Date: Click here to enter a date. Lawson ID:

**STUDENT REQUEST FORM**

**Student/School Info**

Name (Last, First, MI): Click here to enter text. Current/Former Employee? Choose an item.

Email address: Click here to enter text. If yes, Employee ID #: Click here to enter text.

Physical Address: Click here to enter text. Date of Birth: Click here to enter text.

Physical Address: Click here to enter text. Social Security Number: Click here to enter text.

Name of Affiliated School: Click here to enter text.

Previous Student? Choose an item.

**Hosting Department Info**

Department: Choose an item. Cost Center: Click here to enter text.

Position Manager/Preceptor: Kimberly Bell, RN, MSN, CNOR

Start Date: Click here to enter a date. End Date: Click here to enter a date.

Badge Access: YES Contract Verified: Choose an item.

Network Access: NO *(Attach confirmation email)*

**Systems Access:** It is up to the department to get student access to any systems they might need (ex. Epic)

Comments: CHEX access only

-------------------------------------------------------------------------------------------------------------------------------

**Required Documents Checklist**

*Provided by Student/Verified by Student Services*

**Send to Student to complete and must return electronically: Must be provided by school:**

□ CMC Third Party Confidentiality Agreement □ Clearance Letter from School

□ Health Form □ Proof of Completed Background Check

□ Proof of Completed Drug Test

**Processing by Student Services:**

* Cleared by Occupation Health Date:
* Entered in Lawson Date:
* Registered in CART Date:
* Email Notification Sent Date:

## All paperwork must be submitted electronically at least 3 weeks PRIOR to start date.

***Email documents to studentservices@childrens.com***