Please send the completed form to site Clinical Nurse Advisor(s) **no later than 7 days prior** to the start date**.** For user access information, please refer to [Pyxis User Access Information – Faculty and Students.](https://www.fraserhealth.ca/employees/student-practice-education/resources-for-students/computer-access/pyxis-and-omnicell-automated-dispensing-cabinets-adcs-access#.ZCNE0nbMJPY)

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| --- | --- |
| **School of Nursing:** School name | **Program:** Choose a program |
| **Clinical Instructor:** Full name  **Email:** Full name | **Phone:** Phone number |
| **Site for clinical:** Hospital | |
| **Dates of clinical: Start:** Select date **End:** Select date | |

Preceptorship students must attend a [FH Pyxis Basic Training](https://learninghub.phsa.ca/Courses/19194/pyxis-basic-training-registration) (#19194) prior to the start of their assignment.

**Exception**: Students who have attended basic training as an ESN/ESPN or previous preceptorship.

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| **Students full name**  **(LAST, FIRST)** | **Clinical area/unit** | **FHA Windows Login Username** | **Has completed Pyxis Basic Training**  **or enter registered date** | **CNA Comments** |
|  |  |  | Click or tap to enter a date. |  |
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**By signing below, I acknowledge that I have read and understand the Pyxis User Access Information document.**

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| **Requestor’s name:** |  | **Program/Placement Coordinator or Clinical Instructor** |

|  |  |  |
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| **SITE** | **Shared mailbox** | **Contact Number** |
| Abottsford Regional Hospital  Mission Memorial Hospital | [ARHAMDS@fraserhealth.ca](mailto:ARHAMDS@fraserhealth.ca) | **Cell: 604-614-7672** |
| Surrey Memorial Hospital  Jim Pattison Outpatient Care and Surgical Centre | [SMHAMDS@fraserhealth.ca](mailto:SMHAMDS@fraserhealth.ca) | **Cell: 604-368-7260**  **Cell: 604-360-5070**  **Phone: 604-585-5666 ext. 773228** |