

**Combined CLINICAL INTERNSHIP APPLICATION for
Nursing Education Clinical and Sports & Human Performance Clinical
2024-2025 School Year**

**APPLICATION DEADLINE IS 3:25 pm on THURSDAY, FEB 15TH **

Return completed applications to Mrs. Crook/Bowers/Harris

General Information

There are two Clinical Internship options available to Health Science students. The Nursing Education/Clinical Internship courses (“Nursing Clinical”) and the Exercise Science/Sports & Human Performance Clinical Internship courses (“Rehab Clinical”). Successful completion of either option will earn the student 2 credits in the Health Science program of study. Enrollment is determined by meeting the pre-requisite courses, application and computerized scheduling criteria. By State guidelines, we are only allowed to accept 15 students in each section per term.

Required Paperwork, Transportation and Costs

Parents and/or students are responsible **to secure their own transportation to and from the clinical sites**. Do not register for the course if transportation is an issue for you. Once a student is selected to enroll in the course, other requirements will be necessary. In the first few weeks of the class, a student will need to purchase solid red scrubs. Per state rules, students will also need to provide documentation of immunizations, a medical physical examination, a flu vaccination, a TB skin test, proof of car insurance, health insurance, and a social security card. The facilities that we partner with for off-campus experiences may have additional requirements (including COVID vaccination or medical/religious exemption). There are additional costs and attendance requirements associated with the pursuit of the CNA or Personal Trainer certifications (which is optional). Additional information and instructions will be given to students upon acceptance into the courses. If you have any questions or concerns, contact Mrs. Crook/Bowers/Harris.

Conduct/Behavior Requirement

Off-campus experiential learning opportunities are a *privilege*. Above and beyond adhering to MHS and MCS rules and policies, students in these courses must maintain and reflect the ethical and professional industry standards for code of conduct in health care professionals. Behaviors that occur on or off MHS campus that are deemed unethical, illegal, or unprofessional will result in removal from the off-campus component of the course.

Nursing Clinical	Rehab Clinical
<p>Pre-requisites: You must have successfully completed <u>either Medical Therapeutics or Emergency Medical Services (EMS)</u>. Anatomy & Physiology is also <i>recommended</i> as a pre- or co-requisite. Students <u>must</u> also be certified in BLS for Healthcare Providers.</p>	<p>Pre-requisites: You must have successfully completed Rehabilitative Careers. Anatomy & Physiology is also <i>recommended</i> as a pre- or co-requisite.</p>
<p>Registration: Students who have applied and meet the requirements of these courses should register for BOTH <u>Nursing Clinical Internship</u> and <u>Nursing Education</u> courses during the registration process. You should also list alternates to these courses. Clinical Internship can count as your senior-year science requirement, if needed.</p>	<p>Registration: Students who have applied and meet the requirements of these courses should register for BOTH <u>Exercise Science</u> and <u>Sports and Human Performance Clinical Internship</u>. Clinical Internship can count as your senior-year science requirement, if needed.</p>
<p>Clinical Sites: Clinical sites vary each semester, but generally include a nursing home and a variety of hospital settings (radiology, pharmacy, and patient care areas), veterinary clinics, medical and dental offices, and rehab facilities.</p>	<p>Clinical Sites: Clinical sites will include facilities that focus on Rehabilitative Careers.</p>

(left blank on purpose)

NURSING / REHAB CLINICAL INTERNSHIP APPLICATION
2024-2025 School Year (Due by 3:25 pm on THURSDAY, FEB 15TH)

Student Name: First: _____ Last: _____

Current Grade level: _____ Student email address: _____

The best number to call for questions/concerns on application: _____

ACADEMIC PLANS

My first choice for Clinical Internship is: Nursing Clinical / Rehab Clinical (circle one)

Which courses are you currently taken or have taken in the past?

- Health Science, Letter grade _____, Teacher _____
- Emergency Medical Services, Letter grade _____, Teacher _____
- Rehabilitative Careers, Letter grade _____, Teacher _____
- Medical Therapeutics, Letter grade _____, Teacher _____

If the number of applications exceed the number of available spots in clinical and you are not drawn in the random selection, do you want to be placed in another Health Science course? Yes No

Which one? _____

Are you certified in BLS for Healthcare Providers? (You would have to have the card/email)? Yes No

Expires: _____ If not, are you currently in Med Ther or EMS? Yes No

ACHIEVEMENTS AND PLANS

Awards, Honors, Leadership Opportunities and Recognitions: _____

Hobbies, Interests, and Extra-curricular Activities: _____

In which Health Occupation(s) are you most interested in and why? _____

Please describe your plans after graduation from Maryville High School? (We realize that your plans may be uncertain, but tell us what you are thinking right now)

EMPLOYMENT HISTORY (if you have had more than 1 job in last 3 years, attach a resume)

#1) Employer and location: _____
 Job title and brief description of duties: _____

Dates of employment: _____
 Supervisor's name and phone number: _____
 Do we have permission to contact this employer? Yes No

Have you ever been fired from a job? Yes No
 If yes, provide a detailed explanation.

Have you ever been assigned detention (in school or after school) or suspended from school.
 Yes No If Yes, provide a detailed explanation of each incident.

Have you ever been arrested, placed on probation, or otherwise had issues involving law enforcement?
 Yes No If Yes, provide a detailed explanation of each incident.

Do you currently have health insurance? Yes No (**If not, see Mrs. B, Mrs. C, or Mrs. H ASAP**)

Do you have reliable, personal transportation? Yes No

APPLICANT AND PARENTAL SIGNATURE/ACKNOWLEDGMENT:

Student applicant:

I certify that all information on this application is true and correct. I acknowledge that upon discovery of misleading or false information, my application will be null and void. In addition, if acceptance into the course is based on misleading or false information, it will be sufficient grounds for immediate dismissal from the class, regardless of date or tenure within the school term.

Student signature: _____ Date: _____

Parent/guardian:

I have read and acknowledge the Clinical Internship Application Packet and give permission for my child, _____, to enroll in Clinical Internship for next year.

Parent/Guardian signature: _____ Date: _____

Please print parent/guardian name: _____

Parent contact information: (phone number and email) _____

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****Return completed applications to Mrs. Crook, Mrs. Harris, or Mrs. Bowers****

All parts of the application must be received by the application deadline.