Faculty/Student Information For Clinical/Observational Experience at JHBMC

Faculty (Course Coordinator/Onsite Instructor) or Practicum Student (under grad or graduate) complete & submit this form (PDF scanned form ONLY) to Angela Sutton (asutto10@jhmi.edu) AS SOON AS POSSIBLE AND BEFORE THE BEGINNING OF THE EXPERIENCE. Access www.hopkinsmedicine.org/jhbmc/nursing for further instructions & other required forms ***Failure to complete/submit all required forms on the website will result in a delay or rejection of the request. * Electronic signatures are not accepted.**

School Name_____**Course Name**_____

FACULTY – Course Coordinator Name (students participating in on-line programs must provide a faculty name/contact) _____

Phone: (Office) _____ **(Cell)** _____**Email**_____

ONSITE INSTRUCTOR – (if different than Faculty/Course Coordinator Name) _____

Phone: (Office) _____ **(Cell)** _____**Email**_____

JHBMC unit/area location of experience _____ **START & END DATE** _____ **COURSE REQUIRED HOURS**_____

If this is a JHBMC preceptor led experience name/title of preceptor _____

IF REQUEST HAS BEEN SUBMITTED VIA CB CASTLEBRANCH BRIDGES – REQUEST ID NUMBER_____

Student Name	Phone Number	MMR or antibody testing results Pos Neg	Forms completion & SLP check off sheet of Participant Guide Yes No	Date of most recent flu shot must be within the same school calendar year of this request for experience	Tuberculin survey status Pos Neg	Any Additional Comments and/or active/current Maryland RN License Number graduate student
Onsite Instructor – verify yearly completion date of requirements above.						