



CHRISTUS[®] SANTA ROSA
Health System

Notification of Student Experience

Send completed document to Dottie Whitt 1 week prior to the first day of student arrival.

Email to dottie.whitt@christushealth.org or fax to 210-704-3299

Name of School/College/University: _____

Type of Student Experience: _____

(i.e., nursing, pharmacy technician, secretarial, etc.)

Name of Department Student will be assigned: _____

(i.e., nursing unit, pharmacy, radiology etc.)

Department Contact Authorizing the Student Rotation: _____

(i.e., unit manager, dept. director, etc.)

Location of Experience: _____

(i.e. what areas will the students be in the hospital)

Which CHRISTUS Santa Rosa Campus will the experience be: _____

Start and Stop Date of Experience: _____

Days of Week and Times of Day Students onsite at CSRHC _____

Total Number of Hours per Student for the Onsite Student Experience _____

Name of Student's Instructor and/or School Contact Information

(office phone number, pager number, e-mail)

Number of Students _____ Please attach a list of names of the students to this form, if students are coming at different dates and/or locations please place next to each student's name.

Signature of and contact information for school representative

Department Specific Orientation must be completed by the Manager or their designee as appropriate to that department.

This Section for Education Department Use Only

The following must be completed *prior* to the beginning of the rotation/experience

yes no A current CSRHC Clinical Affiliation Agreement from the institution on file in Education Dept.?

yes no A current certificate of insurance from the institution on file in Education Dept.?

yes no A general CSRHC Student/Faculty Orientation Acknowledgement form on file in Education Department/or Students have a date to complete Student Orientation prior to arrival.

Revised 2/2020