Student Clinical Experience Badge Checkout

Submitter's Name: _____

Submitter's Email: _____

Submitter's Phone #: _____

Person picking up badges: _____

School Name: _____

Semester: _____

Instructor Name: _____ Phone #: _____

Instructor's Email: _____

Unit(s) Attending: _____

Days of the Week: _____

Shift Time (AM or PM): _____

Start Date: _____ End Date: _____

Location: Memorial Central or Memorial North (highlight one)

Please return badges at the end of each semester to the Clinical Education Office Room 0467

IMPORTANT INFORMATION

- A $10.00 fee will be charged for each badge not returned at the end of the student experience. Any badges missing clips or holders will be charged a $1.00 fee each.
- Student Experience badges access employee elevators, utility and med rooms.
- Sticky substances of any kind should not be places on the badge or badge holders.
- Badges are issues with holders and clips and that is how they need to be returned.

Student Name	Signature: Student will sign when receiving badge from Instructor	Badge # MH-UCH to fill in