|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name** | |  | | | | | | | | | | |
| **New Student/ Add access** | | | | |  | |  | | | | | |
| **Name Change** | | | | |  | | **Former name** | | | | | |
| **Legal Name** | | Last: | | | | | | | First: | | Middle Initial | |
| **Social Security Last 4 Digits** | | | | | |  | | | **Birth Date** | | | |
| **Home Phone Number** | | | | | |  | | |  | | | |
| **Preferred Language** | | | |  | | | | | | | | |
| **Employed by MMC, KMHC, POMH, Mercy Cadillac or Mercy Grayling or affiliated physician’s office?** | | | | | | | | | | | | Yes No |
| **Immediate Manager** | | |  | | | | | **Manager’s phone #** | | | |  |
| **Student Job Title** | | | Student Nurse | | | | | **Student Credentials** | | Student Nurse | | |
| **Student’s college email address** | | | | | | | | | | | | |
| **Signature of student** | | | | | | | | | | | | |
| **Applications** | | | | | | | | | | | | |
| **Add** | **Cerner/PowerChart** | | | | | | | | | | | |
| **Add** | **LifeScan Glucometer** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **System Access Use Only**  **Network:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cerner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LifeScan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |