

Primary HealthCare Student Information Form

Print Name (First, Middle, Last) _____ Date _____

Address _____ City, State, Zip _____ Home Phone _____ Cell Phone _____

Email Address _____

Program Information

Educational Institution _____ Contact Name _____ Phone _____

Program Attending _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Experience Information

Level: (Check One)
 Level 1: Clinical experience in a medical or dental clinic or pharmacy
 Level 2: Clinical *observation only* experience in a medical or dental clinic or pharmacy
 Level 3: Non-clinical experience on-site

Location: (Check All That Apply)

<input type="checkbox"/> Engebretsen Medical Clinic	<input type="checkbox"/> Engebretsen Dental Clinic
<input type="checkbox"/> University Medical Clinic	<input type="checkbox"/> University Dental Clinic
<input type="checkbox"/> Marshalltown Medical Clinic	<input type="checkbox"/> Marshalltown Dental Clinic
<input type="checkbox"/> East Side Clinic	<input type="checkbox"/> Advocacy
<input type="checkbox"/> PHC @ Mercy Clinic	<input type="checkbox"/> The Project
<input type="checkbox"/> Story County Clinic in Ames	<input type="checkbox"/> Administrative Office
<input type="checkbox"/> PHC Pharmacy	<input type="checkbox"/> Billing Office
<input type="checkbox"/> Other: _____	

Mentor/Preceptor: _____

Desired Start Date: _____ **Anticipated End Date:** _____

Anticipated Schedule

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Immunization Acknowledgement

Primary Health Care, Inc. strongly recommends vaccination with MMR, varicella, Tdap, Hepatitis B, and influenza (in season) vaccines before completing a student experience to protect yourself, your family and our patients.

I also understand that due to my student experience with Primary Health Care, Inc., I may be exposed to various types of infectious/communicable diseases. I acknowledge that it is my responsibility to maintain my vaccinations to protect myself and others from these diseases.

Required Documentation

The table below lists additional documentation required by experience level. This documentation should be included when you submit your student packet to HR. Your packet should be submitted at least one month prior to your desired start date.

	Level 1 Student: Clinical experience in a medical or dental clinic	Level 2 Student: Clinical observation only experience in a medical or dental clinic	Level 3 Student: Non-clinical experience
Background Check Authorization	Required	Required	Required
Documentation of Hepatitis B Vaccination or Declination	Required	Required	
TB Self-screening Questionnaire			Required
Documentation of a Negative TB Test per PHC Policy	Required	Required	

Certification & Release

I certify that the information contained in this application is true, complete and accurate. I understand that my student experience with Primary Health Care, Inc. does not constitute an employment relationship. I understand that I will not be paid or receive any form of compensation or benefits for my services as a volunteer. In consideration of the experience will receive during my student experience I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while volunteering.

I authorize investigation of all statements contained herein. I understand that prior to beginning my student experience screening will be conducted which may include, but is not limited to criminal, child and adult abuse, and sex offender history. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information. I understand that it may be necessary for me to authorize the verification of my consumer reports on a separate and enclosed disclosure and authorization form and attest that, to the best of my knowledge, the consumer reports will meet the requirements of the company.

Signature

Date