



ALLIED HEALTH STUDENT

If your rotation requires you to have computer access, please complete this form. If your rotation requires you to wear a TMC badge, please complete the student badge form. The completed documents should be sent to your TMC Clinical Instructor two weeks prior to the rotation. If you have any questions, contact your TMC Clinical Instructor.

COMPUTER ACCESS

STUDENT	
Student	Name (with middle initial): _____
Student Contact Info	Email: _____ Phone: _____
Academic Institution	Name: _____
Social Security Number	XXX - ___ - _____ <i>(Last six digits are required for computer access.)</i>
TMC Dept	Instructor: _____ Dept/Field of Study: _____
TMC Location	Hospital Hill: Lakewood: Behavioral Health: Other: _____
Clinical Rotation	Start Date: _____ End Date: _____
SCHOOL COORDINATOR/REPRESENTATIVE	
School Contact	Name: _____ Title: _____
School Contact Info	Email: _____ Phone: _____