Addendum B. Student and Instructor Information Checklist

Please place this completed form on front of student packets and submit to the HCA Facility no less than 21 days prior to computer training or first clinical day, whichever comes first. This is good for only 1 semester (16 weeks or less).

School			_	Instructor:							Day(s) in Clinical (check all that apply):							
Program				Phone:							🗆 Monday 🛛 Friday							
Unit(s)				eMail:							🗆 Tuesday 🛛 🗆 Saturday							
Dates of Clinical Rotation											🗆 Wednesday 🛛 Sunday							
Hours in Clinical (Ex.0700-1400)				□ Thursday														
Computer Access: 🗆 yes / 🗆 no 🛛 HCA		Needs Accu-		Background	Attestation	Student	Securi	itv			Substance	Parking Applica-		_				
Student Information – (DoB - date of birth)		employee Y or N	Check access Y or N	(LGHM only)	check or Attestation	for Employee Health	Tool Post Test	Contra Signed	act	ct A & B	Code of Conduct	Abuse policy signed	tion (LGMC only)	Proof of vaccination	Flu Form			
1	Name: Address: Email:		Yes	Yes														
	DoB:	Phone:	No	No														
2	Name: Address: Email:		Yes	Yes														
	DoB:	Phone:	No	No														
3	Name: Address: Email: DoB:	Phone:	Yes	Yes														
4	Name: Address: Email:		Yes	Yes														
	DoB:	Phone:	No	No														

5	Name:									
	Address:									
	Email:		Yes	Yes						
	DoB:	Phone:	No	No						
6	Name: Address:									
	Email:		Yes	Yes						
	DoB:	Phone:	No	No						
7	Name: Address:									
	Email:		Yes	Yes						
	DoB:	Phone:	No	No						
8	Name: Address:									
	Email:		Yes	Yes						
	DoB:	Phone:	No	No						
9	Name: Address:									
	Email:		Yes	Yes						
	DoB:	Phone:	No	No						
10	Name: Address:		-							
	Email:		Yes	Yes						
	DoB:	Phone:	No	No						