

Kaiser Foundation Hospitals – Fremont/San Leandro GSAA Roster/HealthConnect Request Form

Check Facility:		r San Leandro					
Course # and Title:			School Name:				
Instructor: Name:			Level of student: Rotation Start and End date:				
Email:							
Work phone:							
Cell/other:				Rotation shift:			
Admin				Circle days:	M, T, W, TH, F, S, SU		
Support:Name: Admin Support				Circle SLN unit	: ICU, L&D, M&B, M/S 4th	, M/S Tele 5 th	
Contact:			Circle Fre unit				
Please email to Toni.Villasenor@kp.org, Carol.L.Correia@Kp.org, Nancy.D.Rodriguez@kp.org							
Toni Villasenor, Clinical Placement Coordinator							
Fax Number: (510) 675-5535							
I (faculty/instructor) verify that the students listed below meet all requirements defined by the following policy: Student Affiliation Requirements .							
To Register for H/C training please call Diane Wills-Garner @office 510-987-3631							
Students who are employees or are repeating clinical rotation will have an NUID at Kaiser Permanente.							
Faculty signature:	: Date:						
Students Printer Name	M/F Date of Birth Student Full SS#			dent Full SS#	Student Email	NUID	
Last, Middle & First		(mm/dd/yy)			Otation Linan	110.5	
INSTRUCTOR/FACULTY							
INSTRUCTOR/FACULIT							
Kaiser Use Only: NUID CP	Kaiser Use Only: NUID CPM NCAL Cleared Badge Forms PW Sent						