



Clinical Student POI FORM

Forms Checklist:	
Contract / Affiliation Agreement	<input type="checkbox"/>
Confidentiality Agreement	<input type="checkbox"/>
Government-Issued Photo ID	<input type="checkbox"/>

Start Date _____

Biographical Information - PeopleSoft Required Fields - To Be Completed by School

_____ First Name Middle Name Last Name

_____ Date of Birth (mm/dd/yyyy) Gender Social Security Number Ethnicity

_____ Local Address City State Zip Code

_____ Permanent Phone Preferred Phone Email End Date(approximate)

US Citizen? _____ If no, authorized to work in U.S.? _____ Work Visa/Authorization Type (include permanent resident) _____

Work Authorization Document # _____ Expiration Date _____

Emergency Contact _____ Phone _____

THIRD PARTY ACKNOWLEDGEMENT

I attest that my institution has established and maintains an active contract with Brigham and Women's Hospital.

_____ Representative Signature Institution Name

_____ Representative Printed Name Institution Address

_____ Title City State/Country Zip Code

*HR department (BR# or BD#) _____ Department name _____

What is the POI's Role? _____ Will the person have contact with children? _____

Please describe duties/responsibilities:

Access to Partners Network needed? Yes Email account needed? Yes

Primary Work Location (address, building name & floor) _____

_____ Requesting Manager/Dept Administrator Signature Form completed by

OSSVS/HR Section

POI Type: _____ PeopleSoft ID# _____

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