



Faculty Checklist for Undergraduate Nursing Student Clinical Affiliation
 EUH, EUHM, EUOSH, TEC, EWWH, ESJH

- Use this form as a cover sheet for submission of all student documents. Submit as a packet, individual forms are not accepted.
- Attach all other required documents, email or fax to Nursing Education four weeks prior to the first clinical day.

Hospital Representatives: Nursing Education, 404-686-2580, nursing.education@emoryhealthcare.org

Nursing Education Fax: 404-686-4905

Affiliated School of Nursing:

Course Number:

Total Number of Clinical Hours per Student:

Student Level (Jr., Sr.):

First Day of Clinical Rotation:

Assigned Nursing Unit:

Last Day of Clinical Rotation:

Faculty Name:

Faculty Phone:

Faculty email:

[Submit proof of Current Professional Liability insurance for faculty/students](#)

Copy of Students' Health Insurance

EUH and EUHMID Badge Appointment Request (this is one appointment date for your entire group): _____

Include forms for each student listed: **Confidentiality Statement, HIPAA Acknowledgement, Release of Records, Student Agreement, Logon ID and Parking Request (EUHM only).**

Student		EHC Use	Indicate Yes/No for each item:				Seasonal Flu Vaccine Month / Year <i>Fall: required by Oct 31st, Spring & Summer before Clinical Start Date</i>	For Senior Precepted Students: Assigned Unit
Last Name	First Name, MI	CBC/DS	Flu Shot documentation submitted	Immunization Records Current & Available on Request	CPR Current & Available on Request	Health Insurance Card submitted		