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 | |
| **Dates of clinical: Start:** Select date **End:** Select date | |

Faculty have:

* Attend a [FH Basic Omnicell training session](https://learninghub.phsa.ca/Courses/14851/omnicell-basic-training-registration) prior to their first clinical assignment.
* Reviewed the FH policy “[Confidentiality and Security of Personal Information](http://fhpulse/computers_and_technology/privacy_and_confidentiality/policies_and_guidelines/Policies%20and%20Guidelines%20Documents/Confidentiality%20and%20Security%20of%20Personal%20Information%20Policy.pdf)”.

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| **Faculty full name**  **(Last, First)** | **Clinical area/unit** | **Has previously completed FH Omnicell training () or requested class below** | **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.**

**Requested by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practicum coordinator/Faculty/Clinical Instructor

**Site Contacts**

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| --- | --- | --- |
| **Site** | **Email** | **Clinical Nurse Advisor** |
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| Royal Columbian Hospital | [RCHAMDS@fraserhealth.ca](mailto:RCHAMDS@fraserhealth.ca) | Email: [Kelly.Riley@Fraserhealth.ca](mailto:Kelly.Riley@Fraserhealth.ca)  Cell: 604-613-8294 |