Ambulatory NUID Request Form
ALL fields must be completed for processing

Work Order Number for KPHC Access Reques
REQUESTING MANAGER NAME: Charlette Fc
MANAGER NUID: T271017
NCOA BUSINESS UNIT: 0806
NCOA GL LOCATION: 81504
NCOA DEPARTMENT: 5140
Manager's Phone including Area Code: 626-
KPHC Security Template: USE CHECK BOX ON WORKSHEET #2 to incidate template needed

Please note that all info under the green colored headers must be completely filled out by the school

STUDENT INFORMATION

NUID	School	FIRST NAME	MI	LAST NAME	Gender	SSN (Full) [delete when submitting to KPHC]	Date of Birth (mm/dd/yyyy) [delete when submitting to KPHC]	Type of Student Program	Email Address	KAISER EMPLOYEE Y OR N	FACILITY NAME	Unit	Rotation Days (e.g. Mon/Thurs)	Start Date of Rotation (first date on site at hospital)	End Date of Rotation (last date on site at hospital)	Preceptor Name (IF KNOWN)	Preceptor's Phone # (IF KNOWN)

INSTRUCTOR INFORMATION

LICENSE # (RN, LVN, etc.)	School	FIRST Name	MI	LAST Name	Gender	INSTRUCTOR EMAIL	Contact Information	KAISER EMPLOYEE Y OR N