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 – Faculty and Students.](https://www.fraserhealth.ca/employees/student-practice-education/student-placement-orientation/computer-training)

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

Student have reviewed the [Pyxis ES Learning Module](https://learninghub.phsa.ca/Courses/32834) (#32834) or used Pyxis™ ES previously.

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| --- | --- | --- | --- |
| **Student’s Full Legal Name****(LAST, FIRST)** | **Completed ES learning module****(**[x] **)** | **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.**

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| **Requestor’s name:** |  | **Program/Placement Coordinator or Clinical Instructor** |

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| **Pyxis training room booking request: DATE:** |  | **TIME:** |  |

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