

OHSU TUALITY HEALTHCARE · 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 Preferred Name: <i>(If Student name is different from above)</i>	
Student Date of Birth: (MM/DD/YYYY)	
Student Last 4 digits of SSN#:	
Students Primary Email:	
Student Permanent Address, City, State, Zip:	
Student Primary Phone:	
Student Emergency Contact <i>(Required if student is a minor, under 18 yr. old)</i>	
Clinical Placement Start Date & End Date:	
School Program/College/University Name:	
Professional Program of Study (or) Degree Type:	
Total Clinical Hours Requested:	
Clinical Placement Department Requested: <i>(Include OHSU Tuality Dept, Preceptor name, if known and/or Faculty Instructor contact, if applicable.)</i>	
Does the Student require any learning TTS/ADA special needs?	<input type="checkbox"/> NO <input type="checkbox"/> YES
EMR EPIC Computer Student Access Level? <i>(If Yes, students will complete pre-requisite online courses and may need to attend an instructor led EPIC class at OHSU depending on student access level.</i>	<input type="checkbox"/> NO EPIC REQUESTED <input type="checkbox"/> YES EPIC VIEW-ONLY =REQUIRES ONLINE TRAINING <input type="checkbox"/> YES EPIC FULL STUDENT ACCESS =REQUIRES ONLINE TRAINING & CLASS
Pyxis Medication Access Level(s)?	<input type="checkbox"/> NO PYXIS REQUESTED <input type="checkbox"/> YES PYXIS REQUESTED – REQUIRES ONLINE TRAINING; RN, RT, DI, PHARM
Seasonal Influenza Vaccination Date & Clinic: <i>(Required between Oct 1st – May 31st annually)</i>	<ul style="list-style-type: none"> • Date Immunized: (MM/DD/YYYY) _____ • Clinic / Location: _____ <input type="checkbox"/> Mark here, if not applicable or declination
School OAR Attestation Document: Attach an “OAR Attestation or Summary Document” that lists or outlines the student drug screenings, background check, BLS, medical immunization records, HIPAA and clinical training conducted by the school/university that comply with OAR 409-030-0150 <u>or</u> attach individual student records. if an attestation document is not used by your organization. Tuality Healthcare expects school programs to adhere to the standardized administrative requirements established under Oregon Administrative Rules (OAR) 409-030-0150. Per the school affiliation agreement, Tuality Healthcare may request records for auditing purposes.	
Program Placement Coordinator Contact Information:	
Program Placement Coordinator Signature:	Date: