LOS ALAMITOS
MEDICAL CENTER

Student Sponsor Form

Direction:

1. Complete the information/sign form and give to instructor
2. Instructors: submit the entire clinical group information to nancy.white@tenethealth.com

First Name	
Middle Initial	
Last Name	
Full SS Number	
Date of Birth	
Phone number	
Address	
City	
State	
Zip code	
Personal Email Address	
User Type (ex. Student Nurse)	
School Name	
Previous Tenet Facility with computer access:	
Sponsor	Hannah Isaac

Items highlighted are mandatory. Incomplete information will delay sponsorship process.

Applicant Signature   Date   Sponsor/Director   Date

_____   _____   _____   _____

Facility user only:

Facility	169 (Los Alamitos Medical Center)
User Type	
Job Title	
Department Name/Number	
Unique ID number:	
Date entered in Contract Management	