



NON-CLINICAL INTERNSHIP APPLICATION

INSTRUCTIONS

1. Save PDF to your Desktop.
2. Fill out all information needed
3. Save the completed document
4. Create new email and attach your current CV/Resume
5. Send email to ADSSG@uhhg.org with the subject line "Non-Clinical Internship Application" or "Clinical Preceptor-Led Rotation Application"

STUDENT CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SCHOOL _____

MAJOR/PROGRAM _____ COURSE # _____ SECTION # _____ TERM _____ YEAR _____

CURRENT EMPLOYER _____ EST. GRADUATION DATE _____

FACULTY CONTACT INFORMATION

NAME _____

PHONE _____ EMAIL _____

NON-CLINICAL INTERNSHIP REQUEST

INTERNSHIP DATES FROM _____ TO _____

TOTAL OF HOURS NEEDED _____ DAYS OF THE WEEK AVAILABLE _____ SHIFT AVAILABLE _____

OFFICE/DEPARTMENT REQUESTED _____

STUDENT _____ DATE _____

(PLEASE PRINT)

Union Health System use only:

PRECEPTOR/PRACTICE MGR. _____ DATE _____

VOLUNTEER SERVICES COORDINATOR _____ DATE _____

APPROVED _____ YES _____ NO _____

For School use only:

Reviewed by _____ DATE _____

Approved as a clinical preceptor _____ YES _____ NO _____