

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, between you and 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 packet read, acknowledgment forms completed
- Proof of flu shot needs to be provided to CMH by applicants if experience will take place between October 1 and March 31, annually; acknowledgment form completed

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 packet read, acknowledgment forms completed
- Proof of flu shot needs to be provided to CMH by applicants if experience will take place between October 1 and March 31, annually; acknowledgment form completed
- 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 jdenney@cmhmn.org.

Part 1: Contact Information

First Name:

Last Name:

Phone Number:

Address:

Email:

Part 2: Request for Experience:

Which type of Request are you interested in? **Choose an item.**

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

Name:

Department:

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

Choose Start Date

Choose End Date

Department:

By Typing your name below, you are acknowledging that you understand and meet the requirements listed above for the experience you are requesting and have completed the student experience forms/training materials as required by CMH.