



(To be filled out by college)

The following information is to be completed in full and delivered to the Long-Term Care Facility at least 6 weeks prior to the beginning of the Clinical rotation

First Name		Facility	
Last Name		Start Date (yyyy-mm-dd)	
Middle Initial		End Date(yyyy-mm-dd)	
Position		Instructor	
Phone		Institution	
What program are they enrolled in? RCW, LPN, RN, OT, PT etc.			
Education level: 1 <sup>st</sup> year 2 <sup>nd</sup> year 3 <sup>rd</sup> year 4 <sup>th</sup> year			
Has the individual had a previous Health PEI Network account? Yes/No			
If "Yes," Do they know the username? If "Yes" please provide			
Has their last name changed since their original access was granted? Please provide the previous name if applicable			
The date (MM/YY) they were last active in the Health PEI system.			
Are they continuing to work in their previous role while attending school? Yes/No			
Has the individual worked with PointClickCare previously?			
What is the date of arrival for Clinical Placement in the facility? (yyyy-mm-dd)			
Are there any specific adaptations required? (Vision/hearing impaired)			

**NOTE: This form must be completed in full and submitted to the LTC Facility where clinical rotation is to occur.**

**If the student does not have a Health PEI username, a completed "New User ITSS Form" must be submitted to the Service Center at least six (6) weeks before the clinical placement to ensure access to the PointClickCare system.**

**This will prevent any loss of clinical time as students must have access to the PointClickCare system to work in the facility.**

**Completed By**

**Date**

**Phone and Email**