Please complete and forward to site Clinical Nurse Advisor (CNA). 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 |

Students have:

1. Attend a [FH Basic Omnicell training session](https://learninghub.phsa.ca/Courses/14851/omnicell-basic-training-registration) prior to their first clinical assignment.
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)** | **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.**

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

**Site Contacts**

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