This form is fillable. You can save data in this form.



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		S	tudent Infori	mation She	et					
	Fac	ulty to complete and email to:	crystal.soto@hol	y-cross.com ai	nd Wyndie.M	orrill@holy-cross.com	າ.			
	Security @ 954-	492-5750								
			formation MUST		TEN					
School:	Unit(s) Assigned:									
Phone:	Rotation Start and End Dates:									
Discipline:	Rotation Times:									
				MMR/PPD/		Completed			HCH Online	
First Name	Middle Name	Last Name	Date of Birth	Varicella	Flu Vaccine	Background Check	Drug Screen	BLS	Orientation	
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Instructor										
Note to Instructor: Each stu	ident must submit	an ePath record showing comp	oletion of all onlin	ne student orie	ntation cours	es before starting clir	nical rotation.	•		
This w	vill be kept in the s	tudent's file and maintained by	the school. 4-pa	ge HIS form is	required on f	irst day before passw	ords provided			
Instructor Name:										
Note: The typin	g of your name wi	ll serve as your electronic signat	ture to confirm tl	nat this inform	ation is store	d on file at your instit	ution.			
Phone #:		Cell #:	ell #: Nursing License #:							
BLS Expiration Date:		Completion date of faculty's HCH online orientation:								
Faculty email address:		T				I				
Rev. 1/17										