

## MEMORIAL HEALTH SYSTEM

### Student Education Experience Request for all Non-Nursing and Non-Clinical Rotations

School name \_\_\_\_\_ School/program coordinator \_\_\_\_\_

Program of study \_\_\_\_\_ Hospital dept. of rotation \_\_\_\_\_

Start date of rotation \_\_\_\_\_ Faculty telephone (school contact) \_\_\_\_\_

Stop date of rotation \_\_\_\_\_ Hospital department contact name \_\_\_\_\_

Number of student badges needed \_\_\_\_\_ Parking permit: (MMC only)     Yes     No

**Please note:** To ensure a smooth transition for you and your students into our system, 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](mailto: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. Please contact the Workforce Development department by phone at 217–588–6254 or by email at [WorkforceDevelopment@mhsil.com](mailto:WorkforceDevelopment@mhsil.com) with questions. Please keep a copy of this form for your records.

This form must be completed electronically (not handwritten) and submitted to [workforcedevelopment@mhsil.com](mailto:workforcedevelopment@mhsil.com) no later than two weeks prior to the start date of the rotation. **All sections are required.** Please use a separate form for each group/rotation.

Student name (last, first, middle initial)	Hospital affiliate location (ALMH, MMC, PAH, TMH)	Last 4 digits of student ID	Email address	Employee ID # (if current MHS employee)