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: ____________________________
Total Number of Clinical Hours per Student: ______________
First Day of Clinical Rotation: ____________________________
Last Day of Clinical Rotation: ____________________________
Faculty Name: ____________________________
Faculty email: ____________________________
Faculty Phone: ____________________________

**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).

<table>
<thead>
<tr>
<th>Student</th>
<th>EHC Use</th>
<th>Indicate Yes/No for each item:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name, MI</td>
<td>CBC/DS</td>
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