

Clinical Internship Application
DUE DATE: FRIDAY, MARCH 8th, 2024

Name: _____ Grade: _____ Phone: _____

Email: _____

Check which clinical experience you are applying for: (If applying for multiples, please put 1st, 2nd, 3rd, and 4th by each choice.)

Cardiovascular Services and Clinical Internship _____

Pharmacological Services and Clinical Internship _____

Nursing Education and Clinical Internship _____

Sport and Human Performance and Clinical Internship _____

Academic Information

GPA _____

Attendance for 2023-2024 school year

Absences _____ # Daily & Class Tardies _____

Please list your numerical grade for each Health Science class you have completed:

Health Science Education _____

Anatomy and Physiology _____ Taking this school year _____ Next school year _____

Medical Therapeutics _____

Diagnostic Medicine _____

Rehabilitative Careers _____

Place a check on the line if you plan to take a 7am class next year: _____

Have you ever been involved in a disciplinary action (received RLC or OSS)?

Yes _____ No _____

**If yes, please explain in detail the nature of the action, teacher involved, and intervention taken.*

_____ Read over the Clinical internship Information sheet with your parent(s).

_____ Two Teacher Recommendation Sheets completed and have the teacher place them in Mrs. Davis' school mailbox. One teacher recommendation must be completed by a Health Science teacher (Mrs. Davis, Mrs. Webster or Ms. Juarez-Logan).

I am applying for a position in the Clinical Internship Program and I understand the expectations and requirements of the course.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Clinical Internship Requirements/Information Sheet

- Students **MUST** complete the following prerequisites (earning a “C” or higher) before taking Clinical Internship:
 - Health Science Education
 - Anatomy and Physiology
 - Completed at least ONE of the following: Diagnostic Medicine, Medical Therapeutics, or Rehabilitation Careers and currently the taking one of the following: Cardiovascular Services, Exercise Science, Pharmacological Services, or Nursing Education
- Application - **Return to Mrs. Davis, Ms. Juarez-Logan, Mrs. Webster, or Mrs. Wiseman by March 8, 2024.**
- Two recommendations –one from a health science teacher (Mrs. Davis, Ms. Juarez-Logan, Mrs. Wiseman, or Mrs. Webster) and one from a current HVA academic teacher.)

If selected into a Clinical Internship Course:

- Being selected for the Clinical Internship Program at HVA is an honor and students are held to high academic and behavioral standards. Students are expected to follow all school rules and serve as examples for their peers.
- Students and their guardian must sign all clinical paperwork by the due date given by the teacher. Some of the forms must be notarized and one must be completed by the student’s doctor.
- Students can only attend clinical sites with careers that they have covered in one of the health science classes listed above (ex: in order for a student to attend a rehab facility with a physical therapist, the student must have taken Rehabilitation Careers)
- Students **MUST** have and maintain a **90% attendance rate in all classes**
- Students **MUST** be on track to graduate
- Students are responsible for their own transportation to and from clinical sites – must provide a copy of the student’s driver’s license and a copy of automobile insurance
- Students **ARE NOT** allowed to carpool to and from clinical sites in accordance with Knox County policy
- The Clinical Internship Portfolio is the EOC for this course
- All students in this course are required to purchase *navy* clinical uniforms and closed-toe shoes (no fabric shoes)
- Provide copy of medical insurance/health insurance card
- Provide copy of immunizations record
- TB skin test completed and read
- Physical screening completed by doctor and forms turned in
- Some sites require proof of flu and COVID-19 vaccine
- Students must have a current CPR card (will receive in class)
- \$15 fee for Clinical Internship – subject to change

Clinical Internship Teacher Recommendation

Check which clinical experience you are applying for:

(If applying for multiples, please put 1st, 2nd and 3rd by each choice)

Cardiovascular Services _____

Nursing Education _____

Pharmacy _____

Exercise Science _____

Student Name _____

In Clinical Internship, students will be observing and working with healthcare professionals in a wide variety of fields while representing Hardin Valley Academy. Eligibility for a clinical internship is based on their excellence in attendance/tardiness, discipline record, scholastic success, and teacher recommendations. The above student is applying for this opportunity. This recommendation is part of the application process.

Teachers: Please return to Mrs. Davis's or Mrs. Webster's mailbox by March 8, 2024.

Please rate the student (5=Excellent and 1=Poor) for each section below:

Personal characteristics: relates well with students, instructors, and others, shows respect and is cooperative.

5 4 3 2 1 Comments _____

Dependability: demonstrates regular attendance, punctuality, adherence to schedules and deadlines.

5 4 3 2 1 Comments _____

Work attitude: demonstrates willingness to learn, willingness to accept and profit from evaluation, enthusiastic, takes pride in work.

5 4 3 2 1 Comments _____

Communication: demonstrates listening, speaking and non-verbal skills, communicates effectively with teachers, students and others.

5 4 3 2 1 Comments _____

Personal Hygiene and Grooming: attends to personal health and cleanliness, dresses and maintains self appropriately.

5 4 3 2 1 Comments _____

Teacher's Signature _____ **Date** _____

Recommendations must be from two teachers (1 HVA academic teacher and 1 health science teacher – Mrs. Davis, Ms. Juarez-Logan, Mrs. Wiseman, or Mrs. Webster).

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