



St. Luke's Student Services
190 E. Bannock St.
Boise, ID 83702
Phone: (208) 381-1503
Fax: (208) 381-1508
stlukesstudentservices@slhs.org

St. Luke's Student Rotation(s)

St. Luke's Health System is proud and excited to welcome you as a student, and to offer you the best clinical education and experience. We believe that the students who rotate through our Health System are the future of health care in all surrounding areas including Boise, Meridian, McCall, Wood River, Twin Falls, Jerome, and Eagle. Because St. Luke's is a Magnet Recognized Hospital, we want to ensure that each of our patients are protected by having our students properly equipped and prepared for their rotation at St. Luke's.

Before any student can begin their rotation at St. Luke's, they must make sure all is completed with the required checklist below two weeks before their start date.

Student Requirement Checklist:

- Contacted Student Services for Orientation
- The St. Luke's Student Application has been completed, signed, and emailed to stlukesstudentservices@slhs.org
- Provide a copy of clinical license or state registration (if applicable)
- Notified Preceptor, Unit, or Clinic about your rotation at least one week before your start date.

Once all application has been submitted, and an orientation time has been determined, a representative from St. Luke's Student Services will provide you with further information such as name badges, parking permits, and any additional information.

Please feel free to contact Student Services if there are any questions you may have.



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ST. LUKE'S NEW STUDENT APPLICATION

All information within this application MUST be filled out to its entirety.

I. Identifying Information

Last Name: _____ First Name: _____

Phone number: _____ Email Address: _____

Home Address: _____ City, ST, Zip: _____

II. Education

Name of School/Institution: _____ Dates Attended: From _____ To _____

City, State: _____ Date of anticipated graduation: _____

Degree Seeking: _____

III. Program Information

Name of Program: _____ Type of Student: _____

Name of Program Coordinator: _____ Phone: _____

Fax: _____ Program Coordinator's Email: _____

IV. Rotation Information

Have you been to St. Luke's as a student before? Yes No If Yes, when? _____

Rotation Location: Boise Meridian McCall Magic Valley Jerome Wood River Eagle

Clinical Unit/Department: _____ Clinical Preceptor: _____

Date of rotation: Start Date: _____ End Date: _____

Total of education hours of this rotation: _____

Will you be in the OR during this rotation or for any future rotations? Y N



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ST. LUKE'S STUDENT VEHICLE REGISTRATION FORM

Student / Vehicle Information

Student First Name: _____ Student Last Name: _____

Vehicle License Plate: _____ State Vehicle is registered in: _____

Vehicle Make: _____ Vehicle Model _____

Vehicle Color _____ School Name _____

Rotation dates at St. Luke's:

Date: _____ through _____

Parking Policy, Instructions and Locations:

1. Students attending St. Luke's **must** park in the designated locations:

- St. Luke's Boise Campus - Warm Springs Employee parking lot located on the corner of Warm Springs and Broadway Avenue
- St. Luke's Meridian Campus at the Meadow Lake-Touch Mark Building parking lot
3525 Louise Dr located across from the Emergency Dept. entrance
- St. Luke's Eagle in the back of the building.

2. Any Student's cars found parking in the Patient / Visitor parking lot will be towed without notice at the owner's expense at a minimum charge of \$420.00.

The St. Luke's student parking permit provided by Student Services must be displayed on the dashboard of your vehicle when parked on St. Luke's Property. Any student vehicle found not in compliance with this policy will be towed at owner's expense.

Student Signature: _____ Date: _____



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STUDENT CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT

What you are agreeing to:

1. I agree not to change software or to use software except as needed by St. Luke's.
2. I understand that I will be given a computer log-in ID and that the login ID is the same as my legal signature.
3. I understand that St. Luke's monitors activity within St. Luke's network(s), including all computers and application that use the St. Luke's network. My use of computers and applications on the St. Luke's network (s) is subject to monitoring by St. Luke's at anytime for any reason.
4. I will not share my login ID with anyone nor will I use someone else's ID.
5. I will not let anyone use a computer without me there when I am logged in.
6. If I think someone else knows my ID, I will contact the Information Technology Department right away.
7. I will protect all confidential information by:
 - a) Not leaving paper records where unauthorized people may view them;
 - b) Using password protection, screensavers, time-outs or other security measures to secure my workstation or other device when I am away;
 - c) Disposing of confidential information in a way that will prevent a break in confidentiality.
8. I will attend training sessions and follow state and federal laws and regulations, this Agreement and St. Luke's policies and procedures which relate to my access to, or use of, confidential information, including off-site (remote) access.
9. Even after I leave St. Luke's I understand that I may not use or disclose confidential information.
10. I agree to report when confidential information is not accessed or used appropriately. These events should be reported to the Privacy Officer where the event occurred.
11. I have received a copy or was instructed where to view any Student Policy and Medication administration policy if applicable.
12. I agree to return my St. Luke's security badge to Student services upon completion of this rotation.

I have received a copy of this agreement and have been given enough time to ask questions about it. My signature below means that I have read, understand and agree to follow this agreement as a condition of my employment or association with St. Luke's. Also by signing below, I am acknowledging that I have completed orientation as outlined by Student Services including but not limited to:

Student Signature

Date

If under 18 years of age parental/guardian signature