

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.