Clinical Internship/Rotation

Nursing, Physician Assistant, Nurse Practitioner, Radiology, Respiratory Therapy, Ultrasonography, Medical Assistant, Physical Therapy, Occupational Therapy, Pharmacy and others requested by student

Student Internship Application

Applicant Information

Full Name: ______________________________ Date: __________

Last *First* *M.I.*

Address: ______________________________

Street Address *Apartment/Unit #*

____

City *State* *ZIP Code*

Phone: ( ) E-mail Address:

Area or Rotation Requested:

Have you ever worked for Winneshiek Medical Center? YES ☐ NO ☐ If yes, when?

Have you ever been convicted of or plead no contest to a felony or serious misdemeanor? Or, do you have criminal charges pending that would not show on a background check? YES ☐ NO ☐ (A criminal conviction may not necessarily disqualify you for an internship or rotation in our facility, but may be considered based on the nature of the internship.)

If yes, describe what and when in detail:

Education (include current school information and the program you are in under College or Other)

High School: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

College: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

Other: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

Desired Experience

SEMESTER REQUESTED: (please be specific regarding your expected experience, including number of hours, etc.)

❒ **Fall of**

❒ **Spring of**

❒ **Summer of**

❒ **Other (please describe)**

Include number of hours/desired schedule

Deadlines: (unless your school has a contract/program in place with our institution, please use the following guideline)

Fall Clinical Experience: Deadline June 15
Spring Clinical Experience: Deadline October 15
Summer Clinicals/Internship: Deadline April 1

Pharmacy: Discretion of Pharmacy Director
January Term Deadline: November 1
May Term Deadline: March 1

For what are you applying:

❒ Nursing – Clinical Practice-Based Preceptorship
❒ Nursing – Leadership Preceptorship
❒ NP or PA Clinical Rotation (indicate number of hours above)
❒ Other Clinical (be specific) ______________________ (Pharmacy, Physical Therapy, Radiology, Respiratory, M.A. etc.)

____

If for class credit, please insert below or attach in a separate document the description of the course and either goals or objectives related to the course specific to what you wish to obtain from the experience:

Applicable Licensures, Certifications, or Courses (BLS, Mandatory Reporter, etc.)	

Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship, I understand that false or misleading information in my application or interview may result in the ending of my student experience at Winneshiek Medical Center.

I understand that the care of Winneshiek Medical Center patients comes first.

I understand the following:

- ✓ A Criminal Background Check is required prior to my experience beginning (paid for by the student or completed by the school).
- ✓ An orientation to the facility, policies, expectations and procedures is required prior to the start of the internship or rotation.
- ✓ All student experiences are unpaid, unless otherwise noted.
- ✓ All immunization data must be received by the Education department prior to internship start. Any immunizations needed are to be paid by the student. Influenza vaccination is mandatory if your internship, clinical rotation, or preceptorship occurs during any portion of flu season.
- ✓ Proof of identify is required on the first day of the internship or clinical rotation.
- ✓ Proof of American Heart Association BLS for Healthcare Provider may be required on or prior to the first day of the experience, depending on the rotation.
- ✓ I and/or my school are required to carry liability insurance of a minimum of $1 million. Proof of such coverage is required.
- ✓ Depending on the department the student experience is in, I may need to provide proof of mandatory reporter training in the State of Iowa with regards to child abuse and dependent adult abuse. This is an Iowa law and is non-negotiable. There are many certified providers of this education online if one's school does not provide this training.
- ✓ Winneshiek Medical Center does not exclude from participation, deny benefits to, or otherwise discriminate against any person on the basis of race, color, gender, sexual orientation, gender identity, age, national origin, religion, or disability in admission to, participation in, or receipt of services and benefits of any of its programs and activities or in employment. If assistive or communication aids for impaired hearing, vision, speech, or manual skills are needed, Winneshiek Medical Center will make reasonable accommodations.

____ ** ________________________

Signature *Date*

***By typing your name in the space above it serves as your signature and carries the same weight and authorization as your hand - written signature.*

For office use only:

Contacted: ____________
Interviewed: ____________ By ________________________
Accepted: ____________ Notified: ____________
Immunization Validation Form Given: __________________ Received: ______________
Orientation Scheduled: ______________________________
Appropriate Contracts in Place YES NO If No: __________________
Denied: _________________ Notified: ____________