

Student Roster

to Exhibit A

of the Program Agreement by and between
Children's Hospital of 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	CHW * 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:

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

Fax paperwork to:

Schools of Nursing
 414-337-3596

Email to:

CHW Schools of Nursing
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 CHW APN Director and received by Security Services.