

Kaiser Northwest Regional Hospitals

Clinical Student Access Request Form

**Instructions:**

1. Please complete all sections except blue. Forms **will be returned and not processed** if sections are not completed or completed incorrectly.
2. Email completed form to [kpnwstudentplacement@kp.org](mailto:kpnwstudentplacement@kp.org) at least **3 weeks prior to start date**.
3. Upon completion of your clinical rotation, return badges to Student Placement Office within 1 week of rotation end date.
4. If the clinical site instructor needs access to the medical record, OR needs a KP ID badge (required to meet student/preceptor on campus), please include their information in the student section as well, otherwise instructors **will not have access**.
5. Please ask and report (below) additional information if student is, or ever was a KP employee, or has been placed at KP as student or intern, including non-nursing programs. If this information is not accurately reported your student **may not have** access, access **may be denied**, or access **may be delayed**.
6. Please provide Middle Initial if at all possible

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| School: | | | | Clinical Rotation Start Date and Location: | | | | Clinical Rotation End Date: | | | |
| Onsite Clinical Instructor’s Name and Credentials: | | | | Onsite Clinical Instructor’s Cell Phone Number: | | | | Onsite Clinical Instructor’s Email Address: | | | |
| What term are these students in? | | | | | | | | | | | |
| Student Name  (Last, First, MI) | Unit | Birth Date:  MM/DD/YYYY | Student ID Number | | Previous KP Student or Instructor? | Previous or Current KP Employee? | NUID | | KPHC Password | Badge Number | Windows Password |
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| **Questions Contact:**  Student Placement Coordinator  Kaiser Sunnyside Medical Center  [kpnwstudentplacement@kp.org](mailto:kpnwstudentplacement@kp.org) | | | | | Comments: | | | | | | |