

Health Professions Internship Application

Student Development 399R

Semester of Internship Fall 2016

Personal Information — please type or write LEGIBLY

Name _____ Date ____ / ____ / ____

Local Address _____

Phone (____) _____ - _____ Email address _____

BYU ID Number/Route Y ID (____ - ____ - ____) _____

Profession you plan to pursue

- Medicine (MD or DO)
- Physician Assistant

Academic Information

When are you applying to Professional School ____ / ____

Semester Hours Completed _____

Overall GPA _____ Estimated Science GPA _____

Additional Information

Are you available to participate in the internship on at least two mornings (M-F)? Yes No

Do you have reliable transportation to UVRMC? Yes No

Which STDEV classes (if any) have you taken:

- 170 214 271 272 273 375 399 470

I have attached the following:

- Cover letter describing my interest in the Heart Link internship and my motivations in healthcare
- Resume outlining work history and extra-curricular and academic activities and accomplishments
- Brief responses to prompts
- Fall school and work schedule

I understand that if accepted, I will be required to submit proof of immunizations and complete a background check/drug screening (\$85).

Initial _____

I understand that if accepted, I will be required to participate in StDev 399R, which requires class attendance and course assignments.

Initial _____

Initial each section where indicated if you have read, understood, and agreed to the terms.

HEART LINK INTERNSHIP

Class Requirements

You must be willing to fulfill the class requirements in order to apply.

1. Weekly visits with your health provider
(4 hours per week: 42 hours total per 1 credit hour)
2. Weekly time log
3. Evaluations
4. Two Reflective Papers
5. Two Research Papers
6. Attendance (Thursdays at 11AM)

Initial_____

Application Requirements

1. Completed application form
2. If you are accepted for an internship, you will be required to provide documentation of the following immunizations:
 - a. Hepatitis B (a series of three—there should be three different dates)
 - b. Measles, Mumps, Rubella or MMR (a series of two—there should be two different dates)
 - c. Chicken Pox (written proof of having the disease from a physician; vaccination, or titer test)
 - d. T-dap
 - e. You do not need to duplicate these immunizations; you simply need to produce proof that you have had them (Get immunization records from parents, county offices, hospital, etc.)
3. Two Two-step Tuberculosis Tests (TB)
 - a. Both tests and both parts of each test must have been completed within one year of the last day of the semester
4. If you are accepted for an internship, you will be required to complete a background check and drug screen before beginning the internship. They will cost \$85 total. There are no additional fees (text books, etc.) associated with the class. We will provide details with your acceptance notice.

Initial_____

Immunization Information

If you have not received the required immunizations, you may obtain them wherever you would like. Locally, the BYU Health Center (801-422-5134) and the Utah County Health Department (151 S University Ave) are good places to go.

Initial_____