1.0 PURPOSE

This policy contains guidelines for the maintenance of licenses, certificates or registrations for positions requiring such.

2.0 AUTHORITY – The County Board of Health (CBOH) Professional Licensing Policy is published under the authority of the CBOH and in compliance with the following:

2.1 Quality Assurance/Quality Improvement QA/QI for Public Health Nursing Practice Manual, revised May 2018 (Page 24 – Credentialing)

2.2 Rules of the State Personnel Board (478-1-.10) – Classification Plan, August 27, 2009

2.3 Rules of the State Personnel Board (478-1-.15) – Changes to Employment Status

3.0 SCOPE

This policy applies to all employees of the County Board of Health that require licenses, certificates or registrations.

4.0 POLICY

The policy of the County Board of Health is that all employees in positions which require licenses, certificates or registrations are responsible for ensuring that they are current.

5.0 DEFINITIONS

5.1 CBOH – County Board of Health

5.2 HR – Human Resources

5.3 DHD – District Health Director
6.0 RESPOSIBILITIES

All County Board of Health (CBOH) employees in positions which require licenses, certificates or registrations are responsible for ensuring that they are current.

7.0 PROCEDURES

7.1 Notice, Renewal, and Consequence of failing to maintain license

7.1.1 NOTICE – The hiring official, supervisor or designee is to provide an Employee Policy and Acknowledgement Statements form (HR-03101C) to applicants or employees selected for employment in positions which require licenses, certificates or registrations.

7.1.1.1 Selected applicants or employees are to submit the Employee Policy and Acknowledgement Statements, along with a copy of the appropriate license, certificate or registration, to the hiring official, supervisor or designee on or before reporting for work.

7.1.1.2 These documents are to be maintained in files as determined by HR. Each hiring official, supervisor or designee will establish a verification process which meets applicable professional standards.

7.2 Renewal

7.2.1 Employees are responsible for completing any requirements for renewal and ensuring that licenses, certificates or registrations, are renewed as required.

7.2.2 Employees are to submit proof of renewal to the hiring official, supervisor or designee. As part of ongoing performance management, evaluating supervisors are responsible for monitoring that employees under their supervision meet this condition of employment.

7.3 Consequence – CBOH may consider an employee voluntarily resigned from employment when the employee fails to secure or maintain license or certification as required for the duties of the position. State Personnel Board Rule 478-1-15 (6)(b)(1).

8.0 REVISION HISTORY

<table>
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<th>REVISION #</th>
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<th>REVISION COMMENTS</th>
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<td>0</td>
<td>January 5, 2016</td>
<td>Initial Issue</td>
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<tr>
<td>1</td>
<td>July 20, 2018</td>
<td>Updated 1.1.2, 6.3 and Annual Review</td>
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<tr>
<td>2</td>
<td>April 14, 2020</td>
<td>Updated 2.3, 7.1.1.2</td>
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9.0 RELATED FORMS

HR-03101C – Employee Policy and Acknowledgement Statement
NEW EMPLOYEE POLICY
ACKNOWLEDGEMENT
STATEMENTS

Please read and initial each acknowledgement statement contained herein.

*Name (Print): ____________________________________________

Division / Office: ________________________________________

Section / Unit: __________________________________________

*Job Title: ______________________________________________

*Required

HR-03101C
1. ACCEPTANCE OF AN UNCLASSIFIED POSITION
The employment of an employee in an unclassified position is "at will", which means that employment may be altered or terminated at any time as required by the CBOH's business and/or budgetary needs. The County Board of Health reserves and retains the right to make changes in the terms and conditions of employment as the CBOH determines to be necessary or appropriate for the effective and efficient administration of the CBOH and its mission. I hereby acknowledge and accept these terms of employment.

*Employee's Initials: ___________________  *Date: ___________________

2. NOTICE TO MALES BETWEEN 18 AND 26 YEARS OF AGE
As of July 1, 1998, a male between 18 and 26 years of age may not be hired as an employee of the state unless he presents proof that he has registered with the Selective Service System as required by federal law or that he is exempt from such registration. Failure to provide such proof within 60 days of employment will result in termination of employment. I hereby acknowledge that I have read this notice and understand the requirements.

*Employee's Initials: ___________________  *Date: ___________________

3. DRUG-FREE WORKPLACE ACKNOWLEDGEMENT
It is the policy of the County Board of Health to maintain a drug-free work place. CBOH employees are prohibited from engaging in the unlawful/illegal manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace or while performing assigned duties. Violations of this policy will result in disciplinary action up to and including dismissal from employment. I understand that I must abide by the terms and conditions of this policy as a condition of employment. I further understand that I must notify my supervisor and/or other authorized officials of any criminal drug arrests or convictions (including a plea of nolo contendere). I also understand that federal law may mandate that the CBOH communicate conviction information to a federal agency and I hereby waive any and all claims that may arise for conveying this information to a federal agency.

All employees of the County Board of Health are prohibited from using or being under the influence of alcohol or illegal drugs while on duty. Employees are also prohibited from abusive use of legal drugs or other substances which when abused have the potential for significant risk of harm to the employee, other employees or the general public. Any employee is subject to drug/alcohol screening if there is a reasonable suspicion that the employee has used illegal drugs, or is under the influence of illegal drugs, alcohol or other substances while on duty. I hereby acknowledge that I am subject to the CBOH's policy concerning employee drug and alcohol screening.

*Employee's Initials: ___________________  *Date: ___________________

4. CERTAIN POSITIONS SUBJECT TO RANDOM DRUG TESTING
Employees in positions requiring Peace Officer Standards and Training (POST) certification and where "...inattention to duty or errors in judgement while on duty will have the potential for significant risk of harm to the employee, other employees, or the general public" are subject to random drug testing. The following jobs in the Composite State Board of Medical Examiners are subject to random drug testing: Investigations Director, Medical Agent 1, and Medical Agent 2. Employees, who refuse to submit to drug testing when directed or whose test result indicates the use of illegal drug(s), will be terminated immediately and will not be eligible for future employment with CBOH for a period of 2 years.

*Employee's Initials: ___________________  *Date: ___________________
5. EQUAL EMPLOYMENT OPPORTUNITY AND UNLAWFUL DISCRIMINATION
The County Board of Health and its employees are subject to the provisions of federal law prohibiting unlawful discrimination. The CBOH is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, disability, age, or religious or political opinions or affiliations. Complaints of unlawful discrimination should be addressed to the office of Human Resources. I hereby acknowledge the CBOH’s policy.

*Employee’s Initials: ___________________  *Date: ______________

6. HARASSMENT IN THE WORKPLACE
It is the policy of the County Board of Health that all employees and their work environment shall be free of all forms of unlawful harassment and intimidation. Unlawful harassment (i.e. any form of harassment relating to an individual’s race, color, sex/gender-including same sex harassment, age, national origin, disability or citizenship status) by any CBOH employee, supervisor, manager, or other individual doing business with or on behalf of the CBOH is a violation of this policy and will not be tolerated. Violations will subject an employee to disciplinary action up to and including dismissal from employment. Employees who complain about unlawful harassment, bring such an allegation to the attention of management in good faith, or cooperate in the investigation of a complaint will not jeopardize their employment with the CBOH. Retaliation against such employees will not be tolerated. Complaints of unlawful harassment should be directed immediately to Human Resources. I hereby acknowledge the CBOH’s policy and that I must abide by it.

*Employee’s Initials: ___________________  *Date: ______________

7. SMOKING POLICY
It is the policy of the County Board of Health to provide a smoke-free environment in all CBOH offices. Smoking, therefore, is prohibited in all offices either occupied or controlled by CBOH and in vehicles owned by or assigned to the CBOH. Smoking is also prohibited in employees’ personal vehicle during work time when clients or customers are being transported. Employees who violate the policy on smoking will be subject to disciplinary action up to and including dismissal from employment.

*Employee’s Initials: ___________________  *Date: ______________

8. STANDARDS OF CONDUCT
All employees of the County Board of Health are expected to maintain and exercise the highest moral and ethical standards in carrying out their responsibilities and functions. Employees must conduct themselves in a manner that prevents all forms of impropriety, placement of self-interest above public interest, partiality, prejudice, threats, favoritism and undue influence. Written guidelines, which cover all phases of employee conduct, are not possible. Employees who violate the policy on standards of conduct will be subject to disciplinary action up to and including dismissal from employment. I hereby acknowledge that I must abide by departmental policy governing standards of conduct.

*Employee’s Initials: ___________________  *Date: ______________

9. SECONDARY EMPLOYMENT
Employees of the County Board of Health may seek and secure employment outside of the CBOH, provided that: the secondary employment does not constitute a violation of any federal or state law, Rules of the State Personnel Board or CBOH Policy; does not constitute a conflict of interest with departmental employment; and does not interfere or conflict with an employee’s ability to effectively perform assigned duties and responsibilities with the CBOH. In all cases, the employee’s job with the CBOH must be considered primary. Employees must
request and obtain approval prior to beginning secondary employment. Employees who fail to obtain proper approval for secondary employment will be subject to disciplinary action up to and including dismissal from employment. It is unlawful for any full-time CBOH employee to transact business with the CBOH, either for the employee or on behalf of any business or for any business in which the employee or employee’s family has a substantial interest. I hereby acknowledge that I understand the secondary employment policy.

*Employee’s Initials: ____________________  *Date: ________________

10. POLITICAL ACTIVITY

Employees of the County Board of Health are protected from undue political pressure, influence or coercion by federal and state laws. The same laws limit political activity while assuring that the right to participate in the political process is preserved. CBOH Policy outlines authorized and unauthorized political activity. Employees are responsible for reviewing the policy to understand the limitations of political activity. In addition, employees must request written approval before accepting a political appointment, seeking election to public office, political party office, or an office of a political organization. I hereby acknowledge that there are restrictions on political activity and that I must abide by the federal and state laws and departmental policies governing political activity.

*Employee’s Initials: ____________________  *Date: ________________

11. USE OF CBOH PROPERTY

Employees of the County Board of Health may not use or allow the use of CBOH property for any activity other than official business. The use of the telephone for personal calls should be brief and limited and may not interfere with the employee’s official job responsibilities. Long-distance calls are prohibited, as is the acceptance of third party calls. CBOH owned vehicles are authorized for use in the performance of all essential travel duties related to CBOH business. CBOH vehicles are not authorized form personal trips unrelated neither to CBOH business nor for transporting passengers who are not CBOH employees. Employees who violate this policy will be subject to disciplinary action up to and including dismissal from employment.

*Employee’s Initials: ____________________  *Date: ________________

12. USE OF CBOH COMPUTERS AND THE INTERNET

The County Board of Health has guidelines for the use of computer hardware and software and appropriate business usage of Internet access and electronic mail accounts provided by the CBOH. Passwords are intended to remain private and confidential. Passwords prevent unauthorized access to the various common directories on the network and the email system, as well as access to external entity computer systems, as well as access to external entity computer systems. Under no circumstances should CBOH equipment be used for: business or solicitations related to commercial ventures; religious or political causes; illegal activity; knowingly downloading or distributing pirated software, data or malicious program code (viruses); accessing or downloading sexually explicit or pornographic material; accessing or downloading material that could be considered discriminatory, offensive, threatening, harassing, or intimidating including ethnic or racial slurs or jokes; accessing web chat sites and dating sites; or any other activity that would reflect discreditable on the County Board of Health. CBOH acknowledges that occasional personal use of Internet connectivity may occur. Any such use must be brief and infrequent. While the CBOH respects the privacy of employees, ensuring compliance with this policy is of utmost importance. Therefore, the County Board of Health reserves the right to retrieve and read any data composed, transmitted or received through on-line connections and stored on departmental property and to monitor Internet sites visited or attempted by employees. Failure to comply with this policy will subject employees to disciplinary action up to and including dismissal form employment. I hereby acknowledge that I must abide by departmental
policy governing the use of state computers and the Internet.

Employee's Initials: _________________  Date: _________________

13. PROBATIONARY PERIOD
This is to acknowledge that I understand I have accepted a position with the County Board of Health. I further acknowledge that I understand this position has a probationary period of six (6) months. During the probationary period, my employment may be terminated through written notice with or without case.

Employee's Initials: _________________  Date: _________________

14. FOR GRANT FUNDED POSITIONS
This is to acknowledge that if my position with the County Board of Health is a grant funded position then, I understand a grant funded position is a full-time, unclassified position established to perform specific work required in a grant and is funded by the proceeds of the grant. Applications for grant funding are submitted on an annual basis and are subject to termination or non-renewal. A grant funded position will terminate on the date of grant termination unless CBOH provides funding from a different source to continue the program or position, on or prior to the date of grant termination.

Employee's Initials: _________________  Date: _________________

15. FOR FEDERALLY FUNDED POSITIONS
I understand that no person will be hired or no contract will be entered into with parties that are debarred, suspended or excluded from Federal Assistance Programs. I further understand that if I have been debarred, suspended or excluded from Federal Assistance Programs my employment could be terminated.

Employee's Initials: _________________  Date: _________________

16. FOR EMPLOYEES THAT REQUIRE LICENSING, CERTIFICATION OR REGISTRATIONS
I understand that it is my responsibility to obtain and maintain a current license, certificate or registration when necessary or appropriate. I understand that I am to advise my supervisor or Human Resources of any problem encountered regarding my license, certificate or registration. I further understand that FAILURE to maintain a current license, certificate or registration may result in separation from employment.

Employee's Initials: _________________  Date: _________________

My signature below acknowledges that I have read #1 through #16 of the Acknowledgement Statements that will become a part of my official personnel file. Signing these acknowledgement statements does not relieve me of the responsibility to review all CBOH policies and procedures and to abide by them.

Employee's Signature: ________________________________  Date: ________________________________