ASCENSION WISCONSIN

# ESCPP User Manual for School Coordinators

Ascension Wisconsin 4300 W. Brown Deer Road Brown Deer, WI 53233

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# **Using the ESCPP Database**

# **Getting Started**

## How to logon

Go to the ESCPP Login page.

https://escpp.wisconsinmeded.org

Enter your assigned User Name and Password, and then click Log In.

Ascension
Home
ESCPP Home > Login
Student Clinical Placement Process
This is the login page for the Wheston Franciscan Student Clinical Placement system. Please enter the user id and password you have received from Wheaton Franciscan. If you have not received a login, or you forgot your user id or password, please click here for the Wheaton Franciscan Contacts.
Log In
Emeil:
Password:
□Remember me next time.
Log In
Forgot your password?

## **Review the School Coordinator Home Page**

After logging in, you'll see the **Coordinator Home** page. This page has links to the functions you use as a school coordinator:

- Add Instructor
- Request a New Clinical
- View all Clinical Requests
- View all Instructors and Coordinators
- Change Password

Ascensior			
lome			
ESCPP Home > Co	ordinator Home		
Welcome,	Logout		
Welcome			
* Add Instructor			
* Request a New (	Clinical		
* View all Clinical	Requests		
* View all Instructo	rs and Coordinators		
	rd		

## How to add an instructor

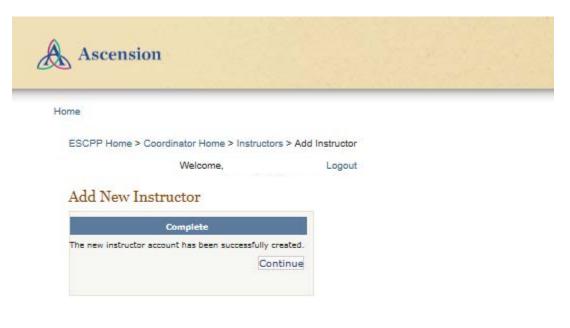
On the home page, click **Add Instructor**.

On the Add New Instructor form , your school name automatically displays in the School field.

Enter the instructor information in the text fields, and then click **Create**.

Home  ESCPP Home > Coordinator Home > Instructors > Add Instructor  Welcome, Logout  Add new Instructor  Add new Instructor  School: WFHC Coordinator  First Name: Last Name: Phone Number Last 4 SSN Date of Birth: Last 4 SSN Password: Confirm Pass	Ascension			
Welcome,       Logout         Add new Instructor       Add new Instructor         School:       WFHC Coordinator         First Name:	Home			
Add New Instructor   Add new Instructor   School:   WFHC Coordinator   First Name:   Last Name:   Phone Number   E-mail:   Date of Birth:   Last 4 SSN   Password:	ESCPP Home > Coordinat	or Home > Instructors > Add Instructor	r	
Add new Instructor School: WFHC Coordinator First Name: Last Name: Phone Number E-mail: Last 4 SSN Password:		Welcome,	Logout	t
School: WFHC Coordinator   First Name:   Last Name:   Phone Number   E-mail:   Date of Birth:   Last 4 SSN   Password:	Add New Instruct	or		
First Name:   Last Name:   Phone Number   E-mail:   Date of Birth:   Last 4 SSN   Password:		Add new Instructor		
Last Name: Phone Number E-mail: Date of Birth: Last 4 SSN Password:	School: WFr	IC Coordinator	~	
Phone Number E-mail: Date of Birth: Last 4 SSN Password:	First Name:			
E-mail: Date of Birth: Last 4 SSN Password:	Last Name:			
Date of Birth:	Phone Number			
Last 4 SSN       Password:				
Password:				
Confirm Password:	Password:			
	Confirm Password:			
Create			Create	
			Create	

A message displays that the instructor account has been successfully created. Click **Continue**.



# **Creating and Managing Clinical Requests**

## How to Submit a Clinical Request

On the home page, click **Request a New Clinical**.

On the **Clinical Request Form**, enter information in the text fields and make appropriate selections for the other fields.

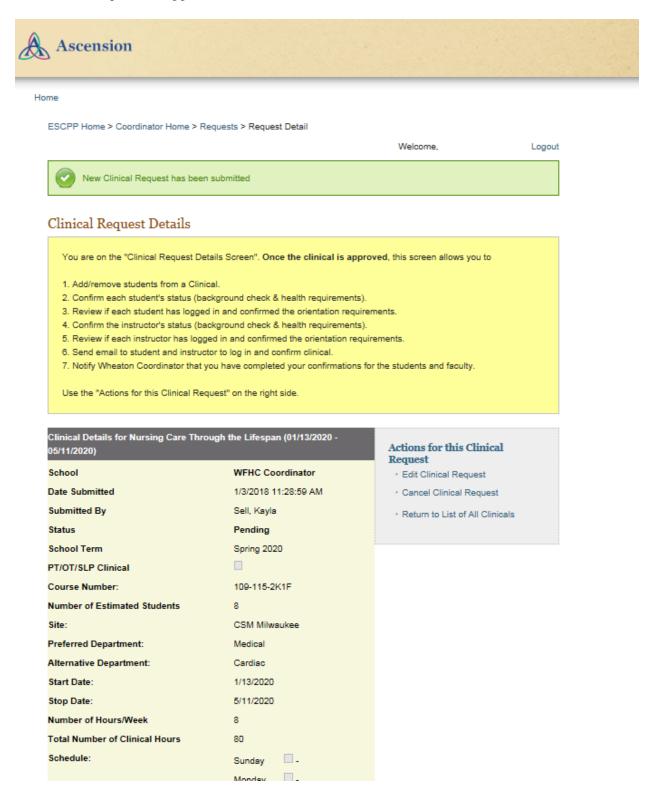
Note: the fields marked with a red asterisk are required. When you have

completed the form, click **Submit**.

<form>         Construction       Letter to be a construction of the set of the set</form>	Ascension	
<page-header></page-header>	ome	
Chical Acquest Form         Section 2 Reveal             Section 2 Reveal             Section 2 Reveal             Course Number              Course Number          Reveal               Number Of Numb	ESCPP Home > New Clink	cal Request
Bohool Term*       SELECT-       IPTIOT/BLP Clinical         Course Name*       Image: Clinical Cli		Welcome 1 Logout
Bohool Term*       SELECT-       IPTIOT/BLP Clinical         Course Name*       Image: Clinical Cli	Clinical Request F	orm
Course Name   Course Name   Region   Ocolumble 8L Many/cOllimoleOlioseOWheedon NativeLikeOWheedon Racine   Name Of Mudents*   Region   Countel (Alference*   Start Date*   Start Date*  <		
Course Name   Course Name   Region   Ocolumble 8L Many/cOllimoleOlioseOWheedon NativeLikeOWheedon Racine   Name Of Mudents*   Region   Countel (Alference*   Start Date*   Start Date*  <		
Course Number*   Number Of Hudentiv   Region* Ocolumbia BL Mary vOllinois OliowaO Wheaton Milwaukee OWheaton Raoine   Bits Preterned*   Department (Preterned*   SELECT   Department (Alternative)   Start Date*   Sigo Date*   Sigo Date*   Sigo Date*   Number of Hours/Week   Hours breaded*   Available   Sign Cate*   Sign Cate*   Sign Cate*   Sign Cate*   Sign Cate*   Number of Hours/Week   Hours breaded*   Available   Sign Cate*	School Term*	SELECT V DPT/OT/8LP Clinical
Number Of Bludentis*   Region*   Occlumbis B: Mary/c/Ullinois/Olives/OWheaton Milveukee/Wheaton Racine   Bite Preterence*   Opeartment (Alternative)   Bart Date*   Mumber of Clinical   Hours Needed*   Outset   Start at the formation of Clinical   Available   Burn Mon Tue Wind Thu Fri Bat   Hours Needed*   Origin of Clinical   Available   Start at the formation of Clinical   Preceptor Needed* Oracle of Clinical		
Region* Ocolumbia St. Mary's Olimoic Olovae OWheston Milvaukee OWheston Raoine   Ster Preference*		
Bite Preference*   Department (Preference*   Department (Alternative)   Biter Date*   Biter Date* <td></td> <td></td>		
Department (Preferred*   Separtment (Alternative)   Start add   Number of Klusse   Total Number of Klusse   Total Number of Klusse   Start add   Start add <tr< td=""><td>-</td><td>•</td></tr<>	-	•
Department (Alternative) Start Date Start Da		
Bitrt Date*   Biop Date*   Number of Hours/Week   Total Number of Olimioal   Total Number of Olimioal   Available   Bun   Muter V   Bart   Bin   Available   Bin   View   Thu   File   Bin   View   Thu   File   Bin   Available   Bin   Available   Bin   View   This Request Nue   Comments    Comments		
Stop Date   Stop Date   Number of Hours./Week   Total Number of Clinical   Hours Needod*     Available   Sam   Sam   Available   Sam   Sam   Sam   Non   Tue   Wed   Thu   Fri   Sat   Sat <td></td> <td></td>		
Number of Hours/Week		
Total Number of Clinical       Sun       Mon       Tue       Wed       Thu       Fri       Bat         Available       Sun       Mon       Tue       Wed       Thu       Fri       Bat         Start       Instructor to accompany       OverONo       Instructor to accompany       OverONo         Classe*       OverONo       Are any of these       If so, please enter the names in the commants section.         students       If so, please enter the names in the commants section.       If so, please enter the names in the commants section.         Student Grade Level*       -SELECT       Image: Arvind       Image: Arvind       Image: Arvind         Accolates       -SELECT       Image: Arvind       Image: Arvind       Image: Arvind       Image: Arvind         This Request was approved by       Clink here if your students need individual ADU (Automated Medication Dispensing) Access (Minequet ADU Access)       Iclink here if your students need individual ADU (Automated Medication Dispensing) Access (Minequet ADU Access)       Iclink here if your students need individual ADU (Automated Medication Dispensing) Access (Minequet ADU Access)       Iclink here if your students need individual ADU (Automated Medication Dispensing) Access (Minequet ADU Access)       Iclink here if your students need individual ADU (Automated Medication Dispensing) Access (Minequet ADU Access)       Iclink here if your students need individual ADU Access)       Iclink here if your students n		
Available   Bun   Bun   Bun   Constructor   Bun   Bun </td <td></td> <td></td>		
Available   Biant   Biop     Instructor to accompany   O'yesONo   Class*   Proceptor Needed* O'yesONo Are any of these students WFH Accolates    Accolates   Are any of these students WFH Accolates   Accolates   Are any of these students WFH Accolates   Accolates   Are any of these students WFH Accolates   Accolates   Biddent Grade Level*  SELECT    Student Grade Level*	Hours Needed*	
Start       Important of the second sec		8un Mon Tue Wed Thu Fri 8at
Biop       O'YecONo         Instructor to accompany Cisse*       O'YecONo         Proceptor Needed*       O'YecONo         Are any of these cudents WFH       If so, please enter the names in the comments section.         Accolates       If so, please enter the names in the comments section.         Budent Grade Level*       -SELECT         Area Of Budy*       -SELECT         Instructor*       -SELECT         This Request was approved by       exelect multiple Instructors by holding down the Ctri button while making your selections         Request ADU Access (Mineaules Only)       Octook here if your students need individual ADU (Automated Medication Dispensing) Access (Mineaules Only)         Comments	Available	
Instructor to accompany OYeeONo Class* Preceptor Needed* OYeeONo Are any of these I if co, please enter the names in the commants section. students WFH Accolates Bitudent Grade Lavei*SELECT		
Class* Preseder Needer O'yecOlo Are any of these cludents WrH Associates Bitudent Grade LevelSELECT	8top	
Are any of these students WFHA Ascelates     If so, please enter the names in the commonits section.       Student Grade Level*    SELECT       Area of Study*    SELECT       instructor*    SELECT       Tests.    SELECT       instructor*    SELECT       Tests.    SELECT       And New Instructor     making your selections       This Request was approved by    SELECT       Request ADU Access     Collok here if your students need individual ADU (Automated Medication Dispensing) Access       (Minwaukee Only)    SELECT       Comments		OvecONo
ctudenite WFH       Accolates       Bitudent Grade Level*      SELECT      SELECT      TO BE DETERNINED      TO BE	Preceptor Needed*	OvecONo
Bitudent Grade Level*    SELECT    SELECT       Area Of Bludy*    SELECT     select multiple inctructors by holding down the Ctrl button while       Inctructor*    SELECT     making your selections       Test, Test    Add New Inctructor     making your selections       This Request ADU Access     Collok here if your students need Individual ADU (Automated Medication Dispensing) Access       (Minwaukee Only)     Course Objectives	students WFH	I if so, please enter the names in the commonts section.
Area Of Study*    SELECT       instructor*    SELECT      TO BE DETRIVINED     making your selections       Add New Instructor     making your selections       This Request was approved by     Collok here if your students need Individual ADU (Automated Medication Dispensing) Access       (Minexulae Only)     Course Objectives		
TO BE DETERMINED Ivenage, Arvind Add New Instructor This Request was approved by Request ADU Access Click here if your students need individual ADU (Automated Medication Dispensing) Access (Milwaukee Only) Course Objectives Comments	Area Of Study*	
This Request was approved by Request ADU Access Click here if your students need individual ADU (Automated Medication Dispensing) Access (Minexuse Objectives Course Objectives Comments	Instructor*	TO BE DETERNINED hyengar, Arvind Test, Test
approved by Request ADU Acoess CMINwaukse Only) Course Objectives Comments		Add New Instructor
Request ADU Access     Click here if your students need individual ADU (Automated Medication Dispensing) Access       (Minvaukee Only)     Course Objectives       Comments		
Comments	Request ADU Access	Click here if your students need Individual ADU (Automated Medication Dispensing) Access
	Course Objectives	
	Comments	
Submit (Cancel	Comments	^
Submit (Cancel		
Eubmig (Cancel		
Submit Cancel		
		Submit Cancel

# The Clinical Request Details page displays, showing that the Status of the request is Pending.

An Ascension Wisconsin administrator will review your request. You will receive an email indicating whether the request was approved or denied.



# View the School's Clinical Requests

On the home page, click **View all Clinical Requests**.

The Clinical Request History page lists all past and present clinical requests for your school.

Ascension							
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lome							
ESCPP Home > Coordir	nator Home	Presidente					
					Welcome,		Logout
Clinical Request	s Histo	ry for WFHC Coord	inato				
Create New Request	5 111500		mator				
Create New Request							
Filter Results by Statu	s: Any	~					
Instructor: Any		~					
Coordinator: Any		~					
Course Name	Students	Site	Start	Stop	Semester	Status	Date Submitted
Nursing Care Through the Lifes	pan 8	CSM Milwaukee	1/13/2020	5/11/2020	2nd Semester	Pending	1/3/2018
zzTest	4	WFH - St Joseph	6/1/2016	6/3/2016	1st Semester	Completed by IS	5/27/2016
Test	1	WFH - St Joseph	5/13/2016	5/31/2016	2nd Semester	Completed by IS	5/13/2016
Test 3 5/10	1	The Wisconsin Heart Hospital	5/30/2016	6/27/2016	1st Semester	Completed by IS	5/10/2016
TEST 2 5/10	1	WFH - Franciscan Woods	5/30/2016	6/27/2016	1st Semester	Completed by IS	5/10/2016
Test1-5/10	1	WFH - Elmbrook Memorial	5/30/2016	6/27/2016	1st Semester	Completed by IS	5/10/2016
test	2	WFH - St Joseph	5/9/2016	5/31/2016	1st Semester	Completed by IS	5/9/2016
РТ	1	WFH - St Joseph	6/1/2016	6/30/2016	ZZ No Term Rehab	Approved	4/26/2016
fieldwork	1	WFH - St. Francis	6/1/2016	7/1/2016	ZZ No Term Rehab	Pending	4/12/2016
***PodiatryTEST***	1	Covenant Medical Center	8/24/2015	12/31/2015	PGY4	Approved	4/24/2015
Alex Test Spring	1	WFH - St Joseph	1/30/2015	2/12/2015	1st Semester	Finished	1/29/2015
Alex Homak Test	1	WFH - St Joseph	6/1/2015	9/1/2015	1st Semester	Finished	1/29/2015
TEST_Change	3	WFMG - St Francis Outpatient Center	1/5/2016	5/1/2016	1st Semester	Completed by IS	1/29/2015
my test course	2	Providence Downers Grove	8/28/2014	8/29/2014	2nd Semester	Approved	8/27/2014
TEST	5	Covenant Clinics	5/1/2015	5/2/2015	Y4	Sent to IS	8/11/2014
TEST	5	WFH - St Joseph	9/15/2016	12/30/2016	2nd Semester	Approved	3/13/2014
TEST - WEB	o	Covenant Clinics	8/4/2014	10/1/2014	1st Semester	Pending	2/12/2014
Advance Health Assessment	1	WFH - St Joseph	1/30/2012	5/11/2012	2nd Semester	Finished	10/11/2011

# View the Details of a Clinical Request

On the home page, click **View all Clinical Requests**.

On the **Clinical Request History** for your school, click the **Course Name** for the clinical request you want to view.

The **Clinical Request Details** page displays information about the clinical request.

Ascension		
me		
EBCPP Home > Coordinator Home > Requ	ests > Request Detail	
		Welcome, Logout
Clinical Request Details		
You are on the "Clinical Request Details	Screen". Once the olinical is appro	wed, this screen allows you to
1. Add/remove students from a Clinical.		
2. Confirm each student's status (backg		
<ol> <li>Review If each student has logged in</li> <li>Confirm the instructor's status (backg)</li> </ol>		ments.
5. Review if each instructor has logged i	in and confirmed the orientation require	rements.
<ol> <li>Send email to student and instructor t</li> <li>Notify Wheaton Coordinator that you</li> </ol>		r the students and faculty.
Use the "Actions for this Clinical Reques	st" on the right side.	
Clinical Details for Nursing Care Through	h the Lifespan (01/13/2020 -	Actions for this Clinical
06/11/2020)		Request
Sohool Date Submitted	WFHC Coordinator 1/3/2018 11:28:59 AM	Edit Clinical Request     Cancel Clinical Request
Submitted By	Sell, Kayla	Return to List of All Clinicals
8tatus	Pending	· Retain to List of Air Clinicals
Sohool Term	Spring 2020	
PT/OT/8LP Clinical		
Course Number: Number of Estimated Students	109-115-2K1F 8	
Number of Estimated students	a CSM Milwaukee	
Preferred Department:	Medical	
Alternative Department:	Cardiac	
Start Date:	1/13/2020	
Stop Date: Number of Hours/Week	5/11/2020 8	
Number of Hours/Week	an	
Sohedule:	Sunday -	
	Monday -	
	Tuesday 🗹 7:30AM -	
	3:00PM Wednesday 🗹 7:30AM -	
	3:00PM	
	Thursday Z 7:30AM - 3:00PM	
	Friday -	
	Saturday 🗌 -	
Instructor to accompany class	2	
Preceptor Needed		
Preceptor Name		
Are any of these students WFH Associates		
Associates Student Level	Junior - 2nd Semester	
Area of Study	14 Nursing (BBN)	
Instructor	Test, Test	
This request was approved by		
Requested ADU Access (Milwaukee Only)		
Course Objectives		
Comments:		

### **Check the Status of a Clinical Request**

nber of Estimated Students

Site:

8 CSM Milwaukee

Open the **Clinical Request Details** page for the clinical request you are reviewing. The **Status** of the clinical request may be:

- **Pending** (Waiting for review)
- **Approved** (Clinical request has been approved)
- **Denied** (Clinical request has been denied)
- **Cancelled** (Clinical request was cancelled)
- Finished (Clinical request has completed)
- Sent to IS (Network access request has been submitted)
- **Completed by IS** (Network access request is completed)

Ascension			
me			
ESCPP Home > Coordinator Hor	ne > Requests > Request Detail	Welcome,	Logout
Clinical Request Detai	ls		
You are on the "Clinical Requ	est Details Screen". Once the clinical is app	roved, this screen allows you to	
4. Confirm the instructor's sta 5. Review if each instructor h 0. Send email to student and 7. Notify Wheaton Coordinato Use the "Actions for this Clini	logged in and confirmed the orientation require tus (background check & health requirements as logged in and confirmed the orientation re- instructor to log in and confirm clinical. If that you have completed your confirmations cal Request* on the right side.	). uirements. for the students and faculty.	
05/11/2020)		Actions for this Clinical Request	
School	WFHC Coordinator	<ul> <li>Edit Clinical Request</li> </ul>	
Date Submitted	1/3/2018 11:28:59 AM	<ul> <li>Cancel Clinical Request</li> </ul>	
Submitted By Status	Sell, Kayla Pending	<ul> <li>Return to List of All Clinicals</li> </ul>	
School Term	Spring 2020		
PT/OT/SLP Clinical			
Course Number:	109-115-2K1F		

## **Edit a Clinical Request**

**Note**: You can edit a clinical request only when the status is **Pending**. After a clinical request is **Approved**, contact Student Affiliations.

Open the Clinical Request Details page for the clinical request you are editing. Under Actions for this Clinical Request, click Edit Clinical Request.

A	Ascension			
Hor	me			
	ESCPP Home > Coordinator Home > Reque	ests > Request Detail	Welcome,	Logout
	Clinical Request Details			
	You are on the "Clinical Request Details 1. Add/remove students from a Clinical. 2. Confirm each student's status (backgr 3. Review if each student has logged in 4. Confirm the instructor's status (backgr 5. Review if each instructor has logged 6. Send email to student and instructor to 7. Notify Wheaton Coordinator that you I Use the "Actions for this Clinical Request	ound check & health requirements). and confirmed the orientation require round check & health requirements). and confirmed the orientation requir log in and confirm clinical. ave completed your confirmations for	nents.	
	Clinical Details for Nursing Care Through 05/11/2020)	1 the Lifespan (01/13/2020 -	Actions for this Clinical Request	
	School	WFHC Coordinator	Edit Clinical Request	•
	Date Submitted	1/3/2018 11:28:59 AM	Cancel Clinical Request	
	Submitted By	Sell, Kayla	Return to List of All Clinicals	
	Status	Pending		
	School Term	Spring 2020		
	PT/OT/SLP Clinical			
	Course Number:	109-115-2K1F		
	Number of Estimated Students	8		
	Site:	CSM Milwaukee		

The **Edit Clinical Request** page opens. Make appropriate changes in the text and selection fields. When complete, click **Update** to save your changes.

æ	Ascension		
Но	me		
	Edit Clinical Requ	est	
	School	WFHC Coordinator	
	Sohool Term	Spring 2020 PT/0T/8LP Clinical	
	Course Name	Nursing Care Through 1	
	Course Number	109-115-2K1F	
	Number of Students	8	
	Region	Golumbia St. Mary's Olilinois Olowa Owheaton Milwaukee Owheaton Raoine	
		Accounting of wary's Chillions Crowd Chillearch Ninwaukee Chillearch Rabine	
	Site Preference	CSM Milwaukee	
	Department (Preferred)*		
	Department (Alternative)		
	Start Date	1/13/2020	
		5/11/2020	
	Number of Hours/Week		
	Total Number of Clinical		
	Hours Needed *		
		8un Mon Tue Wed Thu Fri 8at	
	Available		
	Start	V V 7:30AM V 7:30AM V V V	
	8top	Y 3:00PM Y 3:00PM Y Y	
	outp		
	Instructor to accompany class*	®YesONo	
	Preceptor Needed *	Oyec@No	
		If so, please enter the names in the comments section.	
	students WFH Associates		
	Student Grade Level	Junior Y Znd Semester Y	
	Area of Study		
		Nursing (BSN)         Nursing (BSN)          SELECT         celeot multiple instructors by holding down the Ctrl button while	
	Instructor	TO BE DETERMINED making your selections	
		Iyengar, Arvind Sell, Calle	
		Add New Instructor	
	This request was approved by		
	Request ADU Access		
	(Mihwaukee Only)		
	Course Objectives		
	Comments	^	
		× ·	
		Update Cance	

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# **Cancel a Clinical Request**

**Note**: You can cancel a clinical request only when the status is **Pending**. After a clinical request is **Approved**, contact the WFH Coordinator.

Open the Clinical Request Details page for the clinical request you are reviewing. Under Actions for this Clinical Request, click Cancel Clinical Request.

Ascension			
ome			
ESCPP Home > Coordinator Home > R	equests > Request Detail	Welcome,	Logout
Clinical Request Details			
You are on the "Clinical Request De	tails Screen". Once the clinical is a	proved, this screen allows you to	
<ol> <li>Review if each student has logge</li> <li>Confirm the instructor's status (ba</li> <li>Review if each instructor has logg</li> <li>Send email to student and instruct</li> </ol>	you have completed your confirmation quest" on the right side.	uirements. (s), equirements. Is for the students and faculty.	
School	WFHC Coordinator	Request         · Edit Clinical Request	
Date Submitted	1/3/2018 11:28:59 AM	Cancel Clinical Request	
Submitted By	Sell, Kayla	Return to List of All Clinicals	
Status	Pending		
School Term	Spring 2020		
PT/OT/SLP Clinical			
Course Number:	109-115-2K1F		
Number of Estimated Students	8 CSM Milwaukee		
one.	Cow wiiwaukee		

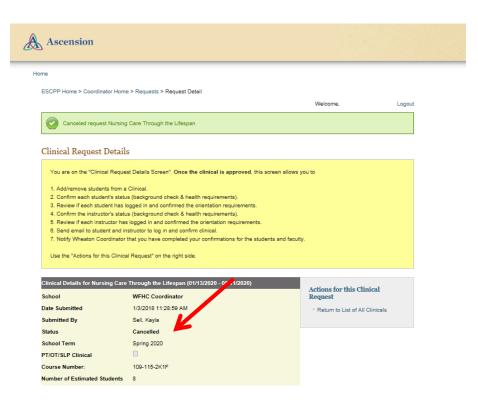
On the **Cancel Request** page, enter the reason you are cancelling the request, then click **Cancel the Request**.

Ascension			
Home			
ESCPP Home > Coordinator Home > I	Requests > Cancel Request		
	Welcome,	Logout	
Cancel Request Are you sure you want to cancel this	s clinical request: Nursing Care Th	rough the Lifespan	
Reason to Cancel:			
		~	
Cancel the Request Do nothing			

Click  $\mathbf{OK}$  to confirm the cancellation.

Ascension	
Home	
ESCPP Home > Coordinator Home > Requests > Cancel Request	
Welcome, Logout	
Cancel Request	
Are you sure you want to cancel this clinical request: Nursing Care Through the Lifespan	
Reason to Cancel:	
Cancel the Request Do noth Message from webpage	
This will cancel this clinical request, are you sure?	
OK	

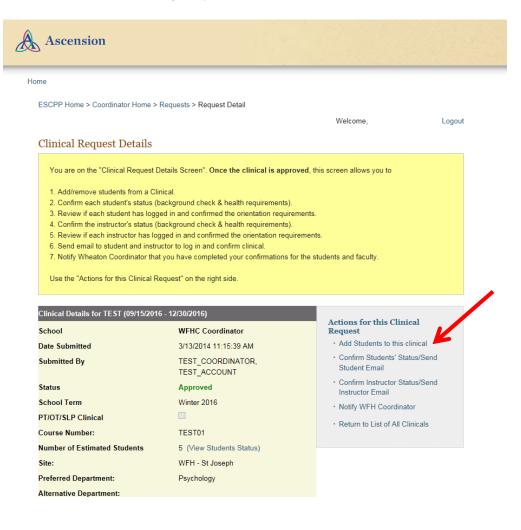
On the Clinical Request Details page, the Status of this request is now Cancelled.



#### Add Students to a Clinical Request

Open the Clinical Request Details page for the clinical request to which you are adding students.

Under Actions for this Clinical Request, click Add Students to this clinical.



# Enter the student information in the Add Student To Class form. When you are done, click Add Student.

Ascension						
ome						
ESCPP Home > Coordinator H	Iome > Requests > Students					
Students List for TE	ST (09/15/2016 - 12/30/	2016)		Welcome	2	Logout
When you have confirmed requirements.	each student (100%), click the "Send	d Email" button to	notify them they	need to complete th	eir orientation	
	firmed the orientation requirements, o	click the "Confirm	ation Status" lir	ık.		
Wheaton Coordinator" lin	confirmation for all students and facu k to let the Wheaton Coordinator kno coess and student clinical experiences	w you have comp		-		
There're 2 seats available!						
Name	Emali Pho		Wheaton Expected Associate Graduate Date		n Dept Email Orientation Sent	Send Student Email
Edit TEST_STUDENT, TEST	_STUDENT zzescpp_teststudent@wfnc.org	1/1/1990 9999	1/2018	66% Completed	Not Completed	
Edit test2_last , test2 Delete	webeditor@wfnc.org	1/1/1970 9876	12/2022	100%	Not Completed	Send Email
Edit test3 , test3	webeditor@wfnc.org	1/1/1970 3333	12/2022	completed	Not Completed	Send Email
Delete				100% completed		
Return to Clinical Detail Pa	ge				_	
Return to Clinical Detail Pa	ge Middle N	Name				
First Name *	Middle N Email *	School ID(Last 4				
First Name *	Middle N Email * SSN or S digits) *	School ID(Last 4 tudent a WFH	OyesONo			

The student's name now appears in the  $\ensuremath{\mathsf{Student List}}$  for this clinical.

Click the **Send Email** button to send a notification to the student that she or he must complete theorientation requirements. A green checkmark icon then appears in the **Email Sent** column.

Ascension								
ne								
ESCPP Home > Coordinator Home > F	Requests > Students				Welcome			Logout
Students List for TEST (09	9/15/2016 - 12/30/2	016)			Treitorne			Logour
When you have confirmed each stu requirements.	ident (100%), click the "Send I	Email" button to	notify then	n they need to	complete the	eir orientat	ion	
To see if a student has confirmed th	he orientation requirements, cl	ick the "Confirn	nation Stat	tus" link.				
Once you have completed confirms Wheaton Coordinator" link to let th may result in delayed IS access an	he Wheaton Coordinator know							
There're 2 seats available!								
Name	Email Phon	e Date SSN/ID Birth	Associate Gr	cpected Online raduate Confirm ate Status	Orientation	Dept Orientation		Send Student Email
Edit TEST_STUDENT, TEST_STUDENT	Fzzescpp_teststudent@wfhc.org	1/1/1990 9999	1	1/2018 66% comple		Not Completed		
Edit test2_last , test2 Delete	webeditor@wfhc.org	1/1/1970 9876	11	2/2022		Not Completed	<b>V</b>	Send Email
Edit Delete	webeditor@wfnc.org	1/1/1970 3333	1	2/2022		Not Completed	0	Send Email
Return to Clinical Detail Page				comple	-			
First Name *	Middle Na	-						
Last Name *	Email *	ine						
Date Birth *	SSN or So digits) *	bool ID(Last 4						
Expected Graduate Month: 1 Date *	✓ / Year: Is this stu associate	dent a WFH ? *	OYe	sONo				
Phone number*			Add	Student				
						]		

# Verify the student information, then click $\ensuremath{\mathsf{Send}}\xspace$ Email.

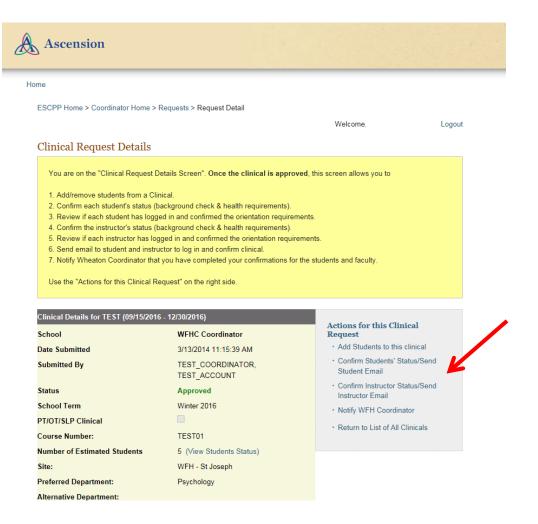
When you have confirmed each requirements.	n student (100%), click the "Send Email" button to notify them they r	need to complete their orientation
To see if a student has confirme	ed the orientation requirements, click the "Confirmation Status" link	
Wheaton Coordinator" link to	irmation for all students and faculty, click the "Return to Clinical De let the Wheaton Coordinator know you have completed all of the tas s and student clinical experiences.	
	Please verify the information below is correct: First Name test3	
	Last Name test3 Email webeditor@wfhc.org	vrientation Dept Email Send Student Orientation Sent Email
Edit TEST_STUDENT, TEST_STUD	You can input special comments below (optional)	Not Completed
		Not Completed Send Emai
Edit test2_last , test2 Delete		

# Tracking and Recording Compliance Requirements

#### Verify Background Checks and Health Requirements

Open the Clinical Request Details page for the clinical request you are reviewing. Under Actions for this Clinical Request, click

- Confirm Students' Status/Send Student Email
  - or
- Confirm Instructor Status/Send Instructor Email



For a Student: On the Students List page, review each student's online confirmation status. Click on the percentage to open that student's confirmation page.

Ascension												
me												
ESCPP Home > Coordin	ator Home > R	lequests > Studen	ts									
								١	Nelcome			Logou
Students List for	TEST (og	9/15/2016 -	12/30/2	2016)								
When you have confi requirements.	rmed each stu	dent (100%), click	the "Send	Email" bi	utton to	o notify th	em they	need to cor	nplete the	eir orientati	on	
To see if a student ha	is confirmed th	e orientation requ	irements, cl	ick the "C	Confirm	nation S	tatus" lin	k.				
Once you have comp Wheaton Coordinat may result in delayed There're 2 seats availab	or" link to let th IS access and	e Wheaton Coord	inator know	you hav								
Name		Email	Phor	e Date Birth	\$ SN/ID	Wheaton Associate	Expected Graduate Date	Online Confirmation Status	Orientation	Dept Orientation		Send Student Email
Edit TEST_STUDENT Delete	, TEST_STUDENT	zzescpp_teststudent@	winc.org	1/1/1990	9999		1/2018	66% completed	0	Not Completed		
Edit test2_last , test2 Delete		webeditor@wfnc.org		1/1/1970	9876		12/2022	100% completed	<b></b>	Not Completed	<b></b>	Send Email
Edit Delete		webeditor@wfnc.org		1/1/1970	3333		12/2022	100%	<b>Ø</b>	Not Completed	0	Send Email
Return to Clinical Det	ail Page							completed				
First Name *			Middle Na	ime								
Last Name *			Email *									
Date Birth *			SSN or So digits) *	chool ID(	Last 4							
Expected Graduate Date *	Month: 1	Year:	Is this stu associate		VFH	O	resONo					
							ld Stude	-				

On the **Student Confirmations** page, verify the background checks and health requirements information for this student. For each section, click the checkbox to confirm the information.

me	
ESCPP Home > Coordinator H	iome > Requests > Student Confirmation
	Welc: com Logo
Student Confirmatio	n5
Student Name	TEST_STUDENT, TEST_STUDENT
I verify this to be truefo	The student listed here is in compliance with the contractual health policies of the Clinical Education Betting including, but not limited to, certifying that prior to reporting to the Clinical Education Betting each has: • A physical exam which indicates heishe is free from communicable disease, able to meet physical demands of the work indicating any ADA accommodations, health history with signed declaration by student that the report is correct to the best of their knowledge, and annual declaration by student that health status is unchanged to the best of their knowledge; • Heishe is free from active tuberculosis as documented by a negative Mantoux skin test or negative chest x-ray (dated after skin test conversion) and is free from signs and symptoms of tuberculosis. Guantiferon TB test acceptable in lieu of annual Mantoux skin test;
	<ul> <li>Documented immunity to Rubella, Rubeola, and Mumps (MMR); positive titer or medical documentation of 2 MMRs, 1 month apart, with the 1st dose after the first birthday, and the 2nd dose at least 1 month thereafter;</li> </ul>
	<ul> <li>Documented immunity to Varicella; positive titer or 2 doses of varicella vaccine 4 weeks apart;</li> </ul>
	<ul> <li>Have been advised of the risks of Hepatitis B and have either begun the Hepatitis B vacchation series or, in the alternative, have completed the appropriate declination of immunization form;</li> </ul>
	Have received the seasonal influenza vaccine each year no later than Oxober 31st. (For student experiences taking place between Beptember 1st and March 31st.) "Please Note: Any reason other than medical contraindication the student will not be permitted to participate in a clinical experience. The academic partner is to track student compliance with this requirement, and send statistical documentation of the same to the designated Wheaton Franciscan Healthcare education contact. This documentation should include total number of students attending at a Wheaton Franciscan Healthcare facility, how many received the vaccine, and how many had a documented medical contraindication to the vaccine. Influenza Vaccination Medical Exemption Form shall be on file at the education setting.
	during the influenza season whenever in buildings where patient care takes place, regardless of whether the studen/instructor is a direct patient caregiver or not.
	<ul> <li>A negative 10 panel urine drug screen. If positive, heishe will not be permitted to participate in a clinical placement.</li> </ul>
	Notice of above is provided to the Clinical Education Setting.
I verity this to be true⊡	The student listed has had a background check performed under the direction of the institution in accordance with the Vilsconsin Caregiver Background Check Law and does not have any adult criminal arrests with convictions or any currently pending charges.
I verify this to be truefid	The student listed here DOE8 have a oriminal record on file or ourrently pending oharges. A copy of their completed Disclosure Form and criminal record report will be forwarded by fax or postal mail no less than two weeks prior to the start of the clinical experience. (If a student has been arrested for criminal code \$40.15, \$40.155, \$40.20, \$41.30, \$42.08, \$47.01 or \$47.013 within the last 5 years, a copy of the criminal complaint and judgment of conviction must accompany the record.)
I verify this to be true	The student listed is certified in American Heart Association or Red Cross, Health Care Provider, Basic Life Bupport.
I verify this to be true	Check here if this student does not require CPR/BL8 certification. (Will have no patient interaction)
I verify this to be true?	Student Orientation Confirmation (This Item will be verified by the student himself/herself)

For an Instructor: On the Instructor Status page, review the instructor's confirmation status. Click on the percentage to open that student's confirmation page.

Ascension		
tome		
ESCPP Home > Coordinator Home > Requests > Instructor Status		
	Welcome,	Logout
Instructor Status		
When you have confirmed the instructor (100%), click the "Send Email" button to notify them requirements. To see if an instructor has confirmed the orientation requirements, click the "Confirmation S		
Once you have completed onlimited the orientation requirements, click the "Committed of Once you have completed onlimited in orientation for all students and faculty, click the "Return to Clini Wheaton Coordinator" link is not the Wheaton Coordinator know you have completed all of Coordinator may result in delayed access and student clinical experiences.	ical Detail Page" button. Then use the "Noti	fy
Name Confirmation Status Orientation Confirmation Em	sail Sent Send Instructor Email	
TEST_INSTRUCTOR, TEST_ACCOUNT not started	Send Email	
Return to Clinical Detail Page		

On the **Instructor Confirmations** page, verify the background checks and health requirements information for the instructor. For each section, click the checkbox to confirm the information.

ome EBCPP Home > Coordinator Ho			
ESCPP Home > Coordinator Ho			
	me > Requests > Instructor Confirmations		
		Welcome,	Logout
Instructor Confirmati	ions		
Instructor Name	TEST_INSTRUCTOR_TEST_ACCOUNT		
I verify this to be true	The faculty listed here is in compliance with the contractu including, but not limited to, certifying that prior to reportin · A physical exam which indicates heishe is free from o demands of the work indicating any ADA accommode faculty that the report is correct to the best of their inco status is unchanged to the best of their knowledge:	ng to the Clinical Education Setting ea communicable disease, able to meet p tions, health history with signed decla	ch has: hysical ration by
	<ul> <li>Heishe is free from active tuberculosis as documenter x-ray (dated after skin test conversion) and is free from T6 test acceptable in lieu of annual Mantoux skin test</li> </ul>	m signs and symptoms of tuberculosis	
	<ul> <li>Documented immunity to Rubella, Rubeola, and Mum 2 MMRs, 1 month apart, with the 1st dose after the fire thereafter;</li> </ul>		
	<ul> <li>Documented immunity to Varicella; positive titer or 2 d</li> </ul>		
	<ul> <li>Have been advised of the risks of Hepatitis B and hav in the alternative, have completed the appropriate dec</li> </ul>		tion series or,
	<ul> <li>Have received the seasonal influenza vaccine each y experiences taking place between September 1st and "Please Note: Any reason other than medical contrib be permitted to participate in a clinical experience. Th with this requirement, and send statistical documental Franciscan Healthcare education contact. This docum attending at a Wheaton Franciscan Healthcare facility a documented medical contraindication to the vaccine Exemption/Declination Form shall be on file at the education</li> </ul>	I March 31st.) indication or religious exemption, the is a cadamic partner is to track student tion of the same to the designated Wh nemtation should include total number , how many received the vacche, and or religious exemption. Medical or Ra	student will not compliance eaton of students how many had
	<ul> <li>A negative 10 panel urine drug screen. If positive, het placement.</li> </ul>	she will not be permitted to participate	in a clinical
	Notice of above is provided to the Clinical Education Sett	ing.	
I verify this to be true	The faculty listed has had a background check performed with the Vilsconsin Caregiver Background Check Law an convictions or any currently pending charges.		
I verify this to be true	The faculty listed here DO have a oriminal record on fill completed Disclosure Form and criminal record report wi weeks prior to the start of the clinical experience, (if a fac 940.15, 940.15, 940.20, 941.30, 942.06, 947.01 or 947.1 compliaint and judgment of conviction must accompany th	I be forwarded by fax or postal mail no culty member has been arrested for or D13 within the last 5 years, a copy of t	less than two minal code
I verify this to be true	The faculty listed are certified in American Heart Associal Support.	tion or Red Cross, Health Care Provid	er, Basic Life
I verify this to be true	Instructor Orientation Confirmation (This Item will be verif	fed by the instructor himself/herself)	

## Send Out the Orientation Request Email

When a clinical request has been approved, send an orientation email to the instructor.

Open the **Clinical Request Details** page of the clinical request for the instructor you are sending an orientation email to.

Under Actions for this Clinical Request, click

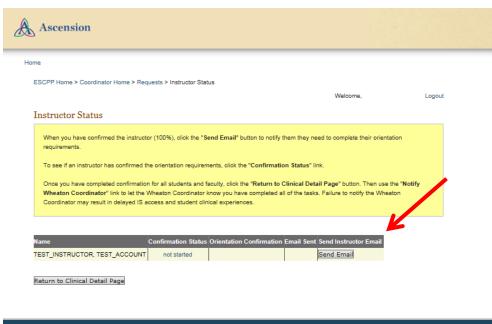
1

- Confirm Students' Status/Send Student Email
   Of
- Confirm Instructor Status/Send Instructor Email

Ascension			
me ESCPP Home > Coordinator Home >	Requests > Request Detail	Welcome,	Logout
<ol> <li>Add/remove students from a Cli</li> <li>Confirm each student's status (I</li> <li>Review if each student has logg</li> <li>Confirm the instructor's status (I</li> <li>Review if each instructor has log</li> <li>Send email to student and instru</li> </ol>	packground check & health requirements ted in and confirmed the orientation requi packground check & health requirements gged in and confirmed the orientation req- uctor to log in and confirm clinical. It you have completed your confirmations	). rements. ). uirements.	
Clinical Details for TEST (09/15/201 School Date Submitted	6 - 12/30/2016) WFHC Coordinator 3/13/2014 11:15:39 AM	Actions for this Clinical Request • Add Students to this clinical	
Submitted By Status School Term PT/OT/SLP Clinical Course Number: Number of Estimated Students	TEST_COORDINATOR, TEST_ACCOUNT Approved Winter 2016 TEST01 5 (View Students Status)	Confirm Students' Status/Send Student Email     Confirm Instructor Status/Send Instructor Email     Notify WFH Coordinator     Return to List of All Clinicals	K
Number of Estimated Students Site:	5 (View Students Status)		

Click Send Email to notify the student/instructor that she or he must complete the orientation requirements.

#### For Instructors:



#### For Students:

Ascen	sion												
CPP Home	e > Coordinator Home > Re	equests > Students							Welcome.				
udents	List for TEST (09	/15/2016 - 12/30	0/20	16)				,	vveicome,			Logou	π
When you requirement	I have confirmed each stud	lent (100%), click the "Se	end En	nail" bu	utton to	o notify th	em they	need to cor	mplete the	ir orientati	on		
To see if a	a student has confirmed the	e orientation requirement	ts, click	k the "C	Confir	nation S	tatus" lir	ık.					
	a student has confirmed the have completed confirmat								button. Th	nen use th	e "No	tify	
Once you Wheaton		ion for all students and fa e Wheaton Coordinator k	aculty, know ye	click th	e "Ref	turn to C	linical D	etail Page"				-	
Once you Wheaton	have completed confirmat Coordinator" link to let the	ion for all students and fa e Wheaton Coordinator k	aculty, know ye	click th	e "Ref	turn to C	linical D	etail Page"				-	
Once you Wheaton ( may result	have completed confirmat Coordinator" link to let th t in delayed IS access and eats available!	ion for all students and fu e Wheaton Coordinator k student clinical experien	aculty, know yo nces.	click th ou have	e "Ref	turn to Ci	linical D of the ta	e <b>tail Page</b> " sks. Failure	to notify ti	he Wheat	on Co	ordinator	
Once you Wheaton ( may result	have completed confirmat Coordinator" link to let th t in delayed IS access and eats available!	ion for all students and fa e Wheaton Coordinator k	aculty, know ye noes. Phone I	click th ou have	e "Ref	turn to C pleted all Wheaton	linical D of the ta Expected	e <b>tail Page</b> " sks. Failure	to notify ti	he Wheat	on Co Email	ordinator	
Once you ( Wheaton ( may result here're 2 se Nan Edit (TES	have completed confirmat Coordinator <sup>®</sup> link to let th t in delayed IS access and eats available!	ion for all students and fi e Wheaton Coordinator k student clinical experien Email	noes.	click th ou have Date	ssn/ID	turn to C pleted all Wheaton	linical D of the ta Expected Graduate	etail Page" sks. Failure Online Confirmation	to notify ti	he Wheati	on Co Email	ordinator	
Once you I Wheaton ( may result here're 2 se Nar Edit TES Edit Test Edit Pest	have completed confirmat Coordinator" link to let the tin delayed IS access and eats available! mp st_student , test_student	ion for all students and fi e Wheaton Coordinator k student clinical experien Email	Phone I	click th ou have Date Birth	sswid	turn to C pleted all Wheaton Associate	linical D of the ta Expected Graduate Date	etail Page" sks. Failure Continne Continnation Status 66% completed	to notify ti	Dept Orientation Not	Email Sent	ordinator	
Once you I Wheaton i may result here're 2 se Edit Delete Edit Delete Hest	have completed confirmat Coordinator" link to let the t in delayed IS access and eats available! me ST_STUDENT , TEST_STUDENT 12_last , test2	ion for all students and fi e Wheaton Coordinator k student clinical experien Email Zzescpp_teststudent@wflc.org	Phone I	click th ou have Date Birth 1/1/1990	sswitt 9999 9876	turn to C pleted all Wheaton Associate	Expected Graduate Date	etail Page" sks. Failure Online Confirmation Status	to notify ti	Dept Orientation Not Not	email Sent	Send Student	

Return to Clinical Detail Page

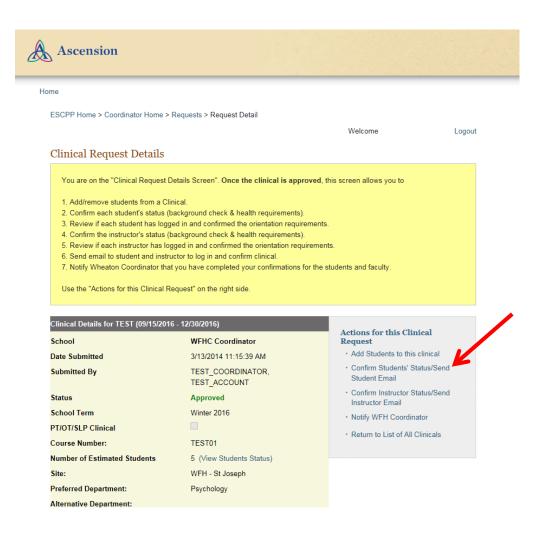
# Verify the instructor/student information, then click **Send Email**.

	you have confirmed each st ements.	udent (100%), click the "Send Email" button to notify them they need to con	mplete th		
To see	e if a student has confirmed	the orientation requirements, click the "Confirmation Status" link.			
Wheat	ton Coordinator" link to let	ation for all students and faculty, click the "Return to Clinical Detail Page" the Wheaton Coordinator know you have completed all of the tasks. Failure nd student clinical experiences.			
	2 seats available!	Please verify the information below is correct: First Name test3			
	Name	Last Name test3 Email webeditor@wfhc.org	mentatio		
	TEST_STUDENT, TEST_STUDE	You can input special comments below (optional)	Ø		
		rou can input special comments below (optional)		Not	
	test2t, test2	^		Completer	

### **Confirm if a Student has Completed Orientation**

Open the Clinical Request Details page for the clinical request you are reviewing.

Under Actions for this Clinical Request, click Confirm Students' Status/Send Student Email.



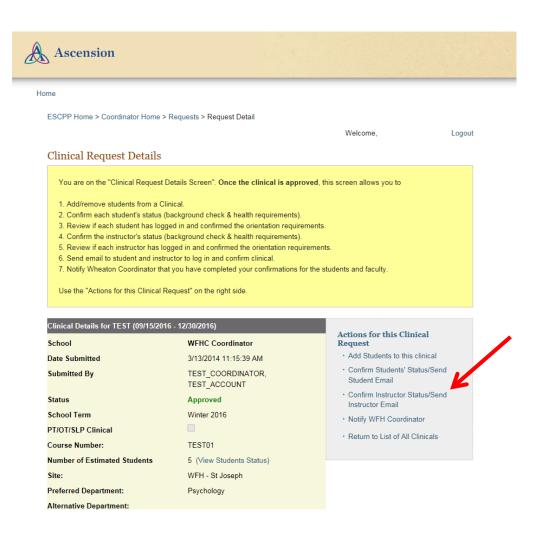
On the **Students List** page, the **Orientation Confirmation** column shows a green checkmark icon when a student has completed the student orientation questions.

Asce	ension											
me				-	-						-	
ESCPP H	ome > Coordinator Home > F	lequests > Students										
									Welcome,			Logo
Studen	ts List for TEST (og	9/15/2016 - 12/3	0/20:	16)								
When	you have confirmed each stu	dent (100%), click the "S	end Em	ail" bu	itton tr	notify th	em they	need to co	mplete the	eir orienteti	ion	
	ements.	active to be a concerner of	end en				en mey		prese une	en onentaŭ		
<b>T</b>	if a student has confirmed th	e orientation requiremen	nts, click	the "C	onfirr	nation St	tatus" lin	k.				
10 see		and the second										
			iaculty, c	click th	e "Ret	urn to Cl	linical D	etail Page"	button. T	hen use th	e "No	tifv
Once y Wheat	you have completed confirma ton Coordinator" link to let th	tion for all students and f	know yo					-				
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Once y Wheat may re	you have completed confirma ton Coordinator" link to let th sult in delayed IS access and	tion for all students and f	know yo nces. Phone D	ou have	e com	oleted all	of the ta:	sks. Failure	to notify	the Wheat	Email	dinator Send Student
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Once y Wheat may re There're : Edit Delete Edit	you have completed confirma ton Coordinator <sup>®</sup> link to let th suit in delayed IS access and 2 seats available! Name	tion for all students and f se Wheaton Coordinator i student clinical experier Email	Phone D B	ou have Date Sirth	s SN/ID	oleted all	of the tas Expected Graduate Date	Online Confirmation Status 65%	orientation	n Dept Orientation Not	Email	Send Student
Once y Wheat may re There're : Edit Delete	you have completed confirma ton Coordinator <sup>®</sup> link to let th suit in delayed IS access and 2 seats available! Name TEST_STUDENT , TEST_STUDENT	tion for all students and f se Wheaton Coordinator i student clinical experier Email zzescpp_testsudent@wfmc.org	Phone D B	Date Sirth	s SN/ID	Wheaton Associate	of the tax Expected Graduate Date 1/2018	Online Confirmation Statue	orientation	the Wheat Dept Ortentation Not Not	Email	dinator Send Student
Once y Wheat may re There're : Edit Delete Edit	you have completed confirma ton Coordinator <sup>®</sup> link to let th suit in delayed IS access and 2 seats available! Name TEST_STUDENT , TEST_STUDENT	tion for all students and f se Wheaton Coordinator i student clinical experier Email zzescpp_testsudent@wfmc.org	Phone D B I 1	Date Sirth	s shvito 9999 9876	Wheaton Associate	of the tax Expected Graduate Date 1/2018	Online Confirmation Statue 66% completed V	orientation	the Wheat Dept Ortentation Not Not	Email	Send Student

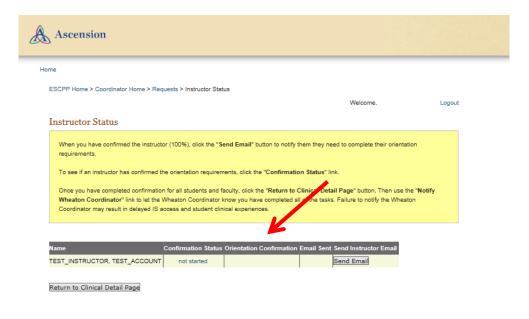
### **Confirm if an Instructor has Completed Orientation**

Open the Clinical Request Details page for the clinical request you are reviewing.

Under Actions for this Clinical Request, click Confirm Instructor Status/Send Instructor Email.



On the **Instructor Status** page, the **Orientation Confirmation** column shows a green checkmark icon when the instructor has completed the instructor orientation questions.



# Notify Ascension that Confirmations are Complete

Once the instructor and all students have been confirmed, click the **Return to Clinical Detail Page** button from either the student or instructor confirmation page.

Ascension												
me												
ESCPP Home > Coordin	iator Home > Re	equests > Student	ts									
								١	Welcome,			Log
Students List for	TEST (09	/15/2016 - 1	12/30/2	2016)								
When you have confi requirements.	irmed each stud	ent (100%), click	the "Send	Email" bu	tton to no	otify the	m they i	need to cor	nplete the	eir orientati	on	
To see if a student ha	as confirmed the	orientation requi	rements, c	lick the "C	onfirmat	ion Sta	itus" lini	k.				
Once you have comp Wheaton Coordinat may result in delayed There're 2 seats availab	or" link to let the I IS access and	Wheaton Coordi	inator know	w you have								
Name		Email					-					Send Studen
Name		cmail	Pho	ne Date Birth	SSN/ID Wh Ase	eoclate G	raduate	Confirmation	Orientation	Orientation		
		zrescpp_teststudent@			Ase	eoclate G D	raduate	Online Confirmation Status 66% completed				
	, TEST_STUDENT :			Birth	A84	eociate G	araduate ate	Confirmation Statue 66%		Orientation	Sent	
Edit Delete Edit test2_last , test2	, TEST_STUDENT ;	zzescpp_teststudent@		Birth 1/1/1990	A84 99999 9876		araduate late 1/2018	Confirmation Status 66% completed 100% completed 00%	Orientation           Image: Construction           Image: Construction           Image: Construction	Orientation Not Completed Not	sent	Email
Edit Delete Edit Delete Edit test3, test3	, TEST_STUDENT	zzescpp_teststudent@		Birth 1/1/1990 1/1/1970	A84 99999 9876		raduate ate 1/2018 12/2022	Confirmation Status 66% completed 100% completed	Orientation       Image: Construction       Image: Construction       Image: Construction       Image: Construction	Orientation Not Completed Not Completed	sent	Email
Edit Delete Edit Delete Edit Delete Edit Delete Return to Clinical Det	, TEST_STUDENT	zzescpp_teststudent@	wfinc.org	Birth 1/1/1990 1/1/1970 1/1/1970	A84 99999 9876		raduate ate 1/2018 12/2022	Confirmation Status 66% completed 100% completed 00%	Orientation       Image: Construction       Image: Construction	Orientation Not Completed Not Completed	sent	Email
Edit Delete Edit Delete Edit Delete Edit Delete Return to Clinical Det	, TEST_STUDENT	zzescpp_teststudent@	whe.org Middle N: Email * SSN or S	Birth 1/1/1990 1/1/1970 1/1/1970	Asc 99999 8875 33333		raduate ate 1/2018 12/2022	Confirmation Status 66% completed 100% completed 00%		Orientation Not Completed Not Completed	sent	Email
Edit       TEST_STUDENT         Delete       test2_last, test2         Edit       test3, test3         Delete       test3, test3         Return to Clinical Det         First Name *         Last Name *	, TEST_STUDENT	vebeditor@wfnc.org	who.org Middle N. Email * SSN or S digits) *	ame sichool ID(I udent a W	Aet 29999   9876   33333   .ast 4		raduate ate 1/2018 12/2022	Confirmation Status 66% completed 100% completed 00%		Orientation Not Completed Not Completed	sent	Email

#### Under Actions for this Clinical Request, click Notify WFH Coordinator.

