

# INDEPENDENT STUDENT REQUEST PROCESS

Welcome to Prisma Health and the myClinicalExchange program (mCE). We are making your clinical rotations more organized, efficient, and easy to manage! The directions provided in this letter are intended for students who will submit their own placement request directly to the Hospital.

This process is only intended for the following programs:

## MIDLANDS PROGRAMS

|                                       |                                    |
|---------------------------------------|------------------------------------|
| Child Life                            | Nursing Informatics                |
| Counseling                            | Music Therapy                      |
| Dental                                | Nurse Practitioner (NP)            |
| Dental Assistant                      | Psychology (Doctorate)             |
| DNP (Clinical & Non-clinical)         | RN to BSN                          |
| Master of Public Health               | RN Refresher                       |
| Medical Laboratory Science (In House) | Social Work (Masters)              |
| MSN Programs                          | South Carolina HIV Training Center |
| Nursing Administration                | University 201                     |
| Nursing Education                     |                                    |

## UPSTATE PROGRAMS

|   |  |
|---|--|
| Anesthesiologist Assistant                        | Clinical Nurse Specialist                    |
| DNP Programs                                      | Clinical Nursing Leadership                  |
| Adult Gerontology Nurse Practitioner              | Health Care Systems Management               |
| Clinical  | Midwifery                                    |
| Family Nurse Practitioner                         | Neonatal Nurse Practitioner                  |
| Non-clinical                                      | Nonclinical                                  |
| Pediatric Nurse Practitioner                      | Nursing Administration                       |
| Psychiatric Mental Health Nurse Practitioner      | Nursing Education                            |
| FNP Programs                                      | Nursing Informatics                          |
| Family Nurse Practitioner                         | Pediatric Primary Care Nurse Practitioner    |
| Family Nurse Pract./Adult Gerontology Acute Care  | Psychiatric Mental Health Nurse Practitioner |
| MSN Programs                                      | Wound, Ostomy and Continence Nursing         |
| Adult Gerontology Acute Care Nurse Practitioner   | Nurse Practitioner – Clinical                |
| Adult Gerontology Nurse Practitioner              | Nursing PhD – Non-clinical                   |
| Adult Gerontology Primary Care Nurse Practitioner | RN to BSN                                    |
| Acute Care Nurse Practitioner                     |  |

**If your university/school coordinator arranges and manages your rotation, please disregard these instructions, and contact your coordinator for further directions.**

This document is set up in the following sections:

1. Registration (p. 2)
2. Log In & Navigation (p. 6)
3. Submitting Your Request (p. 7)
4. Payment (p. 11)
5. Completing Compliance (p. 11)
6. Troubleshooting Tips (p. 12)

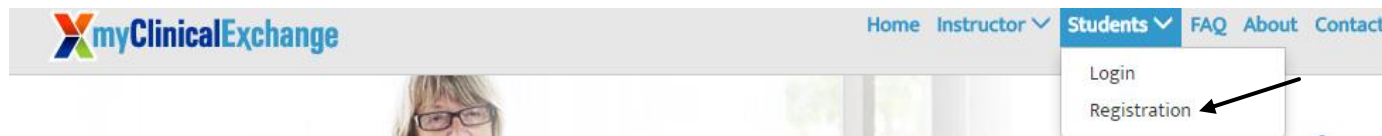
Please contact [Student.Affairs@PrismaHealth.org](mailto:Student.Affairs@PrismaHealth.org) if you have any issues related to this process.

Revised September 23, 2021

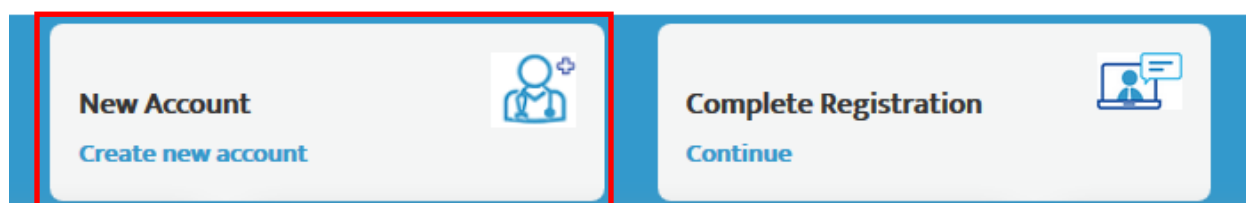
# STEP 1: REGISTRATION

Please navigate to <https://www.myclinicalexchange.com/MainPage.aspx> by either following this link or copy/pasting it into your web browser. **We recommend using the following internet browsers for the optimal use of myClinicalExchange: Google Chrome, Firefox, Safari.** **If you already have a mCE account, please skip to Step 3: Submitting Your Request.**

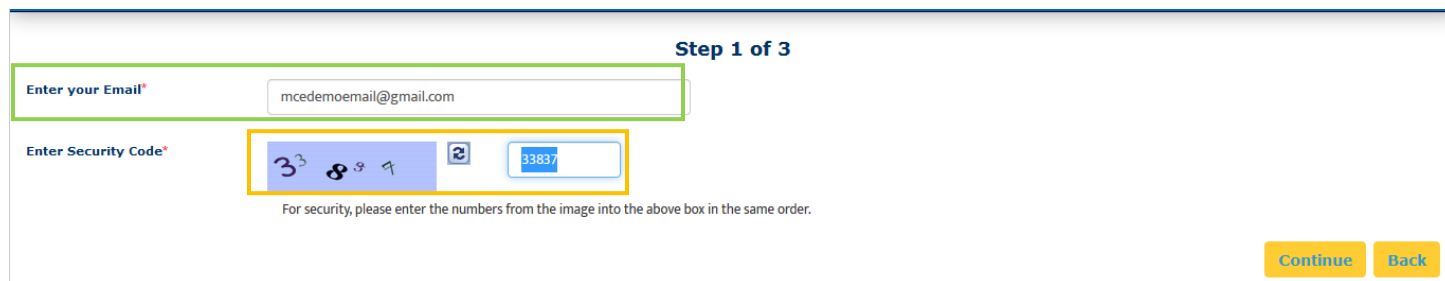
1. In the upper right corner of the homepage, click the **Students** button and select **Registration** from the drop-down menu.




You will be navigated to a page where you can choose from the two options below.



2. Click on the **New Account** (the red box) option. You will be directed to Step 1 of 3.



3. Enter your school-issued email (the green box above).
  - a. You must use a proper e-mail address as the system will send you a validation code in the next step. You may use a personal e-mail address if your University does not issue University-based e-mail addresses.
4. Enter the security code numbers in the blank box (the orange box above).
  - a. If you cannot read the security code, click the “refresh” icon  to see a new set of numbers. There will be NO letters, just numbers.
5. Click **Continue** and you will be navigated to Step 2 of 3.
6. A validation code will be sent to your email from [do-not-reply@myclinicalexchange.com](mailto:do-not-reply@myclinicalexchange.com). Please check your inbox for that validation code. If you do not see your validation code in your email, please click on **Resend Validation code**.
7. Enter the validation code (blue box below).
8. Enter the security code (yellow box below).

### Step 2 of 3

A validation code was sent to the email address you provided in step 1. Enter the validation code to continue your registration process. If you have not received the validation code, click the "Resend validation code" button below to receive a new code.

Enter Email

Enter Validation Code

Enter Security Code 

For security, please enter the numbers from the image into the above box in the same order.

[Resend validation code](#) [Continue Registration](#) [Back](#)

9. Click on **Continue Registration**. You will be directed to Step 3 of 3 where you input your personal information.

Please note that a **red asterisk (\*)** next to a box means that information is required to proceed in mCE.

This next area can be broken down into four sections: Personal Information, School Enrollment Details, Emergency Contact Person, and Login Details.

#### Personal Information:

|  |   |  |
|--|---|--|
| <b>First Name *</b><br><input type="text"/>                    | <b>Middle Name</b><br><input type="text"/>      | <b>Last Name *</b><br><input type="text"/> |
| <b>Date Of Birth *</b><br><input type="text"/><br>(MM/DD/YYYY) | <b>Gender</b><br>-- Select --                   | <b>Ethnicity</b><br>-- Select --           |
| <b>School Provided Id</b><br><input type="text"/>              | <b>SSN *</b><br><input type="text"/>            |  |
| <b>Address*</b><br><input type="text"/>                        | <b>Apt/ Unit/ Ste #</b><br><input type="text"/> | <b>City*</b><br><input type="text"/>       |
| <b>State*</b><br>-- Select --                                  | <b>Zip*</b><br><input type="text"/>             | <b>Mobile*</b><br><input type="text"/>     |

The following information is required on this page:

**First Name:** Your legal first name

**Address:** Your physical place of residence

**Last Name:** Your legal last name

**City:** The city in which you reside

**Date of Birth:** Your date of birth (no one under the age of 13 can register)

**State:** The state in which you reside

**Zip:** Enter the zip code associated to your address

**SSN:** Your full social security number with no dashes

**Mobile:** The best contact number you can be reached at

Please note that myClinicalExchange does not share or sell your information.

School Enrollment Details:

School Enrollment Details

School State

-- Select --

School\*

-- Select --

Program\*

-- Select --

Degree

-- Select --

Cohort

-- Select --

**School State:** Please select the state your Academic Institution is located in. This is not a required area; however, it does assist in the data filtering process.

**School:** Select the name of your Academic Institution.

If you **do not** see the name of your Academic Institution, please select **Not Yet Listed** and enter the information the system prompts you to input.

Please carefully check. Our team will need to create the Academic Institution profile and we will be emailing you for further details. This could potentially take 3 to 5 business days.

**Program:** Select the program you are enrolled under at your Academic Institution.

If you **do not** see the name of your program, please select **Not Yet Listed** and enter the information the system prompts you to input.

Please carefully check. Our team will need to create the Program profile and we will be emailing you for further details. This could potentially take 3 to 5 business days.

Emergency Contact Person:

Emergency Contact Person (In case of an Emergency)

Name\*

Relationship\*

Phone\*

**Name:** Enter your Emergency Contact's first and last name.

**Relationship:** Enter their relationship to you.

**Phone:** The best contact number they can be reached at.

## Login Details:

**Login ID: \*** mcedemoemail@gmail.com

**Password \*** (minimum 6 characters, atleast one alpha, numeric, special, upper & lower case)

**Confirm Password \***

[Complete Registration](#) [Back](#)

**Login ID:** The email you entered at the beginning of this process will populate in this area.

**Password:** Enter in your password.

**Confirm Password:** Re-enter your password.

At the end of these four parts, you will see the image below.

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By checking this box, I acknowledge I have read, understood, and agree to the [Privacy and Terms](#) and [Web App Usage Terms of Service](#). Furthermore, I hereby authorize myClinicalExchange to release my information to the school/campus in which I am enrolled and to any clinical or non-clinical agencies where I may participate in a rotation.

[Complete Registration](#) [Back](#)

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In order to proceed forward, please check the box to agree to the [Privacy and Terms](#) and [Web App Usage Terms of Service](#).

10. Click on **Complete Registration**. You will see a confirmation page indicating that your account has been created UNLESS you indicated that your University/Program was “Not Yet Listed”. If your University/Program was not listed, please give our team 3-5 business days to create your University/Program and associate your account. At that point, you will receive a notification to log in.

11. Click **Continue** to be navigated to the Student Login Page.

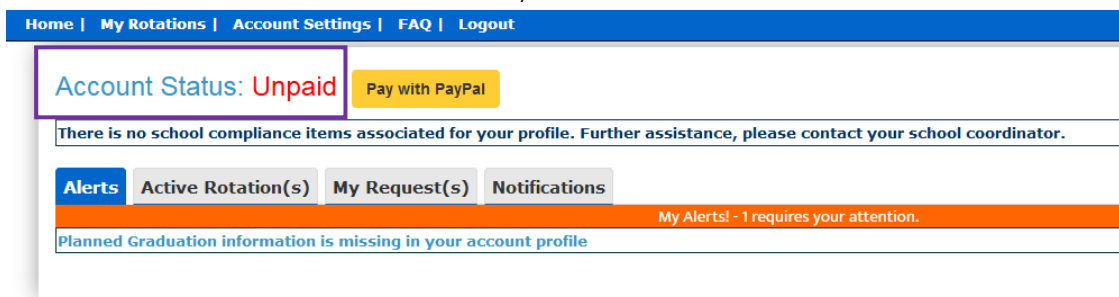
## STEP 2: LOG IN & NAVIGATION

1. On the login page, enter the email and password you created in the *Login Details* area. Click **Login**.
  - a. If you don't remember your password, use the "Forgot Password?" link to have your password emailed to you.
2. Please read the disclosure and click **Accept**.
3. You will be prompted to create Security Questions. Once you've entered that information, click **Save & Continue**.

To better understand how to use mCE, please check out our FAQ's  at the top-right of the page or our YouTube channel at <https://www.youtube.com/user/myClinicalExchange>.

On your homepage, you will see several important things you will need to access and understand.

4. The top left corner will indicate your Account Status is "Paid" or "Unpaid" (purple box below).
  - a. You **do not** need a payment against your account in order to submit a Request for a placement. However, IF your placement request is Approved, Prisma Health will pay for your myClinicalExchange account and you will see your Account Status update here.
5. You will see four tabs of information under your Account Status.



The screenshot shows the top navigation bar with links: Home | My Rotations | Account Settings | FAQ | Logout. Below this is a purple box containing the text "Account Status: Unpaid" and a yellow button labeled "Pay with PayPal". A message below the box states: "There is no school compliance items associated for your profile. Further assistance, please contact your school coordinator." Below the message are four tabs: Alerts, Active Rotation(s), My Request(s), and Notifications. An orange banner below the tabs reads "My Alerts! - 1 requires your attention." At the bottom, a message says "Planned Graduation information is missing in your account profile".

- I. **Alerts**
  - i. The *My Alerts!* center lists all the items that are pending completion. If an item is connected to a specific rotation, the Rotation Number is listed first followed by the item pending completion.
- II. **Active Rotation(s)**
  - i. Any rotations that are approved and you have been scheduled for are listed in your Rotation area. If you click the Rotation Number, you will be directed to a more detailed page regarding that specific rotation.
- III. **My Request(s)**

If you do not have any **Alerts** or **Active Rotations**, that means you have not yet been scheduled:

- You may not have submitted a placement Request yet. See the next section "Submitting Your Request" for information on how to submit your own Request.
- The Request may still be "Pending". Check the "My Request(s)" tab for a status update.

- i. You will need to submit your own Request for a placement. Request(s) you've submitted will be listed here along with the "Status" of the Request.

- IV. **Notifications**
  - i. Any messages sent to you from your Academic Institution, Hospital Coordinator, and any auto notifications from mCE will be listed here.

## STEP 3: SUBMITTING YOUR REQUEST

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1. Click on the “My Request(s)” tab
2. At the top right, click the yellow **New Request** button.

**Select Hospital & Program**

State ?  
--Select--

Hospital ? **R**  
--Select--

Program ? **R**  
--Select--

Continue Cancel

3. From the “State” drop-down, select **South Carolina**
4. From the “Hospital” drop-down, select **Prisma Health Midlands** or **Prisma Health Upstate**
5. From the “Program” drop-down, select the type of rotation you are seeking.
  - a. If you do NOT see your correct Program, please stop and email [support@myclinicalexchange.com](mailto:support@myclinicalexchange.com) for assistance. The program you select here will dictate the type of requirements you receive later. If you are seeking an NP placement and you select ‘Physical Therapy,’ you’ll receive the Physical Therapy onboarding requirements.
6. The Request process is broken into three steps: School Info, Schedule Preferences, and Final Comments.
  - a. Only items marked with the **R** are required. You may leave the other fields blank if you would like.

### School Info:

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**STEP 1 OF 3 (School Info)**

**Degree**

**Undergrad GPA**

**School Coordinator **R****  
First Name  M  Last Name

**School Coordinator Contact **R****  
Email  Phone

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**Degree:** Enter the Degree you are seeking at your Academic Institution.

**Undergrad GPA:** Enter your GPA score from your Undergrad enrollment

**School Coordinator:** Enter their first and last name

**School Coordinator Contact:** Enter their email address and phone number (this will help your Hospital know who to contact with any questions about your rotation)

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### Past Experience

**Employment Status**

**Employer**

Are you currently employed at Demo Org?  YES  NO

OR

**Department/Unit**

**Supervisor Name**

**Supervisor Phone**

**Employment Status:** From the drop-down, select “Part Time”, “Full Time” or “Unemployed”.

- I. If you select “Part Time” or “Full Time”, you will need to provide information in the following fields.
- II. If you select “Unemployed”, you will not need to provide further information in this section.

**Employer:** Are you currently employed at the Hospital where you are submitting your rotation request? Select “Yes” or “No”.

- I. If you select “Yes”, please provide more information in the fields below.
- II. If you select “No”, please provide the name of the Hospital where you currently are employed in the text box on the right and then continue with the fields below.

**Department/Unit:** If you currently employed at a Hospital, enter the Department and/or Unit where you work.

**Supervisor Name:** Enter the name of your Supervisor at the Hospital where you are employed.

**Supervisor Phone:** Enter the phone number of your Supervisor at the Hospital where you are employed.

**RN Experience**

**Previous experience with requested hospital**

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[Next](#) [Cancel](#)

**RN Experience:** Enter any pertinent details for the Hospital Coordinator to consider as they review your placement request.

**Previous experience with requested hospital:** Enter any information that may assist the Hospital Coordinator in approving/declining your placement request.



7. Click **Next** to move on to step 2 of 3

Schedule Preferences:

**STEP 2 OF 3 (Schedule Preferences)**

**Facility ?**

**Department?**

**Unit ?**

**Rotation Period ? R**

**On what days ? R**  
Sun  Mon  Tue  Wed  Thu  Fri  Sat

**Shift ? R**

**Hours/Shift R**

**Total Hours R**

**Shift Time**

**Facility:** If the Hospital has multiple locations/clinics/facilities, select your preferred location from the drop-down

**Department:** Select from the drop-down. This is usually the type or clinical area where you'd like your rotation to occur.

**Unit:** This is a sub-menu of the above "Department". Select accordingly.

**Rotation Period:** Enter the Start and End Date of your rotation. Enter the format at mm/dd/yyyy OR use the drop-down calendar to make your selection.

**On what days:** Check mark one or more days. If your schedule will vary each week, select any day you *might* be on rotation. (i.e. Monday through Fridays [no weekends] or Sunday through Saturday etc.)

**Shift:** Select from the drop-down

**Hours/Shift:** Enter the number of hours you expect your shift to be each day. (i.e. 8-hour shifts, 10-hour shifts etc.) If your shift time may vary, please enter your expected average. Shift hours may not exceed 24.

**Total Hours:** Enter the total number of hours you must log by the end of rotation. This could be your course requirement, OR the total hours based of your schedule set above. (i.e. If you work 40 hours a week for 8 weeks, your total hours are 320 hours [40 x 8 =320])

**Shift Time:** If you know the start and end time of your shift, please enter in this format HH:MM XM

**Preceptor**

First Name  M  Last Name

**Preceptor Contact**

Email  Phone

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[Back](#) [Save & Continue](#) [Cancel](#)

**Preceptor:** If you already know the name of the person who will be overseeing your clinical experience, enter their first and last name here.

**Preceptor Contact:** Enter the Preceptor’s email address and phone number.

8. Click **Save & Continue** to go to step 3 of 3.

**Healthcare Admin Intern request to Demo Org**

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**STEP 3 OF 3**

**Comments**

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[Back](#) [Review & Submit](#) [Cancel](#)

**Comments:** Enter any final comments or notes to the Hospital Coordinator.

9. Click **Review & Submit**

10. You will be asked to review all the fields you’ve just filled in once more. Make any necessary changes and then click **Submit Application**.

11. The Hospital will receive your rotation request and review it.

- a. If they decline your request, you will receive an auto-email from the platform letting you know. At that time, you do not need to do anything further.
- b. If they approve your request, you will receive an automatic email notifying you of that fact and prompting you to log in and complete your compliance and onboarding requirements.


## STEP 4: PAYMENT

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You do **NOT** need to provide payment for your mCE account. Prisma Health will pay for your account. If you are ever prompted to pay, please disregard. If you accidentally pay out of pocket, please contact [support@myclinicalexchange.com](mailto:support@myclinicalexchange.com) for a refund.

## STEP 5: COMPLETING COMPLIANCE

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To better understand how to use mCE, please check out our FAQ's  at the top-right of the page or our YouTube channel at <https://www.youtube.com/user/myClinicalExchange>.

1. On your Home Page, click on your **Alerts** tab.
  - a. The *My Alerts!* center lists all the items that are pending completion. If an item is connected to a specific rotation, the Rotation Number is listed first followed by the item pending completion. Click on the blue alert to be navigated to the requirements for completion.

| Alerts  | Active Rotation(s) | My Request(s) | Notifications |
|---|--------------------|---------------|---------------|
|   |                    |               | My Alerts!    |
| Planned Graduation information is missing in your account profile     |                    |               |               |
| Rotation # 88635 Survey Pending                                       |                    |               |               |
| Rotation # 88636 Survey Pending                                       |                    |               |               |
| Rotation # 94424 Survey Pending                                       |                    |               |               |
| Rotation # 99430 - Pending Paperwork                                  |                    |               |               |
| Rotation # 99491 - Pending Paperwork                                  |                    |               |               |
| Rotation # 99491 - One or more online tests not yet completed         |                    |               |               |
| Rotation # 99491 - Checklist not in compliance                        |                    |               |               |
| Rotation # 101273 - One or more orientation modules not yet completed |                    |               |               |

2. Click your **Active Rotation(s)** tab to see more details about the rotation you have been approved for.

If you do not have any **Alerts** or **Active Rotations** that means you have not yet been scheduled:

- You may not have submitted a placement Request yet. See the above section "Submitting Your Request" for information on how to submit your own Request.
- The Request may still be "Pending". Check the "My Request(s)" tab for a status update.

# TROUBLESHOOTING TIPS

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- **What email should I use?**
  - If your Academic Institution issues email addresses, please use the one they gave you. This is a more secure email server than Google, Yahoo, Hotmail, etc. If your Academic Institution did not provide you an email address, a Google, Yahoo, Hotmail, etc. email address is acceptable.
- **Why haven't I received my validation code?**
  - It can take up to 15 minutes for the validation code to be sent to your email. If you've waited 15 minutes, please check your junk folder, Spam folder, or Clutter Box. The e-mail will be from [do-not-reply@myclinicalexchange.com](mailto:do-not-reply@myclinicalexchange.com). Please mark e-mails from the domain "myclinicalexchange.com" as a "Safe Sender" so that future correspondence comes immediately to your inbox. If you still have not received the email, verify the email you entered is correct.
- **Why isn't Internet Explorer loading this website?**
  - Are you are using Internet Explorer, v8 or lower? If so, you will either need to update Internet Explorer to v9 or higher. Alternatively, try again in Chrome, Safari or Firefox.
- **Why do I have to create Security Questions?**
  - When you create your security questions you make recovering your password much easier in the event you forget your password.
- **What do I do if I forget my login I.D.?**
  - Please reach out to your University Coordinator for this information.
- **I forgot my password. How do I login?**
  - To retrieve your password, please navigate to the mCE website.
    - Click the **Student** button
    - Click **Forgot Password**
    - Enter your email address and the Security Code
    - Click **Email Password**
    - Please check your inbox for an e-mail from [do-not-reply@myclinicalexchange.com](mailto:do-not-reply@myclinicalexchange.com) assigning you a password.
- **I paid for myClinicalExchange on my own and now I see that Prisma is supposed to cover my registration fee. How do I get a refund?**
  - Please email [support@myclinicalexchange.com](mailto:support@myclinicalexchange.com) with the name and email address you used to register for your account along with a copy of your PayPal receipt.

If you experience issues, you can e-mail [support@myclinicalexchange.com](mailto:support@myclinicalexchange.com). Please provide your name, the University you attend, and a brief description of the issue you are experiencing.