

Student Cerner Access Request Form

Saint Thomas Health Information Services

** All information necessary to obtain access code**

Name (First, Middle Initial, Last):	Semester: Fall___ Spring___ Summer___
Last 4 digits of SSN:	Birthdate (Month and Day):
Clinical start date:	End date:
School Name: Belmont University	Student's Phone Number:
Position: RN Student___ RN Instructor___ Other_____	Clinical Facility: West___ Midtown___ Rutherford___ Other_____
Instructor/Advisor's Name:	Do you already have Saint Thomas Health Employee Access? Yes___ No___
Student's Email Address:	Justification: Will be documenting in patient's chart.

Indicate here if you will need **ATHENA** access: _____

Please note:

1. Each nursing instructor or student must fill out the above information on the request form. If not all information is included, the form will be sent back to be completed fully.
2. Please email request forms to Amanda Waterman (amanda.waterman@belmont.edu).
3. Student Placement will then send the access information directly to the email indicated below. For students coming with a clinical group, please use the instructor or clinical coordinator's email address.

What email address should the access code be sent to? _____amanda.waterman@belmont.edu_____

X _____

Requestor Name

X _____

Requestor Signature/Date