

Instructions: Once your clinical request has been approved, please complete the Student Demographic Sheet & the Student Document Confirmation Sheet. When both documents are complete, please email this form to the appropriate coordinator at least 4 weeks prior to the clinical start date. **Student Demographic Sheet:** Complete all columns highlighted in violet. **If students are returning from previous semester, you do not have to fill out columns N - Q.** **Student Document Confirmation Sheet:** This is a declaration that all required clearance documents are current and on file at your school and available upon request.

School Program Coordinator's Name: _____

Email: _____

Clinical Instructor's Name: _____

Email: _____

Complete this section for new students only! UPMC Use Only:

School	Student Category (Student Nurse; Rad Tech; etc)	Class/Level (N 150; N250; PN etc.)	Clinical Start Date	Clinical End Date	Last Name	First Name	MI	DOB mm/dd/yyyy	Last 4 of student ID #	UPMC Pinnacle Employee (Y or N)	EPIC (Y or N)	Returning Student Y/N (If yes do not fill in columns N-Q)	Street Address	City	State	Zip	Non-Employee ID (NetLearning)
<i>Example: University of ...</i>	<i>Student Nurse</i>	<i>N 150</i>	<i>9/1/2018</i>	<i>12/1/2018</i>	<i>Doe</i>	<i>Jane</i>	<i>A</i>	<i>1/1/1980</i>	<i>0000</i>	<i>Y</i>	<i>Y</i>		<i>Home Address</i>	<i>City</i>	<i>PA</i>	<i>17402</i>	<i>9900000000</i>