

## OHSU TUALITY HEALTHCARE • EMPLOYEE AS STUDENT PLACEMENT REQUEST FORM

**Complete the Student Placement Request Form for each individual student**  
 Email Forms to: [Clinical.Education@Tuality.org](mailto:Clinical.Education@Tuality.org).

Student Demographic, Program & Training Information	
Student Legal First, Middle, Last Name:	
Student Date of Birth: (MM/DD/YYYY)	
Student Preferred Name / Nickname: <i>(if different from above)</i>	
Student Last 4 SSN:	
Students Primary Email:	
Student Permanent Address:	
Students Primary Phone:	
Students Emergency Contact Name & Phone:	
Clinical Placement Start Date – End Date:	
School Program/College/University Name:	
Professional Program of Study (or) Degree Type:	
Total Clinical Hours *Requested per Student:	
Clinical Placement Department Requested: <i>Write in OHSU Tuality Preceptor Name if known</i>	
Additional EMR Computer Access Level(s) needed? <i>If Yes, please plan for students to complete pre-requisite online courses and attending an instructor led OHSU EPIC class.</i>	<input type="checkbox"/> NO Additional Epic Requested <input type="checkbox"/> No Current Epic View Only requested=REQUIRES ONLINE TRAINING <input type="checkbox"/> EPIC Additional access requested: please specify below
Employee Hire Date	
Seasonal Flu Vaccination or Declination Letter <i>*Required for student placements between Oct 1<sup>st</sup> – May 31<sup>st</sup> annually.</i>	
Notes/Additional information:	
Tuality Department Manager Contact information: Name: _____ phone: _____	
Tuality Department Manager Signature: _____	DATE: _____