Please complete and forward to site Clinical Nurse Advisor. For user access information, please refer to Omnicell User Access Information – Students and Instructors.

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

Students have:

1. Reviewed the Omnicell module on [Learning Hub](https://learninghub.phsa.ca/Courses/7296/adc-omnicell-patient-care-in-a-profiled-environment) or used Omnicell in a previous clinical.   
2. Reviewed [Fraser Health Information Privacy and Confidentiality](https://learninghub.phsa.ca/Courses/12680) and FH Automated Dispensing Cabinet (ADC) policies.

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**By signing below, I acknowledge that I have read and understand the Omnicell User Access Information document.**

**Requesters name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practicum coordinator/Faculty/Clinical Instructor

**Site Contacts**

|  |  |  |
| --- | --- | --- |
| **Site** | **Email** | **Clinical Nurse Advisor** |
| Chilliwack General Hospital &  Fraser Canyon Hospital | [CGHAMDS@fraserhealth.ca](mailto:CGHAMDS@fraserhealth.ca) | Email: [Martina.Klassen@Fraserhealth.ca](mailto:Martina.Klassen@Fraserhealth.ca)  Cell: 604-316-5209 |
| Royal Columbian Hospital | [RCHAMDS@fraserhealth.ca](mailto:RCHAMDS@fraserhealth.ca) | Email: [Kelly.Riley@Fraserhealth.ca](mailto:Kelly.Riley@Fraserhealth.ca)  Cell: 604-613-8294 |