

# Student Roster

to Exhibit A

of the Program Agreement by and between

**Children's Wisconsin, Inc.**

and

Please print or type all student information below, with correct spelling (including middle initial), and make sure to use exact start and end dates students will be **in Patient Care Areas**.

Instructor Name \_\_\_\_\_

Last Name	First Name	MI	CW * Employee y/n	Student <u>school</u> email address	Patient Care Area (unit/clinic)	First date student will be in patient care area	Last date student will be in patient care area	Time of the day student will be in the patient care area
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

***\*employment information needed to avoid duplication of electronic and other IS access***

**Mail paperwork to:**

CW Schools of Nursing  
9000 W. Wisconsin Avenue, MS C140  
Milwaukee, WI 53226

**Fax paperwork to:**

Schools of Nursing  
414-337-3596

**Email to:**

CW Schools of Nursing  
[CHWSNPlacement@chw.org](mailto:CHWSNPlacement@chw.org)

Questions? Call 1-414-337-CALL (2255)

**Security Services will not accept appointments for student ID Badges until Exhibit A and Student Information Sheet are received by the Schools of Nursing and signed by CW APN Director and received by Security Services.**