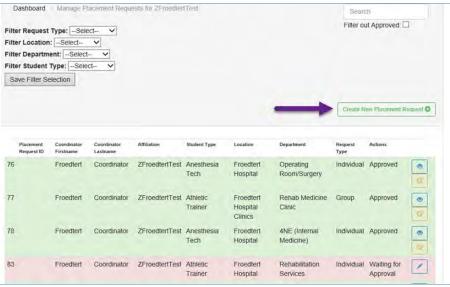
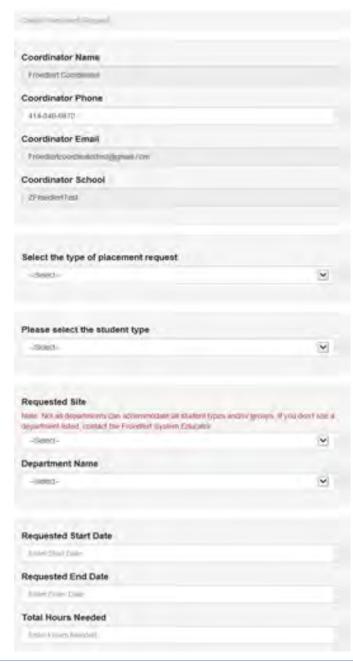
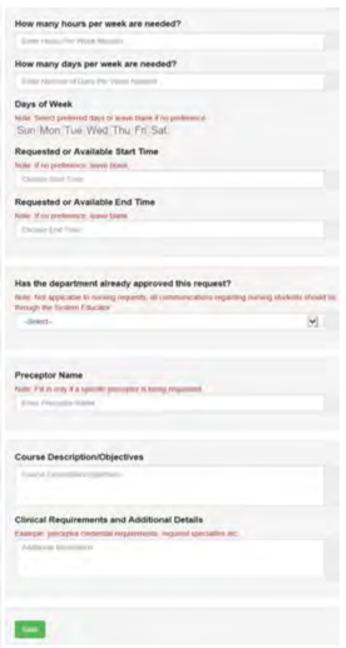


4. Select create new placement request





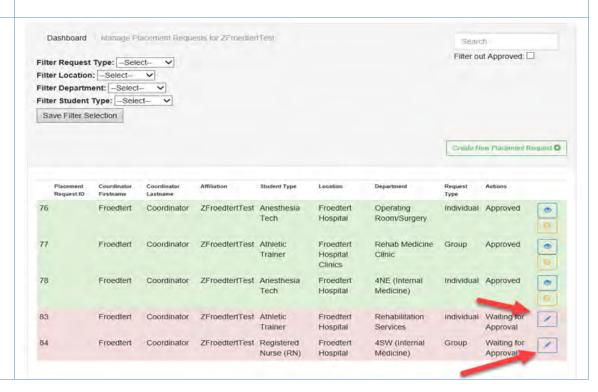


5. Here is your placement request approved and waiting to be approved view.



- Green color indicates approved by Froedtert Health Coordinator.
- Pink color indicates waiting for approval by Froedtert Health Coordinator.

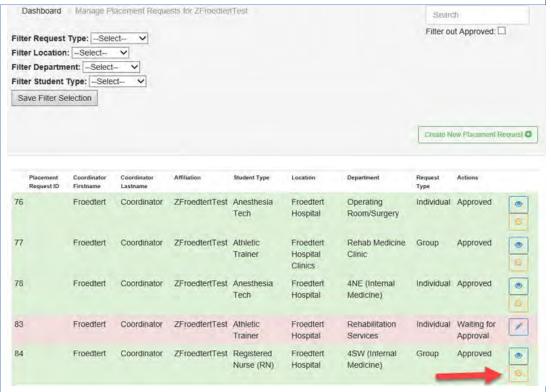
6. You have the ability to edit your request until the request is approved by Froedtert Health Coordinator.



Actions Screenshots

Once approved by Froedtert Health Coordinator.

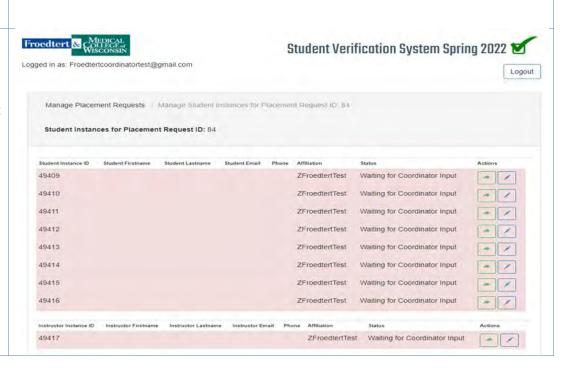
- 1. If a group request, you will receive an approved email to than go into the system to place all student and instructor names and emails in.
- 2. If an individual request, you will receive approved email and if all the student information (first and last name, email and phone number) is already inputted the student will receive an email with the link to the student verification system to complete the process. If all the student information is not in, you will receive an approved email needing to input the student name and email. 3. Click on edit this request student instance

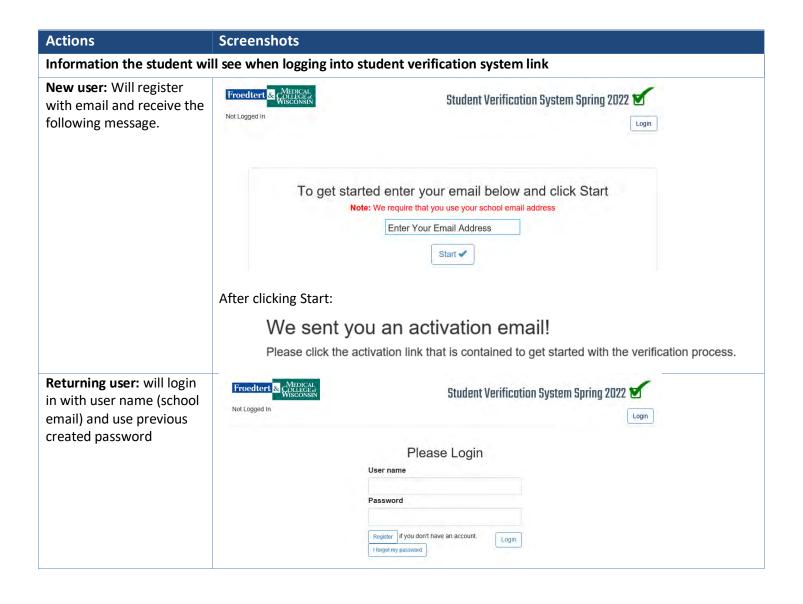


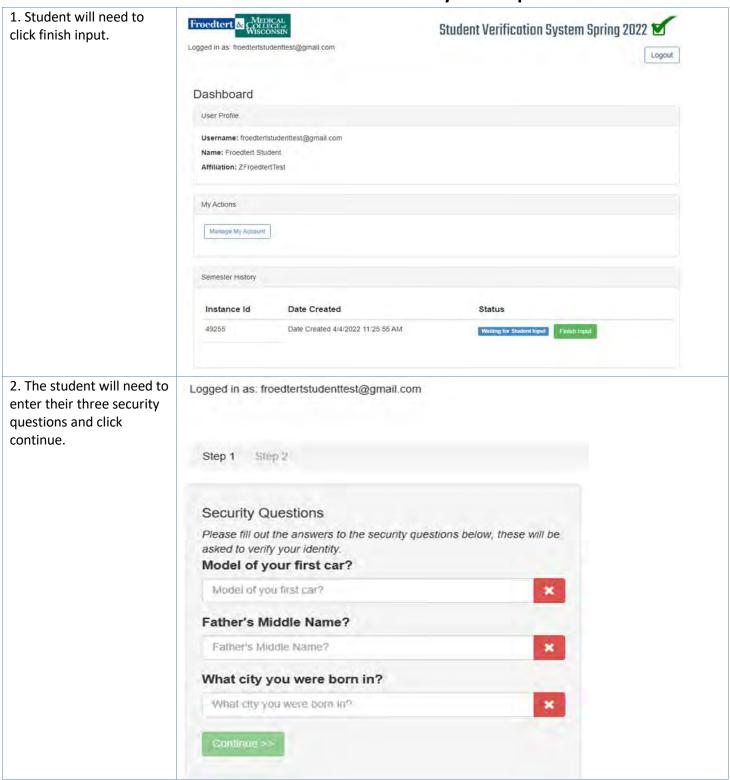
Below is the needed information that must be entered for the student.

(red arrow pictured)

- Click edit button (pencil image) to input student/instructor information
- 4. Once entering student/instructor information click green arrow under Actions. This will send the verification link to the student/instructor to complete the process.







3. Read and agree to Final Step! general confidentiality. GENERAL CONFIDENTIALITY REQUIRED BY ALL: NOTE: YOU MUST READ THE STATEMENT BELOW AND CHECK THE I AGREE BUTTON! By Clicking button below you agree with terms and conditions I agree to the statment below 💞 GENERAL CONFIDENTIALITY REQUIRED BY ALL: NOTE: Read the following then scroll to the bottom of the page and click the agreement link, if you do not click the link your information will not be submitted. As a condition of my use, access, and/or disclosure of confidential Froedtert Health or any Froedtert Health Affiliate (collectively FH) information, I understand that I am responsible for my actions and agree to protect and secure confidential information and will abide by the requirements set forth in this Agreement. I understand that the obligations under this Agreement will continue even after my employment or business relationship has ended with FH. I agree to the following: 1. I will protect and secure confidential information. Confidential information includes Protected Health Information (PHI), workforce information and/or any business related information, in any format, that is not publicly available. · 2. I will only access, use, disclose, copy, print review, alter store retain remove or destroy confidential information as authorized to carry out approved and legitimate job functions, and in accordance with applicable policies and procedures and State and Federal regulations. . 3. I will not access, use and/or disclose my own PHI or the PHI of my family, friends, co-workers, neighbors, media story patients or any other patients for personal reasons or for any other non-job duty related purpose. (Examples of PHI include: all patient information medical record information, appointment date/time, demographics,billing,room number, etc.) 4. I understand that if I or my family members need information about appointments, care or services with any FH Affiliate, the approved process is to

Verification Coordinator next steps

- 1. Verification Coordinators will receive a weekly communication of student's waiting to be verified by them.
- 2. Student/Instructor's must meet all requirements before they can be verified.

Coordinators will see student waiting to be verified in their Dashboard

