Student Information Sheet

Each student will need to fill out the information below. Please write in the notes section if you have comments specific to this form. Any additional information, documents, questions, etc. will need to be addressed via e-mail.

\*\*\* All students, shadowing students, visitors etc. must complete this form in full.

|  |  |
| --- | --- |
| Name:  | Click here to enter text.  |
| School:  | Click here to enter text.  |
| E-Mail: (School and Personal) | Click here to enter text.  |
| Phone Number:  | Click here to enter text.  |
| Date of Birth:  |   |
| Last 4 of SSN:  |   |
| Home Zip Code:  |   |
| First Choice Dates:  | Click here to enter text.  |
| Second Choice Dates:  | Click here to enter text.  |
| Preceptor:  | Click here to enter text.  \*\*If you are completing an audition rotation you do not need to designate a preceptor  |
| Do You Need Computer Access?  | Yes ☐ No ☐  |
| Surgical?  | Yes ☐ No ☐  |
| Student Type: | Choose an item.  |
| SLOE REQUEST?  | Yes ☐ No ☐, SLOEs are available for rotations started by September 1st of the Academic Year  |
| Notes:  | Click here to enter text.  |

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