



Student Name: _____

School: _____

Application Date: _____

Tuality Healthcare High School Student Internship Packet

All students who wish to participate in an internship with Tuality Healthcare must complete and submit all of the following forms and provide supporting documentation to the Hillsboro Chamber School to career Director. High School Internship requests will not be submitted to Tuality without all of the required documentation.

Internship Checklist

- _____ 1. Provide a copy of your resume
- _____ 2. Write and submit a student letter of introduction with your personal learning objectives:
 - 1st** paragraph-Introduction of student
 - 2nd** paragraph-Any related health career experiences
 - 3rd** paragraph-Student interest/career interests
 - 4th** paragraph-What the student hopes to gain through this internship; this needs to include 3 learning objectives
- _____ 3. Completed Student Contact Information & Orientation Handbook Quiz (page 2-3)
- _____ 4. Signed Tuality Confidentiality Statement For Students (page 4)
- _____ 5. Signed Tuality Dress Code (page 5)
- _____ 6. Signed Verification of student status (page 6)
- _____ 7. Marked Internship Profession Selection Document (page 7)
- _____ 8. Signed waiver of liability (page 8)
- _____ 9. Submit a copy of proof/documentation of a negative PPD (Tuberculosis) test
- _____ 10. Submit a copy of the student's immunization records
- _____ 11. Submit proof of flu vaccination - annual requirement (not required for summer placements)

Please submit all of the above to:

cc: Christine Rickis, Hillsboro Chamber of Commerce School to Career 5193 NE Elam Young
Parkway, Suite A Hillsboro, OR 97124

Or fax to: Attn: Christine Rickis (503) 681-0535 (fax number) Office: 503-726-2143

christiner@hillchamber.org



STUDENT: CONTACT INFORMATION

Student & Contact Information

Student Category: (select all that apply)	<input type="checkbox"/> High School Student - Junior Year <input type="checkbox"/> High School Student - Senior Year <input type="checkbox"/> Other Student Type _____
Student Legal Name: *First, Middle Initial, Last	
Date of Birth: *MM/DD/YY	
Student Last 4 SSN:	
Student Physical Home Address:	
Student Email:	
Emergency Contact Name & Telephone	
School Name:	
Special Needs/ADA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Placement	<input type="checkbox"/> School to Career Program <input type="checkbox"/> Other Placement Program: _____ <input type="checkbox"/> Comments: _____ _____ _____

Student Signature _____

Date Signed: _____

PLEASE DO NOT WRITE BELOW IN SHADED AREA - FOR OFFICE USE ONLY

FOR OFFICE USE ONLY:

Date Verified : _____

Requirements Verified by: _____

Initials	Date	Item
		Criminal Background Check (convictions must be declared)
		Varicella Vaccination or Immunity Titer
		Measles, Mumps and Rubella Vaccination or Immunity Titer
		Hepatitis B Series or Declination Statement
		Tuberculosis Testing (e.g., negative PPD or X-ray)
		Seasonal Flu Vaccination (Placements between 10/1 and 5/31 annually must provide documentation)
		*Student Checklist Form: Student forms can be accessed on the Tuality.org website. http://www.tuality.org/tuality/index.php/clinical_education/students

STUDENT HANDBOOK QUIZ

REFER TO TUALITY CLINICAL STUDENT HANDBOOK

Instructions: Read the following statements and mark - True or False.

Using gloves eliminates the need for hand washing.	True <input type="checkbox"/>	False <input type="checkbox"/>
A person who is exposed to patients blood or body fluid is REQUIRED to go to the Emergency Department.	True <input type="checkbox"/>	False <input type="checkbox"/>
A Code RED means fire or smoke. As a student you would, notify a Tuality Healthcare member to activate the fire alarm response system and then follow the acronym RACER as directed by personnel.	True <input type="checkbox"/>	False <input type="checkbox"/>
Students have a duty to keep patient information private and may not make photocopies of patient's charts or print patient's records. In addition, participation in breaches of patient confidentiality is illegal under federal law.	True <input type="checkbox"/>	False <input type="checkbox"/>
Patients must be informed when you are participating in a job shadow, and you should introduce yourself as a high school student intern when working under your Preceptor or Tuality mentor.	True <input type="checkbox"/>	False <input type="checkbox"/>
Students are responsible for reporting risks and unsafe conditions to a Tuality staff member, as soon as possible.	True <input type="checkbox"/>	False <input type="checkbox"/>
All blood and body fluids must be treated as if they are infectious. If it is warm, wet and not yours, stay away from it.	True <input type="checkbox"/>	False <input type="checkbox"/>
Students are expected to comply with Tuality regulated safety dress code at all times while on campus. Examples are; maintain good dental and body hygiene, tie long hair back, no artificial nails, no fragrances or scented lotions, no jeans, shorts, tank tops, exposed midriff, or miniskirts, no open-toe shoes or spiked heels, no visible slogans or logos, minimum jewelry and no facial jewelry. Students will be asked to leave and change and return if dressed inappropriately for their internship.	True <input type="checkbox"/>	False <input type="checkbox"/>
Students are responsible to obtain and wear their Tuality Student visitor sticker at all times on campus.	True <input type="checkbox"/>	False <input type="checkbox"/>

I have read the Student Orientation Handbook and completed the Handbook Quiz. I understand that I must clarify my student role and responsibilities with my preceptor/faculty. I agree to comply with Tuality policies and procedures during my clinical experience.

Student Printed Name: _____

Student Signature: _____

Date: _____

Sign and return this completed form to Christine Rickis, Hillsboro Chamber of Commerce. You may return your completed forms by mail, fax or email. The address is 5193 NE Elam Young Parkway, Suite A, Hillsboro, OR 97124; Fax (503) 681-0535; Email to christiner@hillchamber.org 3



CONFIDENTIALITY STATEMENT / HIPAA

I understand that I may come in contact with confidential information-both clinical and employee related through written records, documents, ledgers, internal verbal correspondence and communications, electronic programs and applications. I will not access, nor do I have the right to review or disclose personal information, medical or otherwise, except when fulfilling my job responsibilities.

I agree not to divulge or disclose to anyone other than those persons of the corporation who have the “need to know” directly or indirectly, either during or after my clinical learning experience, any confidential information acquired during the course of my experience.

I understand and acknowledge that in the event I breach any provision of this agreement, Tuality Healthcare, in addition to any other legal remedies available to it, has the right to reprimand, suspend and/or terminate my clinical experience with or without notice, to impose fines pursuant to applicable laws, and to report to my school or licensing body.

Student Printed Name: _____

Student Signature: _____

Date: _____

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DRESS CODE STATEMENT

Out of respect for Tuality Healthcare patients, employees, and other visitors and for your own safety, it is very important that you read and understand the dress code before visiting Tuality Healthcare facilities. Dress should be "business casual" in all areas unless otherwise informed of alternative attire to wear in the assigned area, they may vary on campus or site.

- Wear minimal jewelry (no dangling earrings or facial jewelry allowed)
- Casual pants and shirts are the preferred attire for both males and females
 - No jeans, shorts, capri, tank tops or sweatpants
 - No short skirts or spaghetti strap dresses
 - Long skirts are acceptable, if hem is below the knee
 - No bare waist or midriff clothing that exposes skin on the torso
 - No clothing with logos, slang, text or writing
- Closed Toe Shoes
 - No high-heels, sandals or open toed shoes
- Practice healthy personal hygiene
- Perfume Free and Scent Free Policy

Examples of acceptable attire might be: Slacks or khaki type pants, nice collared shirt or sweater, and clean tennis shoes, closed toed low or flat shoes without heels.

By signing my name below, I acknowledge that I have read and understand the dress code agreement and agree to abide by it. **I understand I may forfeit my job shadow opportunity**, if I am not compliant or chose not to follow the outlined dress code policy and may be asked to leave.

Student Printed Name: _____

Student Signature: _____

Date: _____

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SCHOOL VERIFICATION CRITERIA & STATUS

It is the policy of Tuality Healthcare to accommodate clinical learning experiences for high school students who are currently enrolled in an affiliated school facility with an unexpired district certificate of insurance. The school verifies and/or can attest that the student is in good standing and displays sufficient maturity and safety appropriate to hospital patient populations and clinical environment.

- 1) are currently enrolled in classes,
- 2) are in good standing at an affiliated school, and
- 3) have sufficient maturity to understand and comply with hospital/clinic procedures and safety practices.

Student Printed Name: _____

Teacher or School Counselor Signature: _____

Date: _____

SCHOOL TO CAREER:

Healthcare Internship Selection Document

To assist you with locating and arranging a healthcare internship, please list your **top 3 professions** from the list provided below. If there is an alternate area or profession not listed, please write it in and we will research how we could further accommodate your interests. Please keep in mind, we do our best to match you with your first selection, however your 2nd or 3rd option may be used if there are no internships available in either your selected profession or specialty area at the time of your clinical internship request. Please do your own homework and career research on-line to look at different healthcare careers of interest prior to making your selections decisions below. Once internship requests are submitted and approved, site changes requests are no longer valid for the term period. Healthcare internships are typically scheduled for a clinical range of up to 24 hours. Confirmation of internship placement, clinical range start and end dates with location details and other pertinent internship details are provided after facility site placement has been confirmed and regulatory documentation had been processed.

PROFESSION CATEGORY: *Select three choices, mark with a 1, 2 and 3*

- Athletic Trainer
- Case Manager
- Certified Medical Assistant (Ambulatory Clinic)
- Certified Nursing Assistant
- CT & MRI Technologist (Diagnostic Imaging)
- Cytotechnologist & Histotechnologist, Micro (Laboratory)
- Dietetics & Nutritionist
- Midwifery & Lactation Consultant
- Medical Billing and Coding Analyst
- Occupational Therapist
- Pharmacist & Pharmacy Tech
- Phelobotomist (Laboratory)
- Physical Therapist
- Physical Therapy Aide

- Physician or Physician Assistant; Select your Specialty Areas: _____
(Examples: Orthopedics, Neurology, Surgical, Oncology, Gynecology/Obstetrics, Pulmonary, Urgent Care, Urology, Family Health, Primary Care, Clinics)

- Radiology Technician

- Registered Nurse; Select your Specialty Areas: _____
(Examples: Maternity, Medical Surgical, Day Surgery, Recovery, Endoscopy, Emergency Services, Home Health, Family Practice, Cardiac Care, Critical Care, Hematology and Infusions, Wound Care, Vascular Access)

- Respiratory Therapist
- Social Worker
- Speech and Language Pathologist
- Other: (Write in profession)

WAIVER OF LIABILITY RELEASE AGREEMENT

The undersigned student is permitted to participate in an internship at Tuality Healthcare. In consideration of participation in a clinical placement, the student and/or the parent/guardian acknowledge Tuality Healthcare will not to be held liable for activities, injury or outcomes related to their experiences during their clinical internship experience. The undersigned agrees each participant is responsible for his/her own safety and agrees not to pursue Tuality Healthcare or other involved parties with regard to liability for any claims related to participation in the student internship on any on or off campus site or clinic associated with Tuality Healthcare.

Student Name (printed): _____

Student Signature - required if over 18 years old: X: _____

For Minors Under 18,

Enter Date of Permission Release: _____

(Primary) Parent/Guardian Name (printed): _____

Parent/Guardian Signature - required if student is under 18 years old: X: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Please send all completed documents to:

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Parkway, Suite A Hillsboro, OR 97124

Or fax to: Attn: Christine Rickis (503) 681-0535 (fax number)

Got Questions? call the office: 503-726-2143

christiner@hillschamber.org



TUALITY HEALTHCARE
An OHSU Partner

Campus Map



Tuality HealthCare Main Hospital 335 SE 8th Ave, Hillsboro, OR 97123

PARKING: INTERMODAL TRANSIT FACILITY OR SE 9th AVE PARKING GARAGE

Tuality Healthcare Human Resources Dept.
372 SE 6th Ave Suite 100, Hillsboro, OR 97123
Clinical Education Office: 503-681-1480



TUALITY
HEALTHCARE
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Welcome to Tuality