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## STUDENT/ONSITE INSTRUCTOR ONBOARDING INFORMATION

Clinical Onboarding has many site specific requirements pertaining to personal information. Please fill out the below information to be used for your clinical experience.

Please print legibly, complete and submit to school with all other onboarding documentation.

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

*Legal Name refers to the name found on your social security card or Government issued ID*

Faculty/Student Legal First Name: \_\_\_\_\_

Full Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Previous Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male or Female: \_\_\_\_\_

United States Citizen: Yes/No \_\_\_\_\_

Social Security Number: \_\_\_\_\_

*Most sites only need last four of SS#, VA is Federal and requires the entire number for their background checks*

Phone: \_\_\_\_\_

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

Bellevue College Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been a **student/instructor** in a nursing program and experienced a clinical at a healthcare facility? Yes/ No

If yes, which facility and unit? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been **employed** by any healthcare facility? Yes/No

If yes, which facility and unit? \_\_\_\_\_ When? \_\_\_\_\_ What was your login ID: \_\_\_\_\_