

Instructor Application

Required each academic year

Name _____ Application date _____

Daytime contact number (cell or phone) _____

School e-mail address _____

School Affiliation _____

School Coordinator _____ Day Phone _____

Coordinator e-mail address _____

OHMC User _____

ID _____ (Office use only)

In case of emergency, please contact:

Name _____

Phone _____ Relationship _____

Instructor Orientation:

- Instructor Manual
- E-learning completion
- Omnicell Training
- Equipment Review: IV Pump/Syringes/Disposal
- Lucidoc/Lippincott
- Security Badge/Parking

PRIOR TO Clinical Rotation, Overlake Medical Center MUST HAVE:

- Instructor Application
- Signed Confidentiality/Health Care Coverage Statement
- Attend Instructor Orientation / Updates
- EPIC training (if needed)
- Omnicell Application (if needed)

Please return to: Clinical Education | p 425-688-5882 | f 425-688-5290

Overlake Medical Center | 1035 116th Avenue NE, Bellevue, WA 98004

Office Use Only:

- Current Signed Affiliation Agreement