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):							
Pr	rogram		Phone:						□№	/londa	y	☐ Fri	day				
Unit(s)			eMail:							uesda	У	□ Saturday					
Da	ates of Clinical Rotation									Vedne	sday	□ Sunday					
Н	ours in Clinical (Ex.0700-1400)								□Т	hursda	ау						
	omputer Access: ☐ yes / ☐ no	НСА	Needs Accu-	IS Form	Background	Attestation for	Student Tool	Secur	ity ,	Exhibit	Code of	Substance Abuse	Parking Applica-	Proof of	Flu		
		employee Y or N		(LGHM only)	check or Attestation	Employee	Post	Contr	act	A & B	Conduct	policy	tion (LGMC	vaccination	Form		
(DoB - date of birth)		YON	access Y or N	only)	Attestation	Health	Test	Signe	u			signed	only)				
1	Name: Address:	Voc															
	Email:	Yes	Yes														
	DoB: Phone:	No	No														
2	Name: Address:																
	Email:	Yes	Yes														
	DoB: Phone:	No	No														
3	Name: Address:	.,															
	Email:	Yes	Yes														
	DoB: Phone:	No	No														
4	Name: Address:																
	Email:	Yes	Yes														
	DoB: Phone:	No	No														

5	Name:									
	Address:									
	Address.									
			Yes	Yes						
	Email:									
	DoB:	Phone:	Na	Na						
6	Name:		No	No						
	Address:									
			Yes	Yes						
	Email:									
	DoB:	Phone:								
-			No	No						
7	Name:									
	Address:									
			Yes	Yes						
	Email:		res	res						
	DoB:	Phone:								
	DOB:	Phone:	No	No						
8	Name:									
	Address:									
	Email:		Yes	Yes						
	Elliali.									
	DoB:	Phone:	No	No						
9	Name:		INU	INO						
	Address:									
	Audiess.									
			Yes	Yes						
	Email:									
	DoB:	Phone:	N.	. ,						
10	Name:		No	No						
10										
	Address:									
			Yes	Yes						
	Email:									
	DoB:	Phone:								
1			No	No						