Student Nurse/Instructor Epic Training Registration & Verification Form

First Name	**Role**	**School**	**Clinical Start Date**	**Upstate ID** ***(if applicable)***	Email Address (**IF NEW ONLY**)	New or Returning?	Preferred Training Date **(IF NEW)**	Preferred Training Time **AM:** 8am-11am **PM:** 12pm-3pm	***If New Instructor:*** RN License #