Date: Click here to enter a date. Lawson ID:

[](http://www.childrens.com/)

**Clinical Education**

**STUDENT REQUEST FORM**

**Student Info**

Name (Last, First, MI): Click here to enter text. **Current/Former Children’s Employee?** Choose an item.

Email address: Click here to enter text. If yes, Children’s Employee ID #: Click here to enter text.

Physical Address: Click here to enter text. **Previous Student @ Children’s?** Choose an item.

Phone Number: Click here to enter text. \*If yes, Children’s Employee ID #: Click here to enter text.

SS#*:* Click here to enter text.DOB: Click here to enter a date.

*Emergency Contact:* **Click here to enter text.** *Relationship:* Click here to enter text.

*Emergency Contact Number:* Click here to enter text.

**School Info**

Name of Affiliated School: Click here to enter text. Contract Verified:

Contract Expiration Date: Click here to enter a date.

**Rotation Start Date: Click here to enter a date. Rotation End Date: Click here to enter a date.**

***\*Children’s needs to know the dates you will be on our campus, not your semester dates.***

**Hosting Department**

Department: Clinical Education Cost Center: 70052

Position: Precepted Nursing Student/700529053359 Preceptor: Click here to enter text.

Campus: Choose an item. If Other: Click here to enter text.

Comments: Click here to enter text.

**Access Required**

Badge Access: YES - Badge office first day CART: Assigned A

Network Access: Basic NO email Student Services to Email: Student and Department

***\*Systems Access: It is up to the department to get student access to any systems they might need (ex. Epic)***

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**Required Documents Checklist**

**Processing by Student Services:**

* Notification /Children’s Requirements sent
* Student completed online process
* Cleared by Occupation Health
* Lawson Approved
* Registered in CART
* Clearance directions
* Access Management
* Completed CART
* Clearance Sent – Student, Badge, Hosting Dept.

**Student to complete:**

□ Complete Lawson profile (online)

□ Complete Confidentiality Agreement (online)

□ Health Form/documentation (manual process)

**Must be provided by school:**

□ Clearance Letter from School attesting or student:

* Immunizations
* Drug Test
* Background Check

***This form should be emailed by hosting department to*** [***studentservices@childrens.com***](mailto:studentservices@childrens.com)

*It will not be accepted from student or school directly – must be approved by hosting department.*

All paperwork must be submitted electronically at least 3 weeks PRIOR to start date.