

# Aultman Health Foundation

## Student Externship/Internship Application Form

NAME \_\_\_\_\_

LEVEL OF EDUCATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK OR CELL \_\_\_\_\_

SCHOOL \_\_\_\_\_

PROGRAM \_\_\_\_\_ DATE OF COMPLETION \_\_\_\_\_

DEPARTMENT, AREA, FACILITY OR WORK SITE REQUESTED \_\_\_\_\_

REQUESTED START DATE \_\_\_\_\_ NUMBER OF HOURS NEEDED \_\_\_\_\_

REQUESTED END DATE \_\_\_\_\_

PLEASE CHECK OFF ALL THAT APPLY AND THOSE WHICH ARE SUBMITTED.

1. \_\_\_\_\_ CONFIRMATION OF COMPLETE IMMUNIZATION RECORDS
2. \_\_\_\_\_ DOCUMENTATION OF 2 STEP TB TEST OR 2 CONSECUTIVE YEARS OF A 1 STEP
2. \_\_\_\_\_ READ AND SIGN STUDENT CONFIDENTIALITY FORM
3. \_\_\_\_\_ COMPLETE ANNUAL SAFETY EDUCATION
4. \_\_\_\_\_ REVIEW HOSPITAL DRESS CODE
5. \_\_\_\_\_ CRIMINAL BACKGROUND CHECK CONFIRMATION FORM
6. \_\_\_\_\_ SUBMIT PROOF OF ENROLLMENT IN A SCHOOL OR UNIVERSITY HOLDING A  
CURRENT CONTRACT WITH AULTMAN HEALTH FOUNDATION
7. \_\_\_\_\_ SUBMIT PROOF OF STUDENT LIABILITY INSURANCE

COMMENTS \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature** \_\_\_\_\_  
**Date**