

Student Roster

to Exhibit A

of the Program Agreement by and between
Children's Wisconsin, Inc.
and

This form is used for Fox Valley preceptorships

Please print or type all student information below, with correct spelling (*including middle initial-needed for EHR*), date of birth, and make sure to use exact start and end dates. Also indicate if the student is a current Children's Wisconsin and/or Theda Care employee.

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

Last Name	First Name	MI	CW and/or Theda Care Employee* (indicate which one)	Date of Birth	Student <u>school</u> email address	Start Date	End Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							

***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.