

Student Experience Application

Thank you for your interest in gaining valuable health care experience at Community Memorial Hospital. We believe strongly in partnering with individuals to provide meaningful educational experiences to students interested in entering the healthcare field. Please please note that if your experience can be accommodated, it will be scheduled and setup in the interested department, through the corresponding department head.

CMH Policy Requirements

Job Shadows and Short Term Experiences (less than 10 hrs/week and less than 1 month):

- Applicant must be entering their freshman year of high school or later.
- HIPAA/Violence Against Health Care Workers training (Last Tuesday of each month, from 10-11:30am in the Pine Room (CMH ground floor).
- Proof of flu shot needs to be provided to CMH by applicants if experience will take place between October 1 and March 31, annually.

Interns or Long Term Experiences (over 10 hrs/week or for more than 1 month):

- Applicant must be entering their freshman year of high school or later.
- HIPAA/Violence Against Health Care Workers training (Last Tuesday of each month, from 10-11:30am in the Pine Room (CMH ground floor).
- Proof of flu shot needs to be provided to CMH by applicants if experience will take place between October 1 and March 31, annually.
- School or entity affiliated with applicant must have a contract on file with CMH.
- Contract indicates immunizations and 2 step-Mantoux (TST) or T-spot/Quantiferon have been done and are on file with school or entity prior to experience scheduled, and will be available to be sent to CMH if requested.

Complete this form and email a copy to jdenny@cloquethospital.com or mail the printed form to: CMH Student Experience / ATTN: Jordan Denney, 512 Skyline Blvd, Cloquet, MN 55720. For more information call 218-878-7073.

Part 1: Contact Information (Please print or complete on computer)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Cell Phone: _____ Home Phone: _____

Part 2: Request for Experience:

Are you a current CMH Employee? **Yes** OR **No**

Which type of Request are you interested in? **Job Shadow/Short Term Experience** OR **Intern/Long Term Experience**

Do you already know someone, or have you been in touch with a CMH Employee for this request? If yes, please provide: Employee's Name & Dept: _____

Please provide your preferred dates/times for the experience to take place and the area/department you are interested in.

By signing your name below, you are acknowledging that you understand and meet the requirements listed above for the experience you are requesting and will attend a HIPAA/VAHCW training session as required by CMH.

Applicant Signature

Date