HMHP Computer ID Request and Badge Assignment Form

Today's Date:		(Please submit at least 2 weeks prior to clinical rotation)
University/School:		**Clinical ID #**
Instructor:		(Instructor, please include your name on list below as well)

<p style="text-align:center; color:red;">All Information must be complete</p>

Ever a student here before? Y/N	Computer ID Number Assigned (if known)	NAME: *(Last, First, Middle Initial)*	Last 4 digits of SS#	Last 4 digits of Student ID #	Clinical Start Date	Clinical End Date	Loc: SJHC, SEHC, SEBHC	Unit	Badge Assignment	Instructor	NOTES

E-mail completed form to karen_english@hmis.org or joanne_law@hmis.org