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)”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Faculty full name****(Last, First)** | **Clinical area/unit**  | **Has previously completed FH Omnicell training (**[x] **) 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** |
| Chilliwack General Hospital &Fraser Canyon Hospital | CGHAMDS@fraserhealth.ca | Email: Martina.Klassen@Fraserhealth.caCell: 604-316-5209 |
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