



3000 Landerholm Circle SE • Bellevue, WA 98007-6484 • www.bellevuecollege.edu

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** at a college or 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: _____