

Email Completed Form To STUDENT PLACEMENT OFFICE:



Dear Clinical Instructor,  
Please complete only those fields that are printed in **RED**.

**Full Name (No Nicknames):**

Last

First

Middle

**Mailing Address:**

**Gender:**

**Birthdate:**

**Last 4 of SSN:**

**Phone:**

**Facility:**

**Personal Email:**

Northside Liaison/Supervisor:

Northside Dept. #:

Job/Position:

Start Date:

End Date:

University/College:

Requestor:

**Where will the faculty be working primarily?**

**Atlanta:**

**Cherokee:**

**Duluth:**

**Forsyth:**

**Gwinnett:**

**Specialty Type:**

**Med./Surg.:**

**Women's:**

**Other:**

**Please enter Credentials:**

**If NSH Employee, please enter EID #:**

**Dept. # (i.e. 623A, 660C):**

Comments/Notes:

Once all documents have been submitted and approved, a Faculty ID Number (FID) will be issued by NSH Human Resources.