

# Allina Health Preliminary Roster Completion Guide

Students and Onsite Faculty must be registered for each and every experience.

Returning students must follow the same onboarding processes and timelines. Previous access is terminated following rotations.

Each rotation/experience requires a roster. Please make sure to pull the current version from the website.

The following experiences may be combined on a roster:






- Preceptorships:
  - Multiple students going to the **same site** for the **same date range** may be listed on the **same roster**.
  - If students are going to different sites, they cannot be on one roster, unless approved by the site coordinator (**nursing students** need a separate roster for each site due to site-specific Omnicell needs).
  - If the student is doing multiple rotations at the same site, each must be listed on a separate row (only one semester at a time).
- Groups:
  - Students must be listed on a separate row for each clinical experience type (e.g., group, observation, clinical hours, leadership, project, etc.)
  - Nursing Student Group rotations that include a prep shift or orientation shift can be on the same line, with all TCCP numbers listed in the far-right column, with dates and hours totaled together.
  - Onsite faculty must be listed on a row with associated groups.

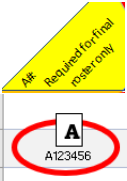

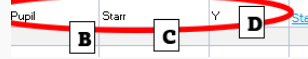

Overview picture with columns labeled. See below for detailed directions.

Allina Health Student and Onsite Faculty Roster																			
Example Roster																			
Check Box Identifying Roster		Preliminary Roster			Final Roster			Must be entered by School: School Contact Email			Must be entered by Allina Health Rep: Allina Coordinator email			Allina Health Roster Tip Sheet			Revised		
1		2			3			4			5								
MR	Student's Last Name	Student's First Name	Student's Middle Initial (if applicable)	Student's Email	School	Clinical Start Date	Expected Clinical End Date	Clinical Experience Type	Graduation Term	Graduation Year	Student or Onsite Faculty	Student Dept. & Code	Allina Health Clinical Site	Allina Health Unit or Clinic	Final Clinical Hours	Preceptor/Coordinator	TCCP ID # (include for APRN/PA only)		
Allied Example:	Pupit	Starr	Y	D Starr.Pupit@gmail.com	Augustburg University	1/11/2023	5/5/2023	Clinical Hours	Spring	2024	Student	BHD	HCS	N	O	P	120	ong.Bird@allina.com	
Preceptor Example	Year	Amber	Z	ecedar@gmail.com	Crown College	1/11/2023	5/5/2023	Clinical Hours	Spring	2024	Student	NP	DWA	Surgical Services	120	uper Surgeon, MD	84569		
	A345899	Man	Fresh	A Frosh.A.Man@Crown.edu	Crown College	1/11/2023	5/5/2023	Clinical Hours	Spring	2024	Student	NP	DWA	Mother-Baby	120	ove Baby, MD	84599		
Group Example	Green	Spring	B	sgreen@bethel.edu	Bethel University	1/11/2023	5/5/2023	Clinical Hours	Spring	2025	Student	LPN	NU	Med/Surg	92	TCCP	8456, 78456-0, 78456-p		
	4123456	Faculty	Fabulato	O AFLeaves@gmail.com	Bethel University	1/11/2023	5/5/2023	Clinical Hours	Spring	2025	Student	LPN	NU	Med/Surg	92	TCCP	78456, 78456-0, 78456-p		
		Green	Spring	B sgreen@bethel.edu	Bethel University	1/11/2023	5/5/2023	Group Observation	Spring	2025	Student	LPN	NU	ER	8	TCCP	78456.2		
		Fall	Autumn	- AFLeaves@gmail.com	Bethel University	1/11/2023	5/5/2023	Group Observation	Spring	2025	Student	LPN	NU	ER	8	TCCP	78456.2		
		Green	Spring	B sgreen@bethel.edu	Bethel University	1/11/2023	5/5/2023	Group Observation	Spring	2025	Student	LPN	NU	Ambulatory Clinic	24	TCCP	78456.3		
		Fall	Autumn	- AFLeaves@gmail.com	Bethel University	1/11/2023	5/5/2023	Group Observation	Spring	2025	Student	LPN	NU	Ambulatory Clinic	24	TCCP	78456.3		

Allina Health Roster
Final Roster Attestion

**Directions: What to put in each row/column on the roster.**

<p>1. In the top row, check preliminary box.</p> <p>a. <b>If you make a roster change</b>, identify what the change is in a cover email.</p> <p>b. Do not list individuals on the “new” preliminary who do not have any changes to be made. Do not send duplicate preliminary rosters for the same students or faculty in the same rotation as that may create registration errors.</p>	
<p>2. School contact email MUST be included. This is who <a href="mailto:StudentOnboarding@allina.com">StudentOnboarding@allina.com</a> will contact for errors in student email addresses, etc.</p>	
<p>3. <b>Do NOT edit the grey section.</b> This is for the Allina Health Representative email.</p>	
<p>4. Key resources – <a href="#">Roster Tip Sheet</a> and <a href="#">Allina Health Academics Coordinator List</a></p>	
<p>5. Always use the most current version from the website Allina Health Roster. <b>Do NOT edit.</b></p>	


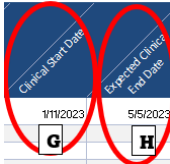
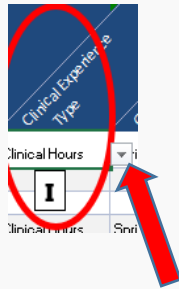
Column on Roster	Column Title	Action Needed: Fill in the following.	Comments	Resource Links or pictures
A	A#	<b>Preliminary:</b> Include A# if available.	<ul style="list-style-type: none"> <li>The A# is sent to the student in the “Welcome to Allina” email. The student will need to share with the school.</li> <li><b>For returning students, new registration is still required to reactivate the A#.</b></li> <li>A# is short for Allina Health Identification number. This number never changes. It is a unique identifier connected to the Social Security number.</li> </ul>	
B & C	Last and First Names	<b>List full legal name</b>	<ul style="list-style-type: none"> <li>The name on the roster must match their Social Security record.</li> <li>Nicknames, abbreviations, misspelled names may delay onboarding.</li> <li>If a returning student has a new last name, they will need to contact <a href="mailto:studentonboarding@allina.com">studentonboarding@allina.com</a>.</li> </ul>	
D	Middle Initial	<b>List Middle initial</b> <b>Not optional</b>	<ul style="list-style-type: none"> <li>If the student has a middle name, a middle initial must be listed. This is important for name alerts.</li> <li>If the student <b>does not</b> have a middle name: <ul style="list-style-type: none"> <li><b>Please use a dash to indicate no middle name.</b></li> <li><b>Do not use</b> N/A.; the system submits that as the middle initials.</li> </ul> </li> </ul>	
E	Student Email	<b>Fill in current, accurate email</b>	Students must ensure that they make Allina health a safe sender or their registration emails might go to their spam folder.	

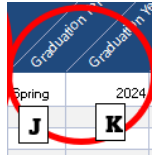
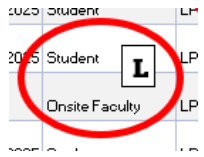
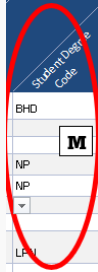


Note: **For Drop-Down Lists** – These are restricted answers.

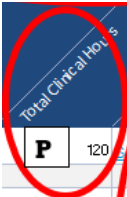
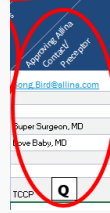
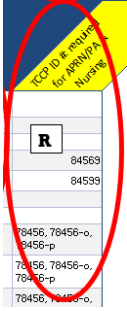
**You will not see the caret with your drop-down options unless you click into the cell “box”.**

If you type an exact match to the dropdown in the box, it will record your answer.



F	School	<b>List full school name and campus</b>	Use the <b>drop-down list</b> . Click in cell to access. If a specific school is not listed, contact coordinator.	<a href="#">Academic Affiliations - List of Schools</a> 
G	Clinical Start Date	<b>Earliest possible approved start date</b>	<ul style="list-style-type: none"> <li>• Use the start date of the experience, not the start of the semester.</li> <li>• Format Month/Day/Year</li> <li>• Students cannot start earlier.</li> <li>• This is used for setting the timeline for compliance requirements and access.</li> </ul>	<p><b>Nursing:</b> If combining orientation and prep with group rotation, use the earliest date.</p> <p><b>CRN:</b> If doing instructor-led class prior to start date, use class date.</p>
H	Expected Clinical End Date	<b>Latest date for this clinical experience</b>	<ul style="list-style-type: none"> <li>• Students may not be onsite after this date.</li> <li>• Dates cannot be changed on final outside of the date range on the preliminary.</li> </ul> <p><b>For APRN/PA, Project and Pre-Licensure Nursing Students:</b></p> <ul style="list-style-type: none"> <li>• It must be within the same semester/quarter as the start date.</li> <li>• It cannot roll over from one calendar year to the next.</li> </ul>	
I	Clinical Experience Type	<b>Use drop-down List</b> to select the appropriate <b>experience type</b> . If more than one, complete multiple rows. One row for each experience.	<p><b>Clinical Hours:</b> Hands on clinical experience based on student type.</p> <p><b>Observation:</b> Stand-alone request with no hands-on patient care. Strictly Observation.</p> <p><b>Group Observation:</b> Must accompany a group request. Indicates that students will be on multiple units in a no hands-on patient care experience. Strictly Observation.</p> <p><b>Leadership:</b> Observation of a leader, small-delegated tasks/assignments that does not involve a project.</p> <p><b>Project:</b> Involves practice change/recommendation, quality evaluation/improvement, research or academic inquiry.</p>	<p>Use <b>drop-down list</b>.</p> 

J	Graduation Term	Use drop-down list to choose expected <b>graduation term</b>	This column also has a drop down	Use <b>drop-down list</b> . 
K	Graduation Year	List expected <b>year of graduation</b>	This is a free text field	
L	Student or Onsite Faculty	Use drop-down list to choose <b>student or onsite faculty</b>	<p>Student is the first choice on <b>the drop-down list</b>.</p> <p><b>Onsite faculty must be on-boarded or the entire group will be delayed.</b></p> <p>List <b>Onsite faculty</b> in a row for their own registration.</p> <p>Onsite: Providing clinical supervision onsite or intermittent virtual / onsite supervision involving patient data, patient viewing or in patient care areas.</p>	Use <b>drop-down list</b> . 
M	Student Degree Code	Use Drop-down list to <b>choose student degree code</b>  If you know the code, just type it in	<ul style="list-style-type: none"> <li>• See student degree types in link to the right.</li> <li>• RN is for pre-licensure nursing regardless of the degree.</li> <li>• Use <b>RNB ONLY</b> for RN to BSN degrees.</li> <li>• Onsite Faculty should <b>choose the degree code to match the students</b>.</li> <li>• This is the <b>role not the college degree</b> (Bachelors, Master's, etc.).</li> </ul>	Use <b>drop-down list</b> .  <a href="#">Student Degree Types</a> 
N	Allina Health Clinical Site	Choose <b>site</b> using drop-down list	If unsure, use clinical sites link to the right.	Use <b>drop-down list</b> .  <a href="#">Clinical Sites and AHC Clinics</a> 
O	Allina Health Unit or Clinic	List the specific <b>clinic/unit/department</b> of experience	<ul style="list-style-type: none"> <li>• Type in the unit (not the site)</li> <li>• Use clinical site link to the right for clinics.</li> <li>• <b>This is free text. It cannot be vague or left empty.</b></li> <li>• If multiple, use multiple lines on the roster.</li> </ul>	<a href="#">Clinical Sites and AHC Clinics</a>  <b>FREE TEXT ONLY</b> 

P	Total Clinical Hours	List the <b>number of hours</b> approved for THIS experience	<ul style="list-style-type: none"> <li>Do not list a range of hours.</li> <li>Hours for this semester only (New preliminary and final rosters are required for each semester if a continuing experience).</li> <li>If more than one experience during the semester, each one needs a separate "line" for registration and hours should reflect that experience.</li> </ul>	
Q	Approving Allina Contact/ Preceptor	List the <b>Allina Health authorized representative</b> that approved this experience	<p>Include preceptor name, if known.</p> <p>For <b>Pre-licensure (RN/LPN) Nursing</b> – list, TCCP – not the site coordinator.</p>	
R	TCCP ID #: Only required for <b>Physician Assistant and ALL Nursing</b>	Include all associated <b>TCCP/Student Passport numbers</b> for each student and onsite faculty for each approved experience	<ul style="list-style-type: none"> <li>This is required <b>ONLY</b> for <b>Nursing Students</b> (RN, LPN, RN to BSN, etc.) and <b>APRN/PA Students</b> including MSN for clinical, leadership, and project experiences.</li> <li><b>Pre-licensure Nursing:</b> <ul style="list-style-type: none"> <li>List Leadership and Group Observations associated with the primary clinical on separate rows.</li> <li>Combine rotations with orientation and/or prep approved TCCP requests on one line. <ul style="list-style-type: none"> <li>✓ Use the earliest date for the start date.</li> <li>✓ List all TCCP# and,</li> <li>✓ Add the total number of clinical hours per student and onsite faculty.</li> </ul> </li> </ul> </li> </ul> <p><b>Example:</b> Clinical Hours 80 hours (10 days) + Orientation 6 hours for one day + Prep 1 hr. for 10 shifts = 96 hrs. Per student on that unit.</p>	<p><a href="https://clinicalcoordination.org/TCCP">SL-Student Passport (clinicalcoordination.org)/TCCP</a></p> 
Submit Preliminary Roster to appropriate Academic Coordinator. See link to the right			<ul style="list-style-type: none"> <li><a href="#">Academics Coordinator</a></li> <li><b>ONLY:</b> Pre-licensure Nursing, RN to BSN, and WOC send to <a href="mailto:AllinaAcademics@allina.com">AllinaAcademics@allina.com</a>.</li> </ul>	

See: [Allina Health Final Roster Attestation Guide](#)

