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)

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

Students must complete the [Pyxis ES Learning Module](https://learninghub.phsa.ca/Courses/32834) (#32834) or have used Pyxis™ ES previously.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Full Name**  **(LAST, FIRST)** | **FHA Windows  Login Username** | **Pyxis ES module completed** | **CNA Comments** |
|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |
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|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |

**By signing below, I acknowledge that I have read and understand the Pyxis User Access Information – Students and Instructors document.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Pyxis training room booking request: DATE:** |  | **TIME:** |  |

|  |  |  |
| --- | --- | --- |
| **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** |