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Academic Basic Setup Form and Program Expansion Form

Revised: 20260101

ATTENTION: This is **for University Coordinators** to complete**, not students.**
If you are a student, please contact mceSupport@healthstream.com

Items listed in ***gray italics*** in the tables below are examples only and should be deleted before you enter your own information. **At a minimum, please complete pages 1-3 completely.** Once the form is complete, send to mceSupport@healthstream.com.

Important! We do not accept forms with handwritten information. Thank you.

University Name:	
University Address and Contact Info (Please provide your campus address, NOT your parent university's address)	
Street Address:	
City:	
State:	
Zip Code:	
Phone Number:	

If currently using myClinicalExchange and this is a University Name Change Request:

Former University Name:	
Former University Address and Contact Info (Please provide your former campus address, NOT your parent university's address)	
Street Address:	
City:	
State:	
Zip Code:	
Phone Number:	

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Program/Degree Information

Tell us the program(s) of study and degrees you would like configured?	**Consider:** When your students register for a myClinicalExchange account, what Program options do you want available to your students?	Put these separate Programs on the table below to have multiple programs configured. You will be able to designate different Coordinators for each Program in the next section. **Note:** We will auto-populate the Cohorts section with the list in the table below. If you have others, you would like added instead, update the list
	Consider: Do you have different Coordinators overseeing these Programs? (i.e. Amy oversees the Doctorate of Physical Therapy and Kelly oversees the Undergrad PT students).	
	Degree–If you offer various degrees or areas of study within a Program, enter that in the column on the right.	

Program	Degree(s) Available	Cohorts(s) Available
Example: Nursing ELM	Example: Masters	Example: Class of 2024
		Example: Fall 2022
		Example: Senior, Junior

Users: *Please do NOT enter student information here*

Who needs access to mCE? Put an asterisk (*) next to the main point of contact	**Coordinator**–Only enter coordinators who will be entering requests, scheduling students, and/or reviewing student compliance. **Instructors**–For instructors going on rotation **with** students, do not enter their information here. You will be receiving guidance on how to set up these types of users upon configuration. **Super User** - Super Users are responsible for managing user access within myClinicalExchange, specifically for Academic Coordinators and other Super Users. They can add or remove programs, manage Academic Coordinators, and assist with password resets.

Name	E-Mail Address	Phone	Program	Super User? (Y/N)

Compliance

We will automatically add all the hospital's requirements to your university checklist.	We will automatically add any requirements from the hospital(s) that you are requesting to be linked to.
	Please let us know of any other requirements that you would like to have tracked on mCE in your university checklist by attaching a list of those items.

Partner Hospitals

What hospital(s) are you sending students to for the program(s)?	List all hospitals you want to be linked to via mCE for the above program(s). Please also list your contact at the hospital.

Hospital	Name	Email Address	Phone
Example: Sutter			
Example: DIGNITY			

Who Is Paying? (place an 'X' in the appropriate box)

User Type	Self-Pay	School Pays	Hospital Pays	N/A
Students				
Instructors				

Signer Info	If your Academic Institution will be paying for students and/or instructors, who at your Academic Institution will be signing the Order Form to confirm paying for Students and/or Instructors?
Full Name	
Title	
Email	
Phone Number	

Billing Contact	If your Academic Institution will be paying for students and/or instructors, to whom do we send an invoice?
Full Name	
Title	
Email	
Phone Number	

The Following Steps are Optional

Course Information:

Would you like to add course details on mCE?	**Course Name**–Enter the course name in the table below.
	Course Number–Enter the course code in the table below.

Would you like us to upload information from the course syllabus? We can track the course description, course objectives, and clinical objectives.	This may be helpful for your hospital partners to see what your students ought to be learning while on Rotation. Please send us a copy of the course information.

Course Name	Course Number
Example: Nursing Basics	Example: NUR 101
Example: Caring for Infants	Example: PED 102

Student Surveys and Instructor Assessment Tools:

Is there an evaluation you'd like to be created in mCE that could be pushed to students and/or instructors?	Enter the title of the evaluation below and who should receive the evaluation at the end of the Rotation. Please send us a copy.

****Please note: If you already have the survey online and do not need us to add it into myClinicalExchange for your university, you do not need to complete this section. Also, we can only make available one evaluation to students and one evaluation to Instructors/Preceptors at the END of the rotation.**

Survey/Assessment Name	Completed by (Enter Student or Preceptor/Clinical Instructor)
Example: Student Evaluation	Example: Preceptor
Example: Clinical Rotation Evaluation	Example: Student/Preceptor

Ghost Agencies:

Did you know mCE can help you track students at sites that are not on mCE? If so, we can create "Ghost agencies" in mCE to track those rotations.	If you would like to use myClinicalExchange to track your student rotations at hospitals that are not currently on our application, please list them in the table below. One of our CS team members will reach out with more details on the information we need to set up the hospital for you. Please note that depending on the hospital and the requirements, a separate form may be required for the configuration of these hospitals.

Hospital	Address	Program(s)	Track Instructor Compliance
XYZ Healthcare		*Example: Nursing BSN*	*Yes or No*
		Example: Pharmacy	

Return completed form to mceSupport@healthstream.com.