Please complete and forward to RCHAMDS@fraserhealth.ca **no later than 7 days prior** to the start date.

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| **School:** School name | **Program:** Respiratory Therapy |
| **Clinical Instructor:** Full name**Email:** Full name | **Phone:** Phone number |
| **Dates of clinical: Start:** Select date **End:** Select date |

Students have:

* Reviewed the RT Omnicell training module on [Learning Hub](https://learninghub.phsa.ca/Courses/14963/adc-omnicell-training-for-respiratory-therapists) or used Omnicell in a previous clinical.

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| **Students Full Name****(Last, First)** | **Omnicell reviewed in school setting or used previously in clinical/practicum (**[x] **)** | **Omnicell Username****(Assigned by CNA)** | **Old Password****(Assigned by CNA)** |
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**Requesters name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practicum coordinator/Faculty/Clinical Instructor

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| **Site** | **Email** | **Site Contact** |
| Royal Columbian Hospital | RCHAMDS@fraserhealth.ca | Kelly Riley – Kelly.riley@fraserhealth.ca604-613-8294 |