

NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

DENTAL INTERNSHIP – APPLICATION FOR FALL 2019 PROGRAM

Progressive Dental – Montrose or Kirkwood

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

- | | |
|-----------------------------------|---|
| 1. Dentist | 6. Dental Hygenist |
| 2. Orthodontist | 7. Lab Technician |
| 3. Periodontist | 8. Lab Assistant |
| 4. Oral and Maxillofacial Surgeon | 9. Administration (leadership/medical records/accounting) |
| 5. Dental Assistant | |

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 internship.
(Additional room on the back)

If you are approved for the internship will you be able to provide your own transportation to Progressive Dental? Yes _____ No _____

PERMISSION

I, the parent or guardian of _____, give permission for the named participant to attend the **Progressive Dental Internship Program**. I understand that my son/daughter will participate in this six-week program on the timeframe checked below and that one rotation can be spent in the Endwell, NY office at their laboratory if the student is interested. I will also allow my son/daughter to drive to the Internship Program.

- Tuesdays, from Oct 1 – Nov 5, from 9:00-12:00 / Montrose or Kirkwood (*circle location*)
- Thursdays, from Oct 3 – Nov 7, from 9:00-12:00 / Montrose or Kirkwood (*circle location*)
- Tuesdays, from Oct 4 – Nov 8, from 9:00-12:00 / Montrose or Kirkwood (*circle location*)

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? _____

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

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/ needs (lunches and snacks provided for certain programs).

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:** _____