

Virginia Mason Medical Center
Clinical Education
School of Nursing: Student/Faculty Information

School:

- Bellevue Community College
- Shoreline Community College
- Seattle Central Community College
- Other: _____

- Northwest University
- Seattle Pacific University
- Seattle University
- University of Washington

Student level:

- Nursing Assistant
- Junior RN
- Senior RN
- RN Refresher
- MN/MSN
- CNS / CNL
- DNP
- ARNP

Clinical setting:

- Inpatient
- Outpatient

Dates of Clinical:

Start: _____ Stop: _____
1st day @ VMMC Last day @ VMMC

Student	Faculty
Name: _____ Last, First, middle initial	Name: _____ Last, First, middle initial
Mailing address: _____ _____	Mailing address: _____ _____
Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home
Email: _____	Email: _____
Emergency Contact: _____ Relationship: _____	Emergency Contact: _____ Relationship: _____

Student Information

Are you a VMMC employee?
 YES Job Title and badge number _____
 NO May we send you information about job opportunities @ VMMC? YES _____
Indicate preferred contact method

Is this your first time @ VMMC?
 YES
 NO

Are you currently employed in a healthcare facility?
 YES If so where and in what position _____
 NO

What is/are your areas of interest? _____

While here at VMMC do you have any requests for additional experiences or observations? _____

Your information may be provided to unit staff for patient care questions or concerns unless you check this box.