

List all of your student names below:

## **Student CERNER Access Request Form**

Please submit one form per student group to the Education Department, voa e-mail

Please allow two weeks for processing

From day one.

Educational Institution:

Student Educational Level (e.g. Sophomore, Junior— 1st or 2nd semester/quarter):

Have these students had access to CERNER, as nursing students, at CMC before? Yes No Mixed Group (indicate which students have had previous CERNER access next to their name below)

Instructor(s)' Name:

Instructor(s)' Email:

Instructor(s)' Phone:

Has the instructor(s) had access to CERNER at CMC before? Yes No Mixed (indicate above)

Where will the students be completing their clinical rotations (e.g. Med/Surg):

What is the first day of clinical rotation at CMC?

What is the last day of clinical rotation at CMC?

List preferred dates/times for student CERNER Orientation:

(Please note: If you have more than 12 students, they will need to be broken into two groups. We can only accommodate 12 students per training session)

Group #1  Please incude a middle initial	Previous CERNER Access	Group #2  Please incude a middle initial	Previous CERNER Access
	7.03033		7.30033

## Please answer the additional questions below to help the CERNER Trainers tailor your student's orientation to their educational needs:

- 1. What are your student's requirements for their orientation? (Please elaborate)
- 2. Do your students take their own patient assignments?
- 3. Do they chart assessments?
- 4. Do they give meds?
- 5. Do they write care plans as part of a class requirement?
- 6. Any additional comments?

\*\*Please note, this form is required to be completed in its entirety before your students will be scheduled for CERNER Orientation\*\*

Return all completed forms to Melissa Bailey
Student Onboarding Coordinaor
mbailey@communitymed.org

Form Last Updated: 11/2022