

MEMORIAL MEDICAL CENTER
Student Educational Experience
Request for Access to MMC's Hospital Management Systems

School Affiliate (School Name):
Program of Study:
Start/Stop Dates of Rotation:

Faculty Name (School Contact):
Faculty Email (School Contact):
Faculty Telephone (School Contact):

Department (Location):
Cost Center(Location):
Department Contact:

Requested badge pick up date: **Parking Permit:** Yes No

Please note: To ensure a smooth transition for you and your students into our systems, this form MUST be completed **electronically** and forwarded to the Workforce Development Department **no later than two weeks prior to the start date of the student's educational experience.** **All sections are required.** Please complete the following form for all students completing an educational experience in your department and submit to WorkforceDevelopment@mhsil.com. Please use a separate form for each clinical rotation/group. We will notify you via email once HealthStream accounts have been activated and when badges are ready. For questions, please contact the Workforce Development Department by phone at 217-588-MCLI or by email at WorkforceDevelopment@mhsil.com. Please keep a copy for your records. Thank you!

Student Name (Last, First, M.I.)	Affiliate Location	Last 4 digits of Student ID #	Email Address	Anticipated Graduation Date

Badges and parking tags will be provided to student education experience locations.