FMOL Health

Our Lady of Angels Health, Our Lady of the Lake Health, Our Lady of Lourdes Health, St. Dominic-Jackson Memorial Hospital, St. Francis Medical Center

Sponsoring Practitioner Letter

Name of Learner: _____ Email Address: _____

Name of Degree/Program: DNP / LSUHSC NAP

School Coordinator: Dr. Paul Barras DNP CRNA Email Address: wbarra@lsuhsc.edu

Name of School: LSUHSC New Orleans

Type of Rotation: Anesthesia Nursing

Name of Sponsoring Practitioner: Kathryn Collins, CRNA

The Sponsoring Practitioner is the FMOLHS employee or practitioner overseeing the rotation.

Location of Rotation (BE SPECIFIC): Our Lady of Lourdes, Women's and Children's

Start Date of Rotation: _____ (MM/DD/YY)

End Date of Rotation: _____ (MM/DD/YY)

Epic Access Required: Y ☒ or N ☐ (check one)

Epic Access Type: Inpatient ☒ or Outpatient ☒ (if yes, check one)

If Applicable, previous student's access to mirror: Kathryn Collins, CRNA

ID Badge: ID only ☒ or Access Needed ☐ (check one)

**St. Dominic Health preceptors will not complete unless rotation is 5 months or longer. **

If Applicable, previous student's access to mirror: _____

I agree to act as the supervising practitioner for the above and to undertake the supervision of all the applicant's activities at FMOL Health and its wholly owned subsidiaries in accordance with the OLOL Policy OCO48: Rotations for Student Clinical Education Policy.

Kathryn Collins, CRNA

Name of Sponsoring Practitioner (Print)

Kathryn Collins, CRNA

Signature of Sponsoring Practitioner

01/29/26

Date