

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
Student Information Sheet-ROTATION SHARE 2 WEEKS PRIOR <i>SUBMITTED THROUGH COMPLIO</i> (Typewritten only on Fillable Worksheet) IF BEING DONE MANUALLY	
Clinical Rotation Program Objectives for each Cohort: -Email to: Wyndie.Morrill@holy-cross.com	
HOLY CROSS ON-LINE ORIENTATION-HEALTHSTREAM:UPLOADED Must be completed by Faculty & Students <i>before</i> rotation share (Annually, each school year; Aug.-June)	
Hospital Information Systems/ACCESS Sign On Request Form: - (4 pages) completed by each student/faculty uploaded FOR THE <u>ENTIRE CLASS</u> SUBMITTED ONCE /SHARED IN COMPLIO	
Badge Access Authorization Form: - One form for <i>each faculty member</i> brought to Security for picture badge ALL STUDENT BADGES ARE TO BE HANDEDOUT, DISTRIBUTED/RETURNED TO WYNDIE MORRILL WITH EACH ROTATION (ONLY @ SECURITY IF IT'S A WEEKEND)	
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 and email intent to register for class by submitting LAST 4 DIGITS OF SSN####. Training classes will be offered monthly if more than 1 person signed up. -Faculty assigned to practicums/precepting senior level students Do Not need EMR training classes. (AN EMR manual is in the forms section for assistance.) -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)	
Preceptor Availability -Contact Martha Guerrero at 954-958-4826 -Email: MARTHA.RN@holy-cross.com	