**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