**Edward Hospital  
APN Student Demographic Form**

**Please Print**

Welcome to Edward Hospital! We look forward to helping you to have a positive clinical experience. Please complete the information below so you can be contacted if needed.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date | | | | | |  | | | |
| Name |  | | | | | | | | |
| Address | | | |  | | | | | |
| Telephone | | | | |  | | | | |
| E-mail address | | | | | |  | | | |
| School | |  | | | | | | | |
| Faculty | | |  | | | | | | |
| Clinical experience | | | | | | |  | | |
| Hospital Preceptor | | | | | | |  | | |
| Dates of experiences | | | | | | | |  | |
| Total number of hours | | | | | | | | |  |

The following items will need to be submitted prior to starting a clinical rotation (excluding Edward-Elmhurst employees):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Identifications |  |  | OSHA Compliance |
|  | Current Nursing License |  |  | Drug Screen |
|  | CPR Provider Card |  |  | Background Check |
|  | HIPAA |  |  | TB Test within 12 months |
|  | Immunizations: Measles, Mumps, Rubella, Varicella, TDap, Flu Vaccine (between October and March), Hepatitis. | | | |

Email request to [Margaret.Cross@eehealth.org](mailto:Margaret.Cross@eehealth.org)