



# Non-Clinical Internship

Accounting, Medical Secretary, Health Information Management, Information Technology, Human Resources, Education/Staff Development, Performance Improvement, Business Office, Administration 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 Internship Applied for:

Have you ever been a student at or 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?

YES NO

(A criminal conviction may not necessarily disqualify you for an internship but may be considered based on the nature of the internship.)

If yes, describe what and when in detail:

### Education

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)

Fall of

Other (please describe)

Spring of

Include number of hours/ desired schedule

Summer of

### About Me

Yes  No Is this experience for course credit? If so, please send the course objectives and description to [education@winmedical.org](mailto:education@winmedical.org) or include with this application.

Yes  No Have you ever been involved in, reprimanded for, or disciplined by an employer or educational institution for academic or criminal misconduct, including, but not limited to: fraud, deceit, misrepresentation, academic dishonesty (such as cheating or plagiarism), theft, or sexual harassment? If yes, describe below:

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**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, and expectations is required prior to the start of the internship.
- ✓ All WMC internships 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 for by the student. Influenza vaccination is mandatory if your internship occurs during any portion of flu season.
- ✓ Proof of identify is required on the first day of the internship or clinical rotation.
- ✓ 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 this space 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: \_\_\_\_\_