**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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | **Check here if:** | | WebCARF Date (Allina use only) |
| **Login ID**  **(A# or D#)** | | | | **Non-Empl/Empl #**  **(6 or 8 digit #)** | | | **Allina Employee** | **Concurrent Clinical** |
|  |  | | |  | | | |  | | | |  | | |  |  |  |
|  |  | | |  | | | |  | | | |  | | |  |  |  |
|  |  | | |  | | | |  | | | |  | | |  |  |  |
|  |  | | |  | | | |  | | | |  | | |  |  |  |
|  |  | | |  | | | |  | | | |  | | |  |  |  |
|  |  | | |  | | | |  | | | |  | | |  |  |  |
|  |  | | |  | | | |  | | | |  | | |  |  |  |
|  |  | | |  | | | |  | | | |  | | |  |  |  |
|  |  | | | 1. Faculty: | | | |  | | | |  | | |  |  |  |

***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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **ALL Pre-licensure & RN to BSN Nursing (ONLY) for Hospital sites and Home Care Services send to:**  [**allinaacademics@allina.com**](mailto:allinaacademics@allina.com)  **Remember to also send final roster to ADC email – see right box.** |  | **ADC/Omnicell (medication cabinet access only) for Nursing & Respiratory Therapy** | |
|  | Abbott Northwestern | [ANWADCUsers@allina.com](mailto:ANWADCUsers@allina.com) |
|  | Buffalo | [BuffaloADCUsers@allina.com](mailto:BuffaloADCUsers@allina.com) |
|  | Cambridge | [CambridgeADCUsers@allina.com](mailto:CambridgeADCUsers@allina.com) |
|  | District One | [DistrictOneADCUsers@allina.com](mailto:DistrictOneADCUsers@allina.com) |
|  |  | Mercy | [MercyADCUsers@allina.com](mailto:MercyADCUsers@allina.com) |
| **For Parking and Access Badges at ANW School Required to send Final Roster to:**  [**ANWparking@allina.com**](mailto:ANWparking@allina.com) |  | New Ulm | [NewUlmADCUsers@allina.com](mailto:NewUlmADCUsers@allina.com) |
|  | Owatonna | [OwatonnaADCUsers@allina.com](mailto:OwatonnaADCUsers@allina.com) |
|  | Phillips Eye | [PEIADCUsers@allina.com](mailto:PEIADCUsers@allina.com) |
|  | Regina | [ReginaADCUsers@allina.com](mailto:ReginaADCUsers@allina.com) |
|  |  | River Falls | [RiverFallsADCUsers@allina.com](mailto:RiverFallsADCUsers@allina.com) |
| **Access Badges at Owatonna Hospital (if needed)** |  | St. Francis and Capable Kids | [StFrancisADCUsers@allina.com](mailto:StFrancisADCUsers@allina.com) |
| **School Required to send Final Roster to:** |  | United | [UnitedADCUsers@allina.com](mailto:UnitedADCUsers@allina.com) |
| [**DL.OwatonnaBadgeAccess@allina.com**](mailto:DL.OwatonnaBadgeAccess@allina.com) |  | Unity Campus | [UnityADCUsers@allina.com](mailto:UnityADCUsers@allina.com) |
|  |  | West Health | [ANWADCUsers@allina.com](mailto:ANWADCUsers@allina.com) |

|  |  |  |
| --- | --- | --- |
| **Site Contacts For Non-Nursing/Allied Health and Provider (APRN/PA) Students** | | |
| Abbott Northwestern Hospital (includes WestHealth and PEI) | * Allied * APRN including SRNA | [Val.Kriegler@allina.com](mailto:Val.Kriegler@allina.com)  [Lynn.ODonnell@allina.com](mailto:Lynn.ODonnell@allina.com) |
| Allina Health Clinics (Outpatient) | Allied and APRN/PA | [Kate.Herrick@allina.com](mailto:Kate.Herrick@allina.com) |
| Buffalo Hospital | Allied and APRN/PA | [Michele.Schultz2@allina.com](mailto:Michele.Schultz2@allina.com) |
| Cambridge Hospital | * Allied * APRN & PA | [Michele.Schultz2@allina.com](mailto:Michele.Schultz2@allina.com)  [Amanda.Johnson3@allina.com](mailto:Amanda.Johnson3@allina.com) |
| Courage Kenny Rehab Institute (CKRI) **Community Services** (Not Hospital) | * Allied – except Rehab (OT/OTA/PT/PTA/SLP) * APRN | [Kurt.Wiger@allina.com](mailto:Kurt.Wiger@allina.com)  Bette-Jo.Johnson@allina.com |
| Rehab (OT/OTA/PT/PTA/SLP) | * **CKRI** – Clinics and Inpatient * Rehab- Non CKRI = Home Care, STF/Capable Kids, & ANW Mental Health | [Stacey.Kennedy@allina.com](mailto:Stacey.Kennedy@allina.com)  [Bette-Jo.Johnson@allina.com](mailto:Bette-Jo.Johnson@allina.com) |
| District One Hospital | Allied and APRN/PA | [Bette-Jo.Johnson@allina.com](mailto:Bette-Jo.Johnson@allina.com) |
| Emergency Care Centers (cc site) | ER Placements for United, ANW, and DST | [Betsy.Williamson@eccemergency.com](mailto:betsy.williamson@eccemergency.com); (CC: Site Coordinator) |
| Home Care Services | Home Health, Hospice, Palliative Care and Branches | [Bette-Jo.Johnson@allina.com](mailto:Bette-Jo.Johnson@allina.com) |
| Laboratory Services |  | [Jennifer.Huebner@allina.com](mailto:Jennifer.Huebner@allina.com) |
| Mercy Hospital and Mercy-Unity Campus | * Allied and APRN * PA | [Michele.Schultz2@allina.com](mailto:Michele.Schultz2@allina.com)  [Laurien.Pechovnik@allina.com](mailto:Laurien.Pechovnik@allina.com) & Jodi.Baumann@allina.com |
| Minneapolis Heart institute (MHI) (cc site) | APRN and PA | [Gillian.Schoenbauer@allina.com](mailto:Gillian.Schoenbauer@allina.com) (CC: Site Coordinator) |
| New Ulm Hospital | Allied and APRN/PA | [Bette-Jo.Johnson@allina.com](mailto:Bette-Jo.Johnson@allina.com) |
| Owatonna Hospital | * Allied * APRN/PA | [Bette-Jo.Johnson@allina.com](mailto:Bette-Jo.Johnson@allina.com)  [Sheryl.Breidenbach@allina.com](mailto:Sheryl.Breidenbach@allina.com) |
| Pharmacy – Community (outpatient only) | Inpatient see site contact. | [Carla.Saeger@allina.com](mailto:Carla.Saeger@allina.com) |
| Regina Hospital | * Allied * East Region APRN/PA including SRNA | [Lynn.ODonnell@allina.com](mailto:Lynn.ODonnell@allina.com)  [Karin.Schulze@allina.com](mailto:Karin.Schulze@allina.com) |
| River Falls Hospital | * Allied * East Region APRN/PA including SRNA | [Lynn.ODonnell@allina.com](mailto:Lynn.ODonnell@allina.com)  [Karin.Schulze@allina.com](mailto:Karin.Schulze@allina.com) |
| St. Francis Hospital | * Allied Health and MSN Students * APRN/PA Students | [Bette-Jo.Johnson@allina.com](mailto:Bette-Jo.Johnson@allina.com)  [Renee.Nicolet@allina.com](mailto:Renee.Nicolet@allina.com) |
| System Office |  | [Kate.Herrick@allina.com](mailto:Kate.Herrick@allina.com) |
| Transportation |  | [Susan.Long@allina.com](mailto:Susan.Long@allina.com) |
| United Hospital | * Allied * East Region APRN/PA including SRNA | [Lynn.ODonnell@allina.com](mailto:Lynn.ODonnell@allina.com)  [Karin.Schulze@allina.com](mailto:Karin.Schulze@allina.com) |
| Unity Hospital Campus | * See Mercy |  |