



Inland Coalition Health Pathway Internship

Internship Checklist

Name _____ School _____

Please place an "X" in the box for each task completed.

Comments

☐ Application Completed

☐ Portfolio Reviewed

☐ Three Community Events

1. _____

2. _____

3. _____

☐ Thirty (30) Hours of Service log(can be an academy project)

☐ Verified 3.0 GPA in Health Class

☐ Essay

☐ Teacher/Counselor Recommendation

☐ Attendance Verification

☐ Soft Skills Certificate

☐ Clearance form signed/turned in

☐ Obtained medical clearance

Additional Comments (if needed):

INLAND COALITION STUDENT CLEARANCE FORM

Instructions

Step I: Complete **Sections A and B** below. **ALL listed information is required.**

Step II: Read statement then sign and date **Section C**.

Step III: Email or fax your completed form and copies of the documentation listed in **Section D (as a packet)** by the submission deadline. **Incomplete/missing information may delay** the start of your placement.

Email: carol@inlandcoalition.org

Fax: (909) 982-8642, cover sheet required: "Attn: Carol Allbaugh"

SECTION A – Please PRINT.

Name _____ Email Address _____

Street/Mailing Address _____

City/State/Zip _____ Phone _____

SECTION B – Please PRINT.

Sponsoring Organization _____ Inland Coalition _____

Name of your High School _____

SECTION C – Read carefully, sign and date.

My signature below indicates that I agree to adhere to a strict code of confidentiality, both verbally and in written material. All information obtained from clients/patients, their records, or computerized data is to be held in confidence. No copies of client/patient records shall be made, and no records or computer printouts, or copies thereof are to be removed from the Medical Center or its facilities unless pre-approved authorization is obtained by designated personnel. If pre-authorization is obtained, all patient information must be de-identified. Clients/patients will not be identified in any manner in paper, reports, or case studies undertaken by me unless specifically authorized by IRB/Research Study. My signature below also indicates that I will, or have already read through the Orientation Guide and will take responsibility for, and will be held accountable for, all the information contained in it.

Student Signature _____ Date _____

Parent Signature (if student is under 18 y/o) _____ Date _____

SECTION D – Please carefully read each requirement description in this Section.

Internship Experiences ONLY

- ☐ **Influenza (Flu shot) – NO declinations will be accepted**
 - Documentation of a seasonal flu shot is required for any experiences that start anytime during **October 1 to March 31**.
- ☐ **TB/PPD skin test**
 - Test results within the last 12 months. If your test results are positive, you are required to submit a completed **HealthScreening Questionnaire (HSQ)** with your paperwork. To request an HSQ, please contact Gwen Wysocki at gwyssocki@llu.edu
- ☐ **Tetanus, diphtheria, pertussis**
 - A tetanus/diphtheria booster shot is required within the last 10 years. Also required is a one-time dose of Tdap.
- ☐ **Measles, Mumps, Rubella (MMR)**
 - Documentation of MMR vaccination date(s) OR **Positive** blood titer result for each disease
- ☐ **Varicella (chickenpox)**
 - Documentation of varicella vaccination date(s) OR **Positive** blood titer result
- ☐ **Health Insurance – NO waivers will be accepted.**
 - Submit a current copy of your health insurance coverage card or a letter from your high school regarding school coverage.
- ☐ **Background Check for students 18 y/o and older - NO Live Scans will be accepted.**
 - Online vendor Coeus Global, Inc. Go to www.coeusglobal.com/lluhs, enter School Code: **LLUHSOS** and follow Instructions. Vendor will not send a report to you. As an authorized report reviewer, I will access your results.

Observation Experiences ONLY

- ☐ **Influenza (Flu shot) – NO declinations will be accepted**
 - Documentation of a seasonal flu shot is required for any experiences that start anytime during **October 1 to March 31**.

FOR INLAND COALITION USE ONLY

☐ Observation ☐ Internship Placement Department _____ Start Date _____


Clearance Signature _____ Date _____



Name _____ **School** _____

Comments

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- This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with some faint smudges and discoloration, particularly along the right edge and center fold. There is no text or other markings on the page.



Your Name _____

School _____

Person Interviewed _____

Title/Workplace _____

Informational Interview

1. What do you find most enjoyable about your job?
2. What is the most challenging part of your job?
3. How many hours do you work in a typical field?
4. What skills are required for your job on a day-to-day basis?
5. What training or degree is required for your position?
6. Is this field growing enough so there is room for someone like me?
7. What changes do you think will happen in this field within the next 5 years?
8. What would be a reasonable salary range to expect if I entered this field? What is the long-term potential?

9. What is the advancement potential in this field?

10. Why do people leave this field?

11. If you could start all over again, would you change your career path? If yes, why?

12. What qualifications does someone look for when hiring new people in this field?

13. Can you recommend any courses or skills I should pursue if I wanted to pursue employment in this field?

14. What other fields should I explore that are related to this field?



Canyon Springs High School

23100 Cougar Canyon Drive
Moreno Valley, CA 92557
Voice: (909) 485-5899 Fax: (909) 485-5898
email: sscott1@mvusd.net



TB Test Parent/Guardian Agreement

In conjunction with the Canyon Springs High School Health Careers Academy, I understand that a current TB test with a negative result must be on file with Canyon Springs High School for my child to be allowed to participate with the job-shadowing program at a medical work site. I understand that my child may receive a TB skin test administered by MVUSD School Nurse on **Tuesday, September 11, 2012** at Canyon Springs High School. I acknowledge the fact that my child will need to have the test results read by the School Nurse on **Thursday, September 13th, 2012** in room 423 (HCA Tech 3 classroom) at Canyon Springs High School. I understand that if my child is absent during the times that the TB test is administered and test results read, that I will be responsible for acquiring the test.

I also understand that this skin test is provided free of charge to participating Health Careers Academy students. My signature releases Canyon Springs High School, Moreno Valley Unified School District, and the Health Careers Academy from any liability in connection to this skin test.

I also understand that without a current TB test my child will be unable to participate in the job-shadowing program that is a required part of the academy curriculum.

I further understand that I may choose to have my child tested with my personal physician, or the public health office and I am responsible for any expenses incurred with my own physician or health office.

Student Name _____ Age _____

_____ Yes, I hereby give permission for MVUSD Nurse to administer a TB skin test to my child on _____ and to read the results on _____.

_____ No, I choose not to have MVUSD Nurse administer a TB skin test to my child, but rather will be responsible for having a current TB test administered for my child.

Parent/Guardian Name: _____
(Please print)

Parent/Guardian Signature _____ Date _____

Partners

- Arc Riverside • Loma Linda University • Moreno Valley Community Hospital • Moreno Valley Unified School District •
- Parkview Community Hospital • Riverside Community College • Riverside County Office of Education, ROP •
- Riverside County Regional Medical Center • University of California, Riverside •