

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

Course: _____

Semester: _____ Year: _____

Clinical Rotation Areas/Units: _____

Student Rotation: Individual ____ Group ____

ACTION	DONE
<p>Student Information Sheet: 2 WEEKS PRIOR <i>SUBMITTED THROUGH COMPLIO</i> (Typewritten only on Fillable Worksheet) IF BEING DONE MANUALLY -Email to: Wyndie. Morrill @holy-cross.com & Elyce.Bishop@holy-cross.com</p>	
<p>Clinical Rotation Program Objectives for each Cohort: -Email to: Elyce.Bishop@holy-cross.com</p>	
<p>HOLY CROSS ON-LINE ORIENTATION-HEALTHSTREAM:UPLOADED Must be completed by Faculty & Students <i>before</i> rotation share & SIS sheet with date of completion. (Annually, each school year; Aug.-June)</p>	
<p>Hospital Information Systems/ACCESS Sign On Request Form: - (4 pages) completed by each student/faculty uploaded FOR THE <u>ENTIRE CLASS</u> <u>SUBMITTED ONCE /SHARED IN COMPLIO</u> OR manually to Wyndie.Morrill@holy-cross.com with the Student Information Sheet (SIS) (THIS MUST ALSO BE EMAILED FOR FACULTY COMPUTER REGISTRATION)</p>	
<p>Badge Access Authorization Form: - One form for each faculty member brought to Security for picture badge ALL STUDENT BADGES ARE TO BE DISTRIBUTED/RETURNED TO WYNDIE MORRILL WITH EACH ROTATION (ONLY @ SECURITY IF IT'S A <u>WEEKEND</u> ROTATION)</p>	
<p>Meditech EMR Training Classes -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). HIS FORMS DUE 2 WEEKS PRIOR -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 <i>re-activated</i> in the system. (MUST BE LESS THAN 3 SEMESTERS APART)</p>	
<p>Preceptor Availability -Contact Elyce Bishop at 954-958-4826 -Email: Elyce. Bishop@holy-cross.com</p>	