



(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	
Middle Initial		End Date	
Position		Instructor	
Phone		Institution	
What program are they enrolled in? RCW, LPN, RN, OT, PT etc.			
Education level: 1 st year 2 nd year 3 rd year 4 th year			
Has the individual had a previous Health PEI ITSS 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?			
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.

There must also be a "New User ITSS form" completed in full and submitted to the Service Center 6 weeks in advance of the Clinical placement.

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