SAMPLE OOSLP DATA SUBMISSION FORM

Semester	Instructor	Instructor ID	Student	Student ID	Student CIP	Course	State/Territory	Placement Location
Spring 2022	Last, First	wXXXXXX	Last, First	wxxxxxx	51.0299	SHS 688	Alabama	Providence Medical Group
Spring 2022	Last, First	wXXXXXX	Last, First	wxxxxxx	51.0299	SHS 688	Alabama	Providence Medical Group
Spring 2022	Last, First	wXXXXXX	Last, First	wxxxxxx	51.0299	SHS 688	Louisiana	VA Southeast Louisiana Health Care
Spring 2022	Last, First	wXXXXXX	Last, First	wXXXXXX	51.0299	SHS 688	Louisiana	Children's Hospital New Orleans
Spring 2022	Last, First	wXXXXXX	Last, First	wXXXXXX	51.0299	SHS 688	Louisiana	Children's Hospital New Orleans
Spring 2022	Last, First	wXXXXXX	Last, First	wXXXXXX	51.0299	SHS 694	Florida	Medical Center Clinic Pensacola
Spring 2022	Last, First	wXXXXXX	Last, First	wxxxxxx	51.0299	SHS 694	Texas	University of Texas Health - San Antonio