

## ST. DEV. 399R: Health Professions Internship Application

Complete and submit to Julie Brinkerhoff (3328 WSC).

Semester of Internship \_\_\_\_\_ Year \_\_\_\_\_

Section 1: Personal Information	
Name (Last, First, Middle)	Today's Date(month/day/year)
E-mail Address	BYU ID Number/Route Y ID
Desired Profession	Current Telephone

Section 2: Academic Information			
Academic Major	Minor	Overall GPA	Science GPA
Semester hours completed	Projected Date of Graduation	Projected Date of Entrance Exam	

Circle which STDEV classes (if any) you have taken: 139 / 227 / 229 / 239 / 329 / 399 / 439

Section 3: Additional Information	
Previous Shadowing Experience	Date

What specialties would you like to observe? (Please list as many as possible)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Do you have transportation?    Yes    No

I have attached documentation for: MMR / 2 TB tests / Hep B / Chicken Pox (confirm)

Please give any other additional information that would be useful in considering your application.

Do not write below. <b>FOR OFFICE USE ONLY</b>	
Date & Time application was received:	Approved    Y    N
COMMENTS:	

## STDEV 399R: Health Professions Internship Application

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In order to be considered for a Health Professions Internship, all students must show documentation of current immunizations and TB testing. Your application **will not** be considered complete unless all documentation has been included. In order to be eligible for placement, please complete and turn in your application no later than **March 3, 2008**. We will let you know by March 17<sup>th</sup> if you have been accepted.

Students doing internships in **medicine, physician assistant, and physical therapy**, are required to complete a background check and drug screen before entering any medical facility. There no text book requirements for this class; however, the background check and drug screen will cost \$85. This is a repeatable class; once you have completed the background check and drug screen, you do not have to re-do them in order to take the class again. Once you have been notified of your acceptance, you will have until **April 7<sup>th</sup>** to complete your background check and drug screen. If you fail to complete these requirements, your spot will be given to another student.

### Immunization Info:

Many people have up to date immunizations. You are not required to duplicate immunizations; only to **produce proof** that you have had them. Contact your local health unit or doctor's office, or consult your personal records for documentation. You must also have had **TWO TB tests** within the last year to qualify to enter medical centers. The following is a list of prices for the needed tests and immunizations at the BYU Health Center and the Utah County Health Department. You must make an appointment for the BYU Health Center; the UCHD is walk in (mornings preferred). UCHD also accepts some insurance programs; check to see if you can be covered.

Immunization Resources in Provo		
Test/Vaccine	Utah County Health Dept. (151 S. University Ave Provo, UT)	BYU Health Center
<b>TB test (2 are required!)</b>	\$14 each	\$10 each
<b>MMR (Measeles and Rubella)</b>	\$57 each (series of 2)	\$53 each (series of 2)
<b>Hepatitis B</b>	\$37 each (series of 3)	\$49 each (series of 3)
<b>Chicken Pox (or CONFIRM that you have had it)</b>	\$87 each (series of 2)	\$68 each (series of 2)
Tdap (you may WAIVE this requirement)	\$47	\$42
Influenza (Flu Shot - recommended, but NOT required)	\$23	\$21