



Student On-boarding Form

Please complete the following information and send with Letter of Goodstanding or Student Passport by secure email 4-6 weeks before the student is scheduled for a clinical rotation at Kadlec Regional Medical Center to:

[Brenda.porco-smith@kadlec.org](mailto:Brenda.porco-smith@kadlec.org)

Legal **FIRST** Name: \_\_\_\_\_

**MIDDLE** Initial: \_\_\_\_\_

Legal **LAST** Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth MM/DD/YYYY: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ **only last 4 or 6 (preferably) digits are required**

Email: \_\_\_\_\_

Clinical Rotation: \_\_\_\_\_

Start Date: \_\_\_\_\_