Parkview Student Passport

Instructions:
Complete all sections of the Student Passport.

The Student Passport should be submitted during a student's first semester and/or rotation at Parkview. Additional Passports are only needed if the student changes schools or begins a new program. All paperwork can be submitted via email to students@parkview.com or by fax to (260) 373-3168.

Student Services should receive completed forms a minimum of two weeks prior to the scheduled start date.

Parkview Health | Student Services |
1919 W. Cook Road | Fort Wayne, Indiana 46818

PARKVIEW HEALTH

Parkview Health Student Passport
Student Information Sheet

Full Name **Including Middle Initial**		**Date of Birth**	
Full Student Social Security Number *If you do not have a social security number, please provide your international Visa number.*		**Phone Number**	
School Email (Only.edu Address)		**Previously assigned Parkview Student or Employee ID# (if applicable)**	
Home Address			
Name of Emergency Contact			
Relationship to Student			
Cell/ Home Phone Number of Emergency Contact			
Work Phone Number of Emergency Contact (if applicable)			

*All information on this form will be kept in a secure, private location and used only in the event of an emergency or urgent business-related situation. * The full SSN is required by compliance for monthly background checks.*

School Name:		**School Program Enrolled:**	
School Program Coordinator Name & Contact Information:			
Internship Start Date(mm/dd/yy)_____ **Internship End Date(mm/dd/yy)**_____			
Course Name And Number:			
Total Internship Hours Confirmed for Indicated Course:		**Total Hours Per Week:**	
Day(s) of Week Internship Will Occur: *(Please Highlight)*	**Sun Mon Tues Wed Thurs Fri Sat**	**Time(s) of Day:**	
Confirmed Specialty:			
Name of Confirmed Preceptor or Supervisor:			
Confirmed Parkview location(s): □ **Indiana** □ **Ohio**	*Please list location(s). Ex. Randallia, Huntington, Behavioral Health etc.*		
Student Signature			

**Parkview Health Student
Test Answer Sheet**

Please record your answers for the Parkview Student Test found in the Required Reading: Parkview Welcome Handbook

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

Parkview Health

Confidentiality Agreement

I understand that in the performance of my duties as an affiliating student or faculty member of affiliating school that during my participation in the clinical education program at Parkview Health System, Inc. ("Facility") I may have access to and may be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to patients, physicians, employees and business information, all identified as "Confidential Information", as defined by the Parkview Health Confidentiality Policy. I understand that I am required to protect and maintain the confidentiality of this Confidential Information at all times.

I acknowledge that if my position requires application of an electronic signature code, it is the equivalent of my legal handwritten signature. I understand that if I disregard the confidentiality of my electronic signature code, use the code of another person, or fail to comply with these confidentiality requirements, I will be committing an illegal and/or unprofessional act.

I understand that a violation of these confidentiality considerations may result in disciplinary action, up to and including termination of my participation in the clinical education program at Facility or legal action.

I certify by my signature that I have knowledge of the provisions of the Parkview Health Confidentiality Policy. I agree to adhere to and uphold Parkview Confidential Information.

_____

Student Name

_____

Student Signature   Date

_____

Email Address

Utilizing NetLearning
(Please Keep This Information for your Records)

Gaining Access to NetLearning
1. Use Google Chrome to access this address: https://lms.netlearning.com/MyNetLearning/parkview
2. NetLearning Username: your Parkview ID without the "S". Your ID# will be activated 24 hours after it is created by Student Services.
3. NetLearning Password: parkview (all lower case). You will be forced to change your password.
   a. **NOTE:** This will only be your password when accessing NetLearning for the first time. If you are a returning Parkview student with previous login history (and existing private password), your password has remained the same.
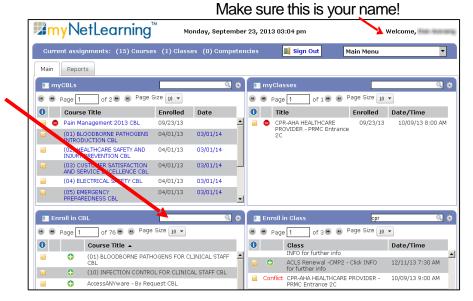
Identifying Your Student Type
Knowing your student type is an essential step in understanding which training modules you will need to enroll in. Identify your student type looking at the title listed below your name in the upper left hand corner of the NetLearning site. Below your name the type will be listed.

If the student type displayed is incorrect please contact your Parkview representative to have the type corrected.

How to Enroll in Computer Based Learning (CBL) in NetLearning
After confirming your student type and identifying the appropriate CBL's to complete, enroll in the trainings using the following instructions.

Make sure this is your name!

1. Search for the CBLs you need to Enroll in the CBL widget.

2. Click the "+" sign to enroll and review the course material.

NOTE: When you enroll in a course it moves to your "To Do" list. After you pass the test, it returns to the "Enroll in CBL" list.

Running a Transcript
1. Log into NetLearning
2. Click "Reports" and under the My Reports section choose "Transcript"
3. Ensure the date range is for an appropriate amount of time and click "Run Report"
4. Open the PDF report to print or save the document as requested by your administrator.
   a. This shows your record of completed CBLs and classes in alphabetical order.