

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 (precepted or clinical groups), with correct spelling (*including middle initial-needed for EHR*), and make sure to use exact start and end dates. Also indicate if the student is a current CW employee.

Contact individual while student is present (Course Faculty/Coordinator) _____

Last Name	First Name	MI	CW Employee* Y/N	Student <u>school</u> email address	Start Date	End Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

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

Email to:

CW Schools of Nursing

CHWSNPlacement@childrenswi.org

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

Security Services will not issue student ID Badges until Exhibit A and Student Information Sheet are received by the Schools of Nursing.