

Student/Instructor Data Sheet

STUDENT or INSTRUCTOR TO COMPLETE THIS SECTION
(will not be accepted unless fully complete with all requested information)

Last Name	First Name	Middle Name
Date of Birth	Phone #	Number of Extern Hours you will complete at Rideout
Person to be Notified in Case of Emergency		Emergency Contact Telephone
Name of School	Type of Student/Program	Name & Email of School Instructor/Teacher
Name and Title of Rideout Hospital department Supervisor/Manager who gave approval for this rotation/externship		
Have you ever been at <u>any</u> Adventist Health site in <u>any</u> state in <u>any</u> of the following capacities? This information is needed to avoid duplicate computer access issues. FORMER OR CURRENT EMPLOYEE ___ YES ___ NO FORMER OR CURRENT CONTRACTED EMPLOYEE ___ YES ___ NO FORMER STUDENT ___ YES ___ NO		

HOSPITAL EDUCATION TO COMPLETE THIS SECTION:

Start Date: _____	End Date: _____
New Student Nursing Student	Return Student Non-Nursing Student
Instructor	Employee
<input type="checkbox"/> Contract & Program Confirmed in MediTract	
<input type="checkbox"/> Approval Received from Deb Date: _____	
<input type="checkbox"/> Department Approval Received	
<input type="checkbox"/> SAF Submitted to Corporate: SAF# _____ Date Submitted _____	
<input type="checkbox"/> Health/HR Attestation Received Flu Shot? ___ YES ___ DECLINED: _____	
<input type="checkbox"/> Photo Received	
<input type="checkbox"/> Security Agreement Received	
<input type="checkbox"/> Nursing Orientation and/or Pharmacy Attestation Received (nursing & psych tech students only)	
<input type="checkbox"/> HR Forms Packet Received	
<input type="checkbox"/> SAF Received Back from Corporate: User ID: _____	
<input type="checkbox"/> Student Built or Reactivated in PremiSys	
<input type="checkbox"/> Badge Request w/Photo sent to HP & Ronda (SA & pharmacy attestation attached for nursing and psych tech students)	
<input type="checkbox"/> Student instructed to pick up badge from _____ on or after _____	