**Academic Affiliations – Student Roster**

**Tab from one field to the next and fill in all sections of the information online. Then save the form and print a copy for signature.**

Be sure to indicate if this is a preliminary or final roster. A final roster with signature must be on file **3 weeks prior to the first day of clinical**.

**NOTE:** Excellian access will not be granted without completion of appropriate training a week prior to the start of clinicals.

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| **Check One 🠞** | **Preliminary Roster 🠞** |  | **Final Roster 🠞** |  |
| **Allina Facility 🠞** |  | **Hospital/Clinic Dept. 🠞** |  |
| **Preceptor Name (if known) 🠞** |  | **Preceptor E-mail (if known) 🠞** |  |
| **School 🠞** |  | **Instructor Name 🠞** |  |
| **Type of Student 🠞** |  | **Instructor’s E-mail 🠞** |  |
| **Rotation Dates (beginning and end) 🠞** |  | **Instructor’s Phone 🠞** |  |
| **Days and Hours Scheduled 🠞** |  | **StudentLink ID# 🠞****(Nursing and APRN/PA)** |  |
| **Total Clinical Hours per Student 🠞** |  |
| **Unit# /Dept.****OR****Clinic Site** | **CLINICAL****DATES** | **Student Name*** Do not use nicknames.
* Use same name used to register online.
 | **School/faculty must Fill In the Student’s****NURSING AND RESPIRATORY ONLY** | **WebCARF Date****(Allina use only)** |
| **Login ID****(A# or D#)** | **Non-Empl/Empl #****(6 or 8 digit #)** |
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|  |  | 1. Faculty:
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***Students that have not completed the Allina Clinical Student Orientation and any required Electronic Medical Record (Excellian) training 3 weeks prior to the first day of the clinical experience will NOT have electronic documentation access and WILL NOT be permitted to participate in the clinical experience until the system access has been approved.***

**IMPORTANT! The signature on and submission of this form verifies that ALL Students listed above (and instructor if providing supervision/care to patients on site):**

1. Have registered online for **this specific clinical experience**.
2. Have a completed **Minnesota DHS** background check without disqualifications on file with the School. **(Except for Wisconsin clinical sites require a Wisconsin DHS Background check).**
3. Have met the health requirements listed by the Allina Health System Occupational Health Department Infection Control Policy.
4. Have completed the Allina Clinical Student Orientation and all required pre-clinical training.
5. School will maintain documentation of background checks and immunization records and will provide a copy within *1 business day or less* when requested by Allina Health.

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| **IMPORTANT! ALL out-of-state nursing faculty must have a current Minnesota nursing license as required by Minnesota State Law. Please provide MN RN license number if out-of-state: R-** |
| **Clinical Coordinator/****Instructor’s Signature** |  | **Date (sent or updated):** |  |
|  |  | **School Phone 🠞** |  |

**Send** **copy of the final roster at least 3 weeks *prior to the start of clinical to*****site of clinical rotation.**

**See page 2 for site contact information**

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| **Site Contact email for:** **ALL Pre-licensure & RN to BSN Nursing (ONLY) for Hospital sites and Home Care Services****allinaacademics@allina.com** |  | **ADC/Omnicell (medication cabinet access only) for Nursing & Respiratory Therapy** |
|  | Abbott Northwestern | ANWADCUsers@allina.com |
|  | Buffalo  | BuffaloADCUsers@allina.com |
|  | Cambridge | CambridgeADCUsers@allina.com |
|  | District One | DistrictOneADCUsers@allina.com |
|  |  | Mercy | MercyADCUsers@allina.com |
| **Parking for ANW – ALL students/faculty****ANWparking@allina.com** |  | New Ulm | NewUlmADCUsers@allina.com |
|  | Owatonna  | OwatonnaADCUsers@allina.com |
|  | Phillips Eye | PEIADCUsers@allina.com |
|  | Regina | ReginaADCUsers@allina.com  |
|  |  | River Falls | RiverFallsADCUsers@allina.com |
|  |  | St. Francis and Capable Kids | StFrancisADCUsers@allina.com  |
|  |  | United | UnitedADCUsers@allina.com |
|  |  | Unity Campus | UnityADCUsers@allina.com |
|  |  | West Health | ANWADCUsers@allina.com |

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| **Site Contacts For Non-Nursing/Allied Health and Provider Students** |
| Abbott Northwestern Hospital (includes WestHealth and PEI) | Allied: Val.Kriegler@allina.com Adv Prac: Emily.Oltmanns@allina.com  |
| Allina Health Clinics (Outpatient) – Including APRN/PA students | Kate.Herrick@allina.com |
| Buffalo Hospital | Michele.Schultz2@allina.com |
| Cambridge Hospital | Michele.Schultz2@allina.com |
| Courage Kenny Rehab Institute (CKRI) (Community Services) | Kurt.Wiger@allina.com |
| CKRI – Rehab (OT/OTA/PT/PTA/SLP) **except** Home Care and STF/Capable Kids | Stacey.Kennedy@allina.com  |
| District One Hospital | Bette-Jo.Johnson@allina.com |
| Home Care & Hospice (Including the branches in OWA, NU, & Hutchinson) | Bette-Jo.Johnson@allina.com |
| East Region APRN/PA (United, River Falls, Regina Hospitals) including SRNA | Karin.Schulze@allina.com  |
| Laboratory Services | Jennifer.Huebner@allina.com  |
| Mercy Hospital | Michele.Schultz2@allina.com  |
| New Ulm Hospital | Bette-Jo.Johnson@allina.com  |
| Owatonna Hospital | Bette-Jo.Johnson@allina.com  |
| Owatonna Hospital – APRN/Provider | Sheryl.Breidenbach@allina.com  |
| Pharmacy – Community (outpatient) (Inpatient managed by specific site contact) | Carla.Saeger@allina.com  |
| Regina Hospital | Lynn.ODonnell@allina.com |
| River Falls Hospital | Lynn.ODonnell@allina.com |
| St. Francis Hospital and Capable Kids Clinics | Bette-Jo.Johnson@allina.com  |
| St. Francis Hospital – APRN/Provider Students | Renee.Nicolet@allina.com  |
| System Office | Kate.Herrick@allina.com |
| Transportation | Susan.Long@allina.com |
| United Hospital | Lynn.ODonnell@allina.com |
| Unity Hospital Campus | Michele.Schultz2@allina.com |