



TRUMAN MEDICAL CENTERS

| **Better. For Everyone.**

Dear Applicant,

Thank you for your interest in volunteer opportunities at Truman Medical Center Hospital Hill. Volunteers give more than 40,000 hours of service each year and play a vital role in TMC's mission of providing quality health care and customer service.

As a corporation, Truman Medical Centers provides comprehensive physical and mental health care for Kansas City and Eastern Jackson County. We strive to insure that quality, compassion, and innovation are a part of the care our patients receive every day.

As a Level I Trauma Center, TMC Hospital Hill is best known for its emergency department, trauma services and high-risk obstetrics. In addition, TMC HH offers an array of specialty services, including:

- Asthma, diabetes, oral/maxillofacial surgery and ophthalmology
- Nationally recognized Center of Excellence in Women's Health
- The Birthplace, with 22-bed LDRP suites
- Level III (highest designation) NICU
- Weight Management and Bariatric Surgery

The variety of services means a variety of volunteer opportunities including:

- Patient Services Valet
- Gift Shop Associate
- Clinic or Surgery Waiting Room Host
- Special Projects Volunteer
- Patient Activity Liaison
- And many, many more

Please complete the attached application materials and return it to the Volunteer Services Department. I hope you will consider joining as we continue to lead the way to a healthy community.

Sincerely,

John W. Bluford, III  
President, CEO  
Truman Medical Centers



# ADULT VOLUNTEER APPLICATION

TRUMAN MEDICAL CENTER HOSPITAL HILL

VOLUNTEER AND AUXILIARY SERVICES

2301 HOLMES ~ KANSAS CITY, MISSOURI 64108

816.404.3300

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address, City, St., Zip \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Why are you interested in volunteering at TMC Hospital Hill?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a specific area of interest or expertise you would like to share in your volunteer role?

\_\_\_\_\_  
\_\_\_\_\_

When are you available to volunteer? \_\_\_\_\_ Day \_\_\_\_\_ Evening

What hours and days are you available? \_\_\_\_\_

\_\_\_\_\_

What community/volunteer organizations are you involved with?

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL HISTORY

YES NO

High school diploma \_\_\_\_\_

College degree \_\_\_\_\_

Postgraduate degree \_\_\_\_\_

Are you currently enrolled \_\_\_\_\_ What School? \_\_\_\_\_

Area of study \_\_\_\_\_

## LENGTH OF TIME AVAILABLE

\_\_\_\_\_ 0-6 months \_\_\_\_\_ 6-12 months \_\_\_\_\_ 12 months+ \_\_\_\_\_ Unsure

Do you know someone who is employed or volunteers here? \_\_\_\_\_

*Employee or Volunteer Name*

Have you ever been employed or volunteered at Truman Medical Centers? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, dates that you were employed or volunteered \_\_\_\_\_

***Please See Reverse Side***

How did you hear about TMC's volunteer program? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Current Employer                      Position                      Supervisor's Phone                      Dates Employed

Previous Employer                      Position                      Supervisor's Phone                      Dates Employed

**REFERENCES – (ONE REFERENCE MUST BE A PROFESSIONAL REFERENCE, DO NOT LIST RELATIVES OR FRIENDS)  
A MINIMUM OF TWO REFERENCES ARE REQUIRED**

Name    Relationship    Phone

Name    Relationship    Phone

Name    Relationship    Phone

Name    Relationship    Phone

Are you able to volunteer with or without an accommodation and without posing a direct threat to the health of yourself or others?     Yes     No

If no, please explain \_\_\_\_\_

Have you ever been convicted of a Misdemeanor or Felony Crime?     Yes     No

If yes, provide dates and convictions \_\_\_\_\_

Are you prohibited from participating in Federal Health Care Programs or listed on the H.H.S/O.IG. Cumulative Section Report or GSA list of parties excluded from Federal Programs?  
 Yes     No

**EMERGENCY INFORMATION**

Person to notify in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

**TRUMAN MEDICAL CENTERS' CONDITIONS**

*I affirm the information in this application is true and complete and agree to have TMC verify this information unless I have indicated in writing to the company. Falsification of any information can result in immediate termination from the Volunteer Services Program. I understand the completion of this application does not guarantee a volunteer placement at TMC Hospital Hill and that if I am accepted I will not receive payment for my service.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

LAST NAME FIRST NAME COMPLETE MIDDLE NAME (INCLUDE Jr., Sr., II, III Etc.)

I understand that in conjunction with my application for volunteer service opportunities, Truman Medical Centers will be requesting information from various Federal, State, Local and other agencies which maintain records concerning my past activities relating to my criminal, civil and other experiences. Truman Medical Center uses TriCor, a consumer-reporting agency, as an agent to perform its employment/volunteer related background investigations.

I agree, authorize and consent to without reservation, any party or agency contacted by this entity or it's agents to furnish any of the above mentioned information or any other information requested.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of service with volunteer services from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Truman Medical Centers if my volunteer opportunity is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Truman Medical Centers. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required.

Law enforcement agencies and other entities, for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for any other purpose.

Signed Name Today's Date

Printed Name Position Applied For

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security Number Date of Birth Driver's License Number State

Maiden Name or other names you have used or are also known as: \_\_\_\_\_

Please provide all residential addresses for the past 7 years, with specific dates for each residence. Failure to provide complete information WILL delay processing your application.

Current Address: Mo/Yr / Mo/Yr Street Apt.# City State Zip Code From / To

Former Address: Street Apt.# City State Zip Code From / To

Former Address: Street Apt.# City State Zip Code From / To

Former Address: Street Apt.# City State Zip Code From / To

TO LIST ADDITIONAL ADDRESSES - USE THE MARGIN SPACE BELOW

## A Summary of Your Rights Under the Fair Credit Reporting Act

Provided by the Federal Trade Commission

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors at the Federal Trade Commission's web site at (<http://www.ftc.gov>). You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**Disclosure**

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that previous employment, education, social security, credit, motor vehicle report, and a criminal background check may be obtained for the purposes of this volunteer application only.

By the signature below, the applicant acknowledges that TRUMAN MEDICAL CENTER has made this disclosure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(Please list any other names that you have ever worked under, used, or been known by: If you have not ever worked under, used, or have been known by any other names, please indicate this on line #1 with a NA)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department of Social Services**  
**Disqualification Disclosure Consent**

As a requirement of the volunteer application process, I consent to the release of my Department of Social Services (DOSS) Disqualification List records. Volunteer Services will consider material contained in the records solely for the purpose of determining my suitability for a volunteer position. I do not authorize release of this information for any purpose beyond this decision. I understand that appearing on the list may disqualify me from providing service in a volunteer capacity.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*Occupational Health Requirements for Volunteers\*\***

Because you are new to Truman Medical Centers and this is your first point-of-contact with us, the Occupational Health Department has specific requirements that must be met before you begin.

**Occupational Health is very happy to provide your TB tests and labs free of charge, but they are not able to accommodate walk-ins without an appointment.**

The Occupational Health requirements are:

**1. TB 2-step**

- The first TB test will be administered and will be read within 48 – 72 hours. **Make sure you bring your immunization records with you to Occupational Health on your first visit.**
- During your first visit, your immunization records will be reviewed and depending on the information in your records, you may be required to have additional testing. *Immunization requirements are listed below.*
- When your first TB test is read, a second TB test will be scheduled for you at that time. Make sure that you go back and have the second TB test read when specified or you will have to have the second test administered again.

Two TB tests will be administered at different times with negative results with the second TB test being administered as close as possible to your start date at Truman. Any TB test, chest x-ray and/or symptom review must be negative.

**2. Immunizations**

You must bring a copy of your immunization records with you to Occupational Health when you go for your first TB test with the following items listed:

- 1. (2) immunization dates for measles, mumps, rubella OR titer(s) with the result and date.**
- 2. (2) immunization dates of varicella, OR physician documentation of chicken pox with date OR titer(s) with the result and date.**

**3. Hepatitis B (IF AVAILABLE)**

Immunization dates &/or titer with the result and date.

4. Labs might have to be drawn depending on your immunization records.

**When you have met the Occupational Health requirements they will provide you with a form to submit to Volunteer Services verifying your completion of the TB and immunization requirements.**

**If you have any question on the immunization requirements,  
contact Occupational Health at 816-404-2770.**

**\*\*IMPORTANT\*\***

Please use the **'Volunteers'** option only when you register. The other options listed are for internal Truman entities. You will find complete instructions on the self-registration information page.

**TRAINING INTRODUCTION**

At TMC, privacy and security of patient information is an important value. Privacy of information is a key component of delivering excellent patient care. All workforce members at TMC, such as employees, physicians, contractors, agency, staff, medical students and other students in training may come in contact with sensitive, confidential information that is important to protect as we use that information to care for patients, communicate about patients as we care for them, or as we carry out other daily operations which involve the use of patient information. Recent studies have shown that some people in this country do not even seek care because of their concern that the information will get into the wrong hands. At TMC, we want our patients and our community to know that their patient information is safe with us. We are the watchdogs who safeguard patient information and share it only with those who have a need to know or who are authorized to have that information, recognizing that at some time we, or our loved ones, are also patients, and that we would want the same protection.

**TMC Privacy and Security Training**

This document will walk you through the steps necessary to complete Truman Medical Centers online Privacy and Security training. This training is commonly referred to as *HIPAA* training and is a

federally mandated requirement of hospitals and other health care institutions that transmit health care information electronically.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):**

HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. To improve the efficiency and effectiveness of the health care system, HIPAA included national standards for electronic health care transactions. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Therefore, Congress added HIPAA Federal privacy protections for individually identifiable health information. This is currently known as the Privacy Rule.

The HIPAA Privacy Rule provides the first comprehensive Federal protection for the privacy of health information. The Privacy Rule is balanced to provide strong privacy protections that do not interfere with patient access to, or the quality of, health care delivery.

All covered entities must have standards in place to protect and guard against the misuse of individually identifiable health insurance information.

***What does the HIPAA Privacy Rule do?***

The HIPAA Privacy Rule creates national standards to protect individuals' medical records and other personal health information.

- It gives patients more control over their health information.
- It sets boundaries on the use and release of health records.
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- It strikes a balance when public responsibility supports disclosure of some forms of data – for example, to protect public health.
- It enables patients to find out how their information may be used, and about certain disclosures of their information that have been made.
- It generally limits release of information to the minimum reasonable needed for the purpose of the disclosure.
- It generally gives patients the right to examine and obtain a copy of their own health records and request amendments.

**Truman Medical Center uses an online training site, *MC Strategies*, for its ongoing educational and training purposes for employees and workforce members.**

**GAINING ACCESS TO THE MC STRATEGIES TRAINING SYSTEM**

**You can access the training site at any computer with internet access.**

Put the following address into the address box of your browser exactly as it appears below:

**<http://www.webinservice.com/truman>**

**(If you put this address in the Search box, as opposed to the web address line, you will NOT be able to access the site. It must be placed in the address box.)**

**You will need to click on the link below to self-register into the system.**

WebInservice Learning System Login Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://www.webinservice.com/truman/login50/> Go

**TMC**  
TRUMAN MEDICAL CENTERS | Better. For Everyone.

To login please provide the following:

User ID:

Password:

Click Login to continue.

[Need Learner ID?](#)

If you are a **non-employee** of Truman Medical Center or if you have **recently been hired (within the last 15 days)** you will need to self-register in the system. Please [click here](#) to self-register.

**\*\*After you have logged into the training system, contact Wendi at [wendi.weiss@tmcmcd.org](mailto:wendi.weiss@tmcmcd.org) or 404-3307 so she can assign you the online safety training\*\***

## Logging on to MC Strategies

### Step 1) Self-Register

You will need to self-register into the online training system. Please see the box above which indicates how you may access the self-register option.

At the self-register screen (see illustration on next page) you will input several pieces of information from which the system will use to provide you a learner ID. You will also pick your relationship to Truman from several options. As a prospective volunteer for Truman Medical Center - Hospital Hill, please pick the 'Truman Medical Center Hospital Hill' option only. The other options listed are for other internal Truman entities.

### Step 2) Log-On

At the Log-In area indicated in the illustration above, input the learner ID that the system gave you when you self-registered in the Learner ID box, use the temporary password of **hello** and click on the **Log-In** Button. The system will walk you through the process of changing the temporary password of hello to a password of your choice. This needs to be done the first time you access MC Strategies. Please remember your password in case you need to return to the system.

Below is an example of the self-reg

At the primary Relationship to Truman option, select the 'Volunteers' option only.

After you enter the required information and click on the 'enroll' button, the system will provide you with a learner ID and a temporary password.

Then click on the link provided and the system will then take you back to the initial log in page where you will enter the learner ID and temporary password that the system gave you. You will again repeat this process after you have changed to a password of your choice.

Once you are in the system you will see your personal page (*referenced below*) where you may begin your training.

The screenshot shows a web browser window titled "MC Strategies Learning Management System (LMS) v5.0 - Microsoft Internet Explorer". The address bar shows the URL: <http://app14.webservice.com/KD550a/PersonalPage/PersonalPage.asp>. The page header features the TMC logo (Truman Medical Centers) with the tagline "Better. For Everyone." and the user name "Murray Weiss - Truman Medical Center Hospital Hill". A navigation menu includes "Home", "E-learning", "Classes & Events", "Reports", "Tools", "Logout", and "Help". The main content area is titled "Personal Page for: Murray Weiss" and is divided into two columns. The left column, under the heading "Manage", lists several options with "View" buttons: "My E-learning Lessons" (14 lessons due), "My Classes & Events" (0 event scheduled in the next 15 days), "My Transcript - All Training", "Self Enroll - Classes & Events", "Self Enroll - E-learning", "Information & Announcements" (0 new announcements), "Change My Password", and "References". The right column features a photograph of a smiling man in a light blue lab coat holding a clipboard. At the bottom of the page, there is a copyright notice: "Copyright © 2001 - 2008 MC Strategies, Inc. All rights reserved." and links for "Terms and Conditions", "Privacy Policy", and "Registered User Agreement". The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the time "2:12 PM".

## **Accessing Your Lessons on Your Personal Page**

### **Step 1)**

On your personal page, click on the gray 'view' button next to the 'My Learning Lessons' option under the first section on the left. There you will see the lessons assigned to you as part of your online volunteer training.

You have been assigned these lessons based on federal privacy regulations and your volunteer duties and must complete these lessons prior to being onsite in a volunteer capacity. You have also been assigned the **General Annual Compliance** training lesson and a **hand hygiene lesson**.

**MC Strategies Learning Management System (LMS) v5.0 - Microsoft Internet Explorer**

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address <http://app14.webinerservice.com/KDS50a/content/learning/reports/LessonPlanLaunchList.asp?tr=1&sort=1>

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Murray Weiss - Trumar

Home E-learning Classes & Events Reports Tools Logout Help

My Assignments - Murray Weiss

Assignments Not Completed Assignments All Assignments By Program Assignments By Module Self Enroll

Name (click to begin)	Test	Eval	Due	Status	Started	Completed	Pretest
<a href="#">07 Hand Hygiene</a>	Test		07-03-2008	X			
<a href="#">TMC: 2007 General Annual Compliance</a>	test		07-03-2008	X	06-03-2008		
<a href="#">TMC: Compliance Hotline, Mailboxes, Reporting and Complaint Handling</a>	test		07-03-2008	X			
<a href="#">TMC: Confidentiality</a>	test		07-03-2008	X			
<a href="#">TMC: Electronic Mail Policy</a>	test		07-03-2008	X			
<a href="#">TMC: Faxing of Protected Health Information</a>	test		07-03-2008	X			
<a href="#">TMC: Hospital Records Retention</a>	test		07-03-2008	X			
<a href="#">TMC: Information Security Policy</a>	test		07-03-2008	X			
<a href="#">TMC: Paging Patients and Visitors</a>	Test	eval	07-03-2008	✓	06-03-2008	06-03-2008	
<a href="#">TMC: Password Policy</a>	test		07-03-2008	X			
<a href="#">TMC: Patient Rights to Privacy of Protected Health Information</a>	test		07-03-2008	X			
<a href="#">TMC: Training Introduction</a>		eval	07-03-2008	✓	06-03-2008	06-03-2008	

Start 7 Microsoft Office Outlook VolSvc MC Strategies Learni...

**To start your training, click on the lesson name and the lesson will open so that you may begin.**

### **Step 2)**

After each lesson is completed, click on the “My Personal Page” button on the navigation bar at the top right portion of your screen to return to your ‘*Assignments not Completed*’ page to access the next assigned lesson. Use the navigation bar on the top right portion of your screen to move around the system.

If you are interrupted and need to log-off for any reason, you can return to where you left off and continue the testing.

***If you are in the middle of taking a test and must log off, the system will tell you that you will receive a zero for the test, but you will be able to go back and re-test to change the score.***

### **Step 3)**

After each lesson and **before gaining access to the testing section** for each lesson, you will be required to sign an online policy certification form (*similar to the form shown below*).

The certification form will ask you to ensure that identifiers listed for you are correct and that you agree to the terms of the statement.

***Note: The Confidentiality lesson requires that you also sign a n additional Confidentiality Agreement on-line as well.***

**Step 4)**

Click on the bar at the bottom of the page indicating that the policy certification form has been read and that you agree to abide by the policy.

**Only after this is step is completed will the testing part of the lesson open up.**

**You have completed the policy review, so now complete the following:**

As a workforce member of Truman Medical Centers, I hereby acknowledge that:

- I have read and reviewed a copy of \_\_\_\_\_ Policy.
- I am aware of the policy and understand that I may request more explanation or information at any time by contacting my supervisor or the Truman Medical Center Compliance Hotline (866) 494-3600.
- I hereby agree to comply with the \_\_\_\_\_ Policy.
- I will make every effort to uphold the mission and values of Truman Medical Centers. I acknowledge that \_\_\_\_\_ Policy is a statement of principles for individual and business conduct, and do not represent an employment contract between Truman Medical Centers and me.

Please indicate your acceptance and agreement with these statements by clicking on the button below.

**You must complete this Policy Certification form online after each lesson before you can gain access to the testing portion of that lesson.**

After successfully completing each lesson, the system will remove that particular lesson from your personal page and only those lessons left to complete will remain visible on the 'Assignments Not Completed' page.

**Steps necessary to complete training:**

**Step 1)** Complete each required lesson assigned to you in your lesson plan.

**Step 2)** Complete the Policy Certification Form after reading the lesson material.

**Note: The Confidentiality lesson requires that you also sign an additional Confidentiality Agreement on-line as well.**

**Step 3) Finish the lesson by taking the test.** You will need to take a test for each lesson assigned to you. Each lesson requires that you complete all three of these steps in order for the lesson to be completed. Once you have completed the test, click on the “My Personal Page” tab to return to your assigned lessons. To view your scores, access the ‘Assignments All’ tab.

You may print out a copy of your transcript from your ‘Assignments All’ page or Transcript link, to keep for your own personal records, but please do not print anything else from the lessons, as it will be a violation of our training agreement with MC Strategies.

**If you encounter difficulties with the training, please contact Wendi Weiss in Volunteer Services at 404-3300 or the TMC HelpDesk at 404-2055.**



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## How to Find Us

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### **If you are coming to Truman Medical Center and traveling:**

#### **South on I-29/71 (or coming from the north)**

Follow I-29 South until it becomes I-35 South. Follow directions for traveling south on I-35.

#### **South on I-35 (or coming from the north)**

Follow I-35 to 71 Hwy South near Downtown Kansas City. Take 71 South to the 22<sup>nd</sup> exit. Turn right onto 22<sup>nd</sup> Street. Go to Kenwood and turn left. Take Kenwood to 23<sup>rd</sup> Street and turn left. 23<sup>rd</sup> Street runs right into TMC. Pull into the circle drive and go to Visitor Parking.

#### **North on I-35 (or coming from the south)**

Exit Southwest Blvd. /Mission Road; keep left and follow Southwest Blvd. to 31<sup>st</sup> Street; turn right (E) on 31<sup>st</sup> Street. Go several blocks (past Broadway and Main) to Holmes; go left (N) Holmes to 23<sup>rd</sup> Street. At 23<sup>rd</sup> Street, turn right into TMC circle drive and go to Visitor Parking.

#### **West on I-70 (or coming from the east – Missouri)**

Exit on I-70 from right lane to downtown 13<sup>th</sup> Street exit. Turn left on Charlotte then continue south to 22<sup>nd</sup> Street. On 22<sup>nd</sup> Street go to Kenwood, turn left. Go to 23<sup>rd</sup> Street, turn left. 23<sup>rd</sup> Street runs right into TMC. Pull into the circle drive and go to Visitor Parking.

#### **East on I-70 (or coming from the west – Kansas)**

Take I-70 east to 670 East. Stay to the right and take 71 Hwy south. Take the 22<sup>nd</sup> Street exit. Turn right on 22<sup>nd</sup> Street. Go to Kenwood and turn left. Go to Kenwood and turn left. Take Kenwood to 23<sup>rd</sup> Street and turn left. 23<sup>rd</sup> Street runs right into TMC. Pull into the circle drive and go to Visitor Parking.

#### **North on 71 Highway (or coming from the south)**

Follow 71 Hwy. to 22<sup>nd</sup> Street exit. Turn left, go over 71 Hwy and go to Kenwood. Go to Kenwood and turn left. Take Kenwood to 23<sup>rd</sup> Street and turn left. 23<sup>rd</sup> Street runs right into TMC. Pull into the circle drive and go to Visitor Parking.

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**NOTE: Kenwood is 1/2 block west of Holmes but there is NO STREET SIGN. Holmes is one way north; Charlotte is one way south.**

Truman Medical Center (where star is located on map)  
2301 Holmes  
Kansas City, MO

