

OHSU TUALITY HEALTHCARE • NON-OAR STUDENT PLACEMENT REQUEST FORM

Complete the Student Placement Request Form for each individual student
 Email Forms to: 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 or Faculty Instructor Name, if provided.</i>		
Does the Student require any learning TTS/ADA special needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMR Computer Student Access Level(s)? <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 EPIC REQUESTED <input type="checkbox"/> EPIC VIEW ONLY =REQUIRES ONLINE TRAINING <input type="checkbox"/> EPIC EMR STUDENT ACCESS =REQUIRES ONLINE TRAINING & LIVE CLASS	
Non-OAR Documentation Requirements: Faculty/Coordinator: Please verify the following student prerequisites with your initials and dates of completion. Tuality Healthcare has the expectation to be able to view these supportive documents within 24 hours of any request		
Initials	Date	
		Criminal Background Check (convictions must be declared)
		Varicella Vaccination or Immunity Titer
		Measles, Mumps and Rubella Vaccination or Immunity Titer
		Hepatitis B Series or Declination Statement
		Tuberculosis Testing (e.g., negative PPD or X-ray
		Seasonal Flu Vaccination or Declination Letter <i>*Required for student placements between Oct 1st – May 31st annually.</i>
		Attest that student has read the Tuality Student Handbook and agrees to follow all guidelines including HIPAA, dress code, infection prevention, Emergency response, etc.
Program Placement Coordinator Contact information:		
Program Placement Coordinator Signature:		DATE:

