

Student Sponsor Form

Direction:

1. Student - Complete the information/sign form and give to instructor
2. Instructors - submit the entire clinical group information to **kim.mate@tenethealth.com**

****Please type this information whenever possible.***
This information is used to create your computer access.*

First Name	
Middle Initial	
Last Name	
Full SS Number	
Date of Birth	
Phone number	
Address	
City	
State	
Zip code	
Personal Email Address	
User Type (ex. Student Nurse)	
School Name	
Previous Tenet Facility with computer access	
Sponsor	Hannah Isaac

Items highlighted above are mandatory. Incomplete information will delay sponsorship process.

Applicant Signature	Date	Sponsor/Director	Date

Facility use only:

Student orientation test	Student orientation verification form
Privacy Statement	Current TB test (w/i past 12 mo)
Background check: <input type="checkbox"/> Social Security <input type="checkbox"/> OIG/GSA <input type="checkbox"/> Criminal <input type="checkbox"/> Sex Offender	
Flu vaccination (Sept – Mar)	COVID vaccination, including booster
Varicella (proof of vac or recent titer)	MMR (proof of vac or recent titer)
TB Test	Contract Management
Vaccine List	eID – REQ00000