Please complete and forward to site Clinical Nurse Advisor **no later than 7 days prior** to the start date**.**

For user access information, please refer to [Pyxis User Access Information – Students and Instructors.](https://www.fraserhealth.ca/employees/student-practice-education/resources-for-students/computer-access/pyxis-and-omnicell-automated-dispensing-cabinets-adcs-access" \l ".ZCNE0nbMJPY)

|  |  |
| --- | --- |
| **School of Nursing:** School name | **Program:** Choose a program |
| **Clinical Instructor:** Full name  **Email:** Full name | **Phone:** Phone number |
| **Site for clinical:** Hospital | **Unit:** Unit |
| **Dates of clinical: Start:** Enter a date **End:** Enter a date | |

New instructors require [FH Pyxis Basic Training](https://learninghub.phsa.ca/Courses/19194/pyxis-basic-training-registration) (#19194) prior to their first assignment   
or have used Pyxis™ in practice.

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Full Name**  **(LAST, FIRST)** | **Has completed Basic Pyxis Training ()**  **or enter registered date** | **Pyxis Username**  (Assigned by CNA) | **Temporary Password**  (Assigned by CNA) |
|  |  |  |  |
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|  |  |  |  |

**By signing below, I acknowledge that I have read and understand the Pyxis User Access Information document.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requestor’s name:** |  | | **Program/Placement Coordinator or Clinical Instructor** | | |
| **Pyxis training room booking request: DATE:** | |  | | **TIME:** |  |

|  |  |  |
| --- | --- | --- |
| **SITE** | **Shared mailbox** | **Contact Number** |
| Abottsford Regional Hospital  Mission Memorial Hospital | [ARHAMDS@fraserhealth.ca](mailto:ARHAMDS@fraserhealth.ca) | **Cell: 604-614-7672** |
| Surrey Memorial Hospital  Jim Pattison Outpatient Care and Surgical Centre | [SMHAMDS@fraserhealth.ca](mailto:SMHAMDS@fraserhealth.ca) | **Cell: 604-368-7260**  **Cell: 604-360-5070**  **Phone: 604-585-5666 ext. 773228** |