

NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

HOSPITAL EXTERNSHIP – APPLICATION FOR SPRING 2024 PROGRAM

Endless Mountains Health Systems (EMHS) – Montrose

PLEASE PRINT CLEARLY

Student Name: _____

Date of Birth: _____

Address (Street, City, Zip Code): _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

School: _____ Grade: 10 / 11 / 12
(Circle one)

Recommending Guidance Counselor / Teacher: _____

What healthcare profession are you most interested in? (Circle the number)

- | | |
|---------------------------------|---|
| 1. Emergency room | 6. Physical therapy/home health |
| 2. Operating room/surgical area | 7. Facilities (plant engineering/food service/housekeeping) |
| 3. Nursing/patient area | 8. Administration (leadership/medical records/accounting) |
| 4. Lab/pharmacy | 9. Other: _____ |
| 5. Radiology | |

List the classes you have taken in high school preparing you for a career in healthcare.

Please use the area below to describe why you are interested in participating in this externship.
(Additional room on the back)

If you are approved for the externship, will you be able to provide your own transportation to Endless Mountains Health Systems in Montrose? Yes _____ No _____

PERMISSION

I, the parent or guardian of _____, give permission for the named participant to attend the **Endless Mountains Health Systems Externship Program**. I understand that my son/daughter will participate in this six-week program every Wednesday from February 28th – April 3rd, 2024 from 9:00 am – 12:00 pm (**the program will be canceled if school is delayed/closed due to weather and made up at the end**). I will also allow my son/daughter to drive to the Externship Program if school transportation is not provided.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

TO BE COMPLETED BY THE GUIDANCE DEPARTMENT

What is students current GPA? _____

How many days absent last semester? _____ How many days tardy last semester? _____

Guidance Counselor Name: _____

Guidance Counselor Signature: _____ Date: _____

NTIEC Educational Advisor Name: Colin Furneaux

NTIEC Educational Advisor Signature: _____ **Date:** _____
(Certified Teacher)

Please return completed application to NTIEC as soon as possible via fax or e-mail to mwalker@ntiec.com to guarantee a spot as space is limited!

NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

NTIEC

HOSPITAL INTERNSHIP – EMERGENCY CONTACT

Endless Mountains Health Systems (EMHS)

Program: Spring 2024

Student Name: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Number: _____

Please Print Clearly

NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

MEDICAL PROFILE AND RELEASE

Student Health

Student Name: _____

Date of Birth: _____ Male/Female: _____

Address (Street, City, Zip Code): _____

Home Phone: _____ Student Cell Phone: _____

MEDICAL PROFILE

The following information is requested so that we can insure the health and safety of the student.

List any medical conditions which the student is currently being treated for.

Check any of the following that cause the student problems and explain.

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Hay Fever
_____ Heart Trouble _____ Diabetes _____ Dizziness _____ Upset Stomach

List any medicines and/or substances to which the student is allergic.

List any food allergies, special diets or needs (as we provide lunches and snacks).

If an injury/illness occurs during a program, what hospital do you prefer your son/daughter to be taken to: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Subscriber Name: _____ Phone: _____

MEDICATION ADMINISTRATION

I agree that my son/daughter shall bring medications which he/she is currently taking with him/her to the sponsored program, and that he/she shall consume the prescribed dosage for such medications. **NTIEC staff are not permitted to administer or supply any type of medication at any sponsored program.**

List Medications currently being taken by student *(if any)*.

MEDICAL RELEASE

I, on my own behalf and/or on behalf of the Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death). In the event of such illness or injury, I authorize **NTIEC program staff** to obtain necessary medical treatment of the minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the program.

Student Name: _____

Address: _____

Signature: _____ Date: _____

If subject is a minor or lacks capacity, a parent or personal (legal) representative must sign.

Witness signature: _____ Date: _____

NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

STUDENT MEDIA CONSENT AND RELEASE FORM

Throughout the year, student may be highlighted in efforts to promote Northern Tier Industry & Education Consortium (NTIEC) activities and achievements. Students may be featured in materials to promote and/or increase public awareness of our programs through newspapers, radio, TV, the web, DVDs, displays, brochures and other forms of media.

I, as the **parent/guardian** of _____ hereby give NTIEC and its employees, representatives and authorized media organizations permission to print, photograph and record my child for use in audio, video, film or any other electronic, digital and printed media.

- a. This is with the understanding that neither NTIEC nor its representatives will reproduce said photograph, interview or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve NTIEC, its Board of Directors, employees and other representatives from any liabilities, known or unknown, arising out of the use of this material.
- c. I understand that I have the right to ask NTIEC to stop the production of any photographs, films or other images. I also understand that I have the right to cancel this Permission before the photograph, film or other image is used.

I certify that I have read the Student Media Consent and Release form and fully understand its terms and conditions and any questions I may have had have been answered.

PLEASE PRINT CLEARLY

Student Name: _____ Grade: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Parent/Guardian signature: _____ Date: _____

NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

HOSPITAL EXTERNSHIP – EMHS’ LIABILITY RELEASE

Endless Mountains Health Systems (EMHS)

Dates of Experience: Wednesdays (February 28 – April 3)

Time of Experience: 9:00 am to 12:00 pm

Lunch: Students will need to make arrangements to eat lunch or bring a bag lunch.

Schedule: EMHS will develop a schedule of department visits for the six-week experience.

Other:

- Parents/students must document medical insurance coverage for the student (***please provide a copy of insurance card***)
 - Name of Insurance Company _____
 - Policy/Group Number _____
- EMHS does not provide premise liability coverage for students.
- Workers compensation coverage is not provided since this is not an employer-employee relationship.
- Parents and students agree to release EMHS from any and all liability for injury or losses that may arise during the experience.

As a student who is rotating in this healthcare setting, you have an ethical and legal duty to keep patient information confidential. Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) forbids healthcare providers from disclosing patients' protected healthcare information, except upon written authorization by the patient or as otherwise permitted by the law.

We the undersigned agree to the conditions and statements set forth in this agreement.

Printed Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

HOSPITAL EXTERNSHIP – EXTERN GUIDELINES

Endless Mountains Health Systems (EMHS)

Welcome to the Endless Mountains Health Systems (EMHS) Externship Program. In a cooperative effort between NTIEC and EMHS, students will be provided with an educational work experience in areas of the healthcare occupation. The purpose of this program is to assist students in setting educational and/or career goals.

The externship will be a six-week experience conducted at EMHS every Wednesday from February 28 – April 3, 2024 from 9:00 am – 12:00 pm. Students will receive a safety orientation and expectations of conduct on the first day along with a tour of the hospital. After orientation and the remaining weeks, student will spend time rotating through various departments.

General Rules:

- If the student will be absent, he/she **MUST** call their educational coordinator by 7:30 am and leave a message. This is mandatory!
- Notify the worksite internship coordinator if you are feeling sick on site.
- Respect EMHS property, employees, and patients.
- Follow staff instructions at all times.
- Follow all guidelines regarding CONFIDENTIALITY.
- Cell phones **MUST** be turned off while in the hospital.
- Dress Appropriately:
 - Wear your name tag – if one is provided
 - Slacks or Khakis – with shirt/blouse are preferred and closed-toed, comfortable shoes
 - Unacceptable clothing
 - No shorts, jeans, sweatpants, leggings, or spandex
 - No halter/tube tops or t-shirts with writing on them
 - No dangling earrings or necklaces
 - No open-toed shoes
 - No perfume/cologne
- Ask, ask, ask questions; no question is a bad question. This is how we all learn!

We hope you enjoy your externship experience. Hopefully this experience will assist you with your career decision.

If you have any questions, please do not hesitate to contact Megan Walker at 570-278-5038 or via e-mail at mwalker@ntiec.com.

Student Signature: _____

Date: _____

Student Name: _____

P.O. Box 505, Tunkhannock, PA 18657
Phone (570) 278-5038 – Fax (570) 278-2731
www.ntiec.com