

Health Science Internship Student Application

*****DUE BY APRIL 15, 2021*****

This is an application for a job shadowing opportunity for healthcare professions that will take place during the spring semester of 2022. We will do our best to place you in areas of interest, however, that may not always be available. *Due to COVID, these placements are at the discretion of the healthcare providers and may not be offered due to the limitations of visitors.

***Must be a senior during 2021-2022 school year.**

***Must have completed Foundations of Health Science and Therapeutic Services courses.**

***Must have a minimum 3.0 GPA**

***Must have own transportation for travel to shadow sites**

***Must submit 2 teacher recommendation forms**

***Uniform requirement: black scrubs**

***Prior to starting visits, must receive influenza immunization for the current season, be up to date on Hepatitis B and MMR vaccines, and have a TB skin test.**

Name: _____ Date: _____

(Please write legibly)

Have you taken Health Science courses? If so, which ones?

Have you ever received a discipline referral for anything other than being tardy? YES NO
If yes is answered, please explain.

Home Phone: _____ Student Cell Phone: _____

Are you employed? YES NO If yes, where? _____

*****Please have counselor initial the following:*****

*** How many days have you been absent this past year? _____**

*** GPA: _____**

*** Have you ever failed a class? YES NO
If yes, what class and year? _____**

Do you plan on a career in a health care profession? YES NO

If yes, what profession/s are you interested in?

What extra- curricular activities are you, or plan to be involved in at school and away from school?

Hobbies and Interests:

Please explain what you think will be expected of you as a Health Science Internship Student:

I have completed the application truthfully. I am aware of the needed work ethic and understand that good grades are the priority of the program. I have also shared with my parents my intentions to participate and am fully committed to the Health Science Internship Program. I am aware that I must provide transportation to and from all shadowing sites.

Student Signature

Date

I have been informed of my child's intentions to participate in the Health Science Internship Program and give my child full consent to apply for a position as a Health Science Internship Student. I am aware that I must provide transportation to and from all shadowing sites.

Parent Signature

Date

No person shall be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of disability, gender, race, religion, national origin, color, age or genetics. Ref: Sec. 1983, Civil Rights Act, 42 U.S.C.; Title VI and VII, Civil Rights Act of 1964; Rehabilitation Act of 1973, Sec. 504; Age Discrimination in Employment Act; The Americans with Disabilities Act of 1990 and The Americans with Disabilities Act Amendments Act of 2008; Equal Pay Act of 1963; Title IX of the Education Amendment of 1972; Title II of the Genetic Information Nondiscrimination Act of 2008: Title IX Coordinator, P.O. Box 302101, Montgomery, Alabama 36130-2101 or call (334) 242-8165.

Confidential Teacher Recommendation Form
Health Science Internship

**Teachers, please return this form to Ms. Mizerany by Monday April 15th*

Student Name: _____

Teacher's Name: _____

Subject: _____ **Current Grade Average:** _____

Teachers: Please use this form to provide constructive feedback regarding this student's potential, abilities, and personal readiness to be successful in an off-site internship program in a healthcare facility.

On a scale of 0-3, please rate this student as follows:

0-Not Recommended 1-Some Reservations 2-Recommended 3-Highly Recommended

	Score	Comments
Motivation Initiative, Completion, Timeliness, Participation		
Maturity Time & Stress Management, Collaboration, Self-advocacy, Teamwork		
Commitment Reliable, Work Ethic, Responsibility		
Acceleration Manages Work Load, DeepThinker, Insightful, Problem Solver		
Conduct/Discipline Punctual, Leader, Makes Positive Contributions		
Overall Recommendation Will this student be successful in this shadowing program and represent PVHS in a positive way?		

Teacher Signature: _____ **Date:** _____

Confidential Teacher Recommendation Form
Health Science Internship

**Teachers, please return this form to Ms. Mizerany by Monday April 15th*

Student Name: _____

Teacher's Name: _____

Subject: _____ **Current Grade Average:** _____

Teachers: Please use this form to provide constructive feedback regarding this student's potential, abilities, and personal readiness to be successful in an off-site internship program in a healthcare facility.

On a scale of 0-3, please rate this student as follows:

0-Not Recommended 1-Some Reservations 2-Recommended 3-Highly Recommended

	Score	Comments
Motivation Initiative, Completion, Timeliness, Participation		
Maturity Time & Stress Management, Collaboration, Self-advocacy, Teamwork		
Commitment Reliable, Work Ethic, Responsibility		
Acceleration Manages Work Load, DeepThinker, Insightful, Problem Solver		
Conduct/Discipline Punctual, Leader, Makes Positive Contributions		
Overall Recommendation Will this student be successful in this shadowing program and represent PVHS in a positive way?		

Teacher Signature: _____ **Date:** _____