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

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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 | **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.

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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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**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**

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| --- | --- | --- |
| **Site** | **Email** | **Clinical Nurse Advisor** |
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