

### Faculty Checklist

(Faculty worksheet only; **not to be submitted to HCH**)

Course: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Clinical Rotation Areas/Units: \_\_\_\_\_

Student Rotation: Individual \_\_\_\_\_ Group \_\_\_\_\_

Action	Completed
<b>Student Information Sheet</b> (Typewritten only on Fillable Worksheet) <b>2 WEEKS PRIOR</b> -Email to: Wyndie. Morrill @holy-cross.com & Elyce.Bishop@holy-cross.com	
<b>Clinical Rotation Program Objectives</b> -Email to: Elyce.Bishop@holy-cross.com	
<b>HOLY CROSS ON-LINE ORIENTATION-HEALTHSTREAM</b> Must be completed before rotation and submission of SIS sheet with date of completion. (Annually by school year; Aug.-June)	
<b>Hospital Information Systems/ACCESS Sign On Request Form</b> - (4 pages) completed by each student SCANNED FOR THE ENTIRE CLASS to <a href="mailto:Wyndie.Morrill@holy-cross.com">Wyndie.Morrill@holy-cross.com</a> with the Student Information Sheet (SIS)	
<b>Badge Access Authorization Form</b> - one form for <b>each faculty member</b> to Security for picture badge <b>ALL STUDENT BADGES ARE TO BE RETURNED TO WYNDIE MORRILL AFTER ROTATION</b> ( ONLY SECURITY IF IT'S A WEEKEND ROTATION)	
<b>Meditech EMR Training Classes</b> -Faculty who will be bringing groups of students must contact Wyndie Morrill at 954-267-7793 for schedule of Meditech EMR Training classes. (Held monthly). <b>HIS FORMS DUE 2 WEEKS PRIOR</b> -Faculty assigned to practicums/precepting senior level students Do Not need EMR training classes. -Email: Wyndie.Morrill@holy-cross.com **Current faculty with Meditech access, contact Wyndie prior to clinical rotation in order to be re-activated in the system.	
<b>Preceptor Availability</b> -Contact Elyce Bishop at 954-958-4826 -Email: Elyce. Bishop@holy-cross.com	