

STUDENT PASSPORT

Background, Health History, Exam Requirements & Authorization for Release

As outlined in the affiliation agreement, the following information is required from York Hospital for each incoming student at least 10 business days prior to the start of the rotation.

SECTION I

Name:	Date:
First Last	
Preferred First Name for name badge:	
Mailing Address:	
Street or P.O. Bo	
Home Phone:	Cell Phone:
E-Mail:	Date of Birth:
Emergency contact information:	
University/College attending:	
Program and expected degree:	
Advisor telephone and email:	
Type of placement needed:	
Is your request to meet an academic (credit	bearing) requirement:
Length of time of placement (include da	ates if known):
Number of hours needed:	
If a placement has been secured, SECTION	III will be forwarded.
SECTION II	
	g a photo, please make sure it is not an heic file):
☐ Signed York Hospital Confidentian ☐ Signed Authorization for Release	ality Agreement for Employment and/or Internship Information (see last page)
☐ School Affiliation Agreement wit	
☐ Professional Liability Insurance (\$	\$1,000,000-\$3,000,000) through the school