Please complete and forward to [RCHAMDS@fraserhealth.ca](mailto: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 ()** | **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](mailto:RCHAMDS@fraserhealth.ca) | Kelly Riley – [Kelly.riley@fraserhealth.ca](mailto:Kelly.riley@fraserhealth.ca)  604-613-8294 |