Fri from 8:30am – 4:00pm; phone: 274-4400.

Complete and bring the Fingerprinting Form (see next page) to the Attorney General's Office before your start date along with a photo ID that includes your date of birth, such as a driver's license. Please bring your offer letter with you as well.

The nurse applicant is responsible for payment of the national fingerprint check (\$35). This must be paid by check or money order (no cash). You must notify the Attorney General's office that you are a nurse applicant seeking employment with Lifespan and request a copy of the NCIC is forwarded to Lifespan Human Resources Department.

TEACHERS ONLY:

Instructions:

All Teachers seeking employment must go to the RI Attorney General Customer Service Center located at 4 Howard Avenue, Cranston, RI 02920. The office is open Mon-Fri from 8:30am – 4:00pm; phone: 274-4400.

Complete and bring the Fingerprinting Form (see next page) to the Attorney General's Office before your start date along with a photo ID that includes your date of birth, such as a driver's license. Please bring your offer letter with you as well.

Teachers are responsible for payment of the national fingerprint check (\$35). This must be paid by check or money order (no cash). You must notify the Attorney General Customer Service Center that you are a Teacher applicant seeking employment with Lifespan and request a copy of the NCIC is forwarded to Lifespan Human Resources Department.

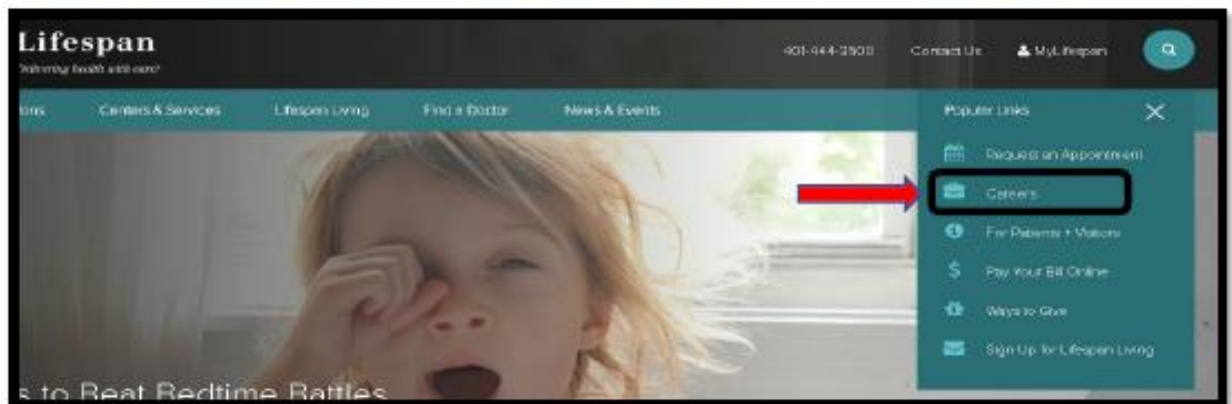
Results must be satisfactory and in compliance with our guidelines.

Any offer is contingent upon a satisfactory outcome of the results and/or must be in compliance with our Background Check Investigation standards.

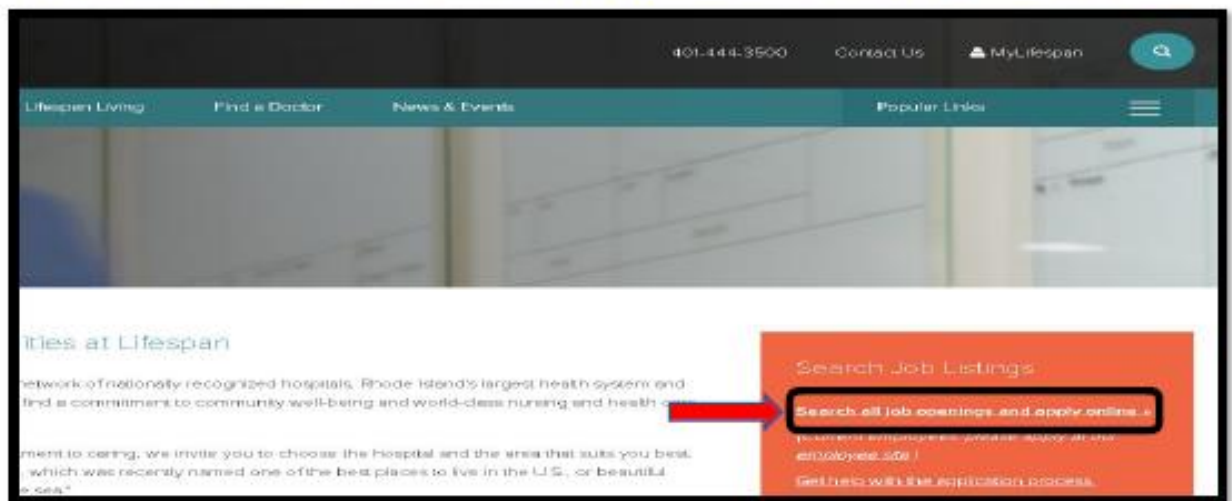
Please be advised that this is a requirement in addition to Lifespan's existing background check requirement through ADP, our background check administrator.

Steps to Complete Pre-Onboarding Tasks

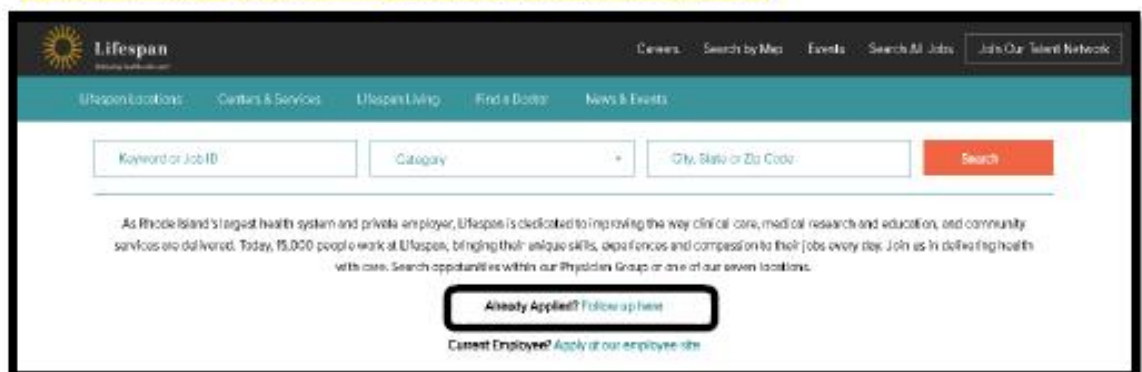
1. Go to Lifespan.org, select the Popular Links to the right-hand side selecting Careers



2. In the next screen to the right-hand side select Search all job openings and apply online

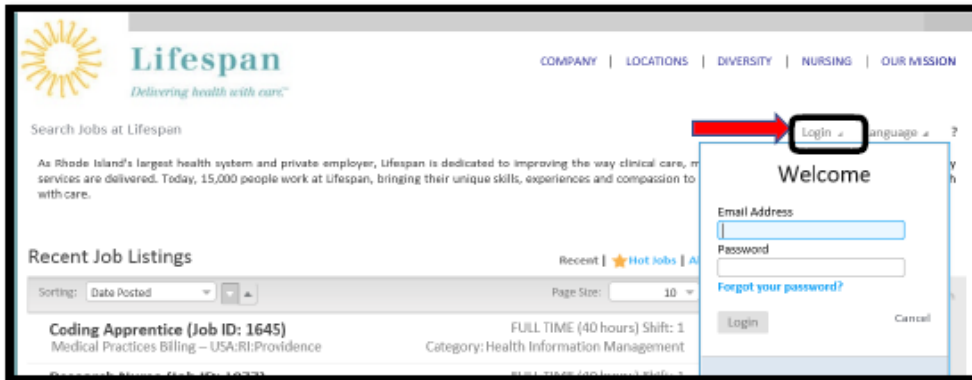


3. In the following screen choose Already Applied? Follow up here



Steps to Complete Pre-Onboarding Tasks

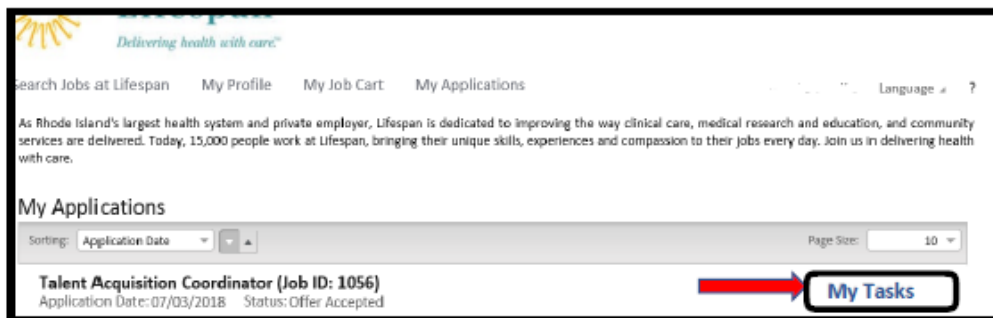
4. At the Lifespan Job Posting page select the Login section and enter your user ID (it should be the email which was used to create your account). If you forget your password chose forgot password.



5. Once logged into your profile select My Applications.



6. Find the position you were offered and to the left side will be a link titled My Tasks, click that link to start your tasks.



7. Start and complete your tasks

8. Personal Information Form Task

- The “identification number” field is your social security number

9. Employment Verification – eI9 Task

- Select the “click here” and complete the section 1

All tasks will have a green check mark next to them if you have done them correctly. You will also see a bar that says you did 100% at the bottom of the page.

Frequently Asked Questions



Whom do I contact for my **WORK SCHEDULE AND UNIFORM** (if applicable)?

Please contact your manager or supervisor.



When can I obtain my **EMPLOYEE ID BADGE**?

You may obtain your badge once you receive a clearance form from Employee and Occupational Health Services **AND** you have received your employee ID number from your onboarding coordinator in Human Resources.



When will I receive my **EMPLOYEE ID NUMBER** and **LIFESPAN EMAIL ADDRESS**?

Prior to your start date, your onboarding coordinator will send you your employee ID number (a six-digit number) and your Lifespan email address and login information. You can sign into your email on your first day of employment or any time afterwards.



When can I sign up for **DIRECT DEPOSIT**?

You can sign up for direct deposit by logging into your *Lifeworks Employee Space* on your first day of employment or any time afterwards. Please note it may take to 2 – 3 pay periods before your paycheck will be directly deposited into your account. Until the direct deposit takes effect, you should expect to receive a "live" paycheck delivered to your address on file with Lifespan. For more information on how to sign up for Direct Deposit, please visit Lifespan intranet at <https://intranet.lifespan.org/department-sites/ask-payroll>



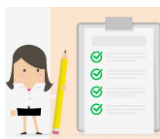
When do I elect my **TAX WITHHOLDINGS**?

You can elect your tax withholdings any time after your start date. The Form W-4 can be obtained by logging into your *Lifeworks Employee Space*, clicking on "My Pay ADP Portal" and then accessing the Pay & Taxes tab, Tax Withholding link.



When can I enroll in **BENEFITS**?

If you are a benefit eligible employee, you can enroll in Benefits once you receive your welcome email from HRsolutioncenter@Lifespan.org with instructions to make your initial benefit elections online. This email will be sent to your Lifespan email and will arrive on the first or second Friday following your start date. Please contact HRsolutioncenter@Lifespan.org if you do not receive this email within two weeks of your start date.



What can I expect at **NEW EMPLOYEE ORIENTATION**?

All Lifespan employees are required to attend New Employee Orientation within 30 days of their start date. You will learn more about our organization including our Mission, History and Shared Values of **Compassion, Accountability, Respect and Excellence**. You'll also have the opportunity to meet new colleagues. Orientation begins promptly at the specified start time. Please allow time for parking and arrive at least several minutes before the program begins to complete registration. Dress code is business casual OR uniform/ scrubs (no jeans). Light refreshments will be provided.

Employee Resources

For questions regarding benefits and general HR questions:

HR Solution Center

Phone: 401-444-5265

Fax: 401-444-5374

Email: HRSolutionCenter@lifespan.org

For questions related to IT & computer issues:

Help Desk

Phone: 401-444-6381

<https://lifespan.saasit.com/>

For assistance with tax forms (i.e. W-4), direct deposit, WorkBrain issues and for general Payroll related questions:

Payroll

Phone: 401-444-4721

Email: askpayroll@lifespan.org

<http://intra.lifespan.org/askpayroll/>

Your Secure Electronic Health Record:

MyLifespan

My Lifespan is your window into your electronic health record. It is part of LifeChart, Lifespan's electronic health record system, which allows us to create and maintain a single record for each of our patients.

<https://www.lifespan.org/mylifespan>

Security, Parking Offices, ID badge information:

Coro Building: 401-793-8116

Bradley: 401-432-1380

Gateway: 401-724-8400

Newport Hospital: 401-845-1296

RI Hospital: 401-444-5221

The Miriam Hospital: 401-793-2700



Lifespan Shuttle System

Track hospital shuttles at RIH and TMH on your phone. RideSystems, a free app, features tracking using Google Maps, so riders can see where the shuttle is and when it will arrive at each location. The app also includes route maps, alerts and updates.