

Intern Application



Office Use Only

Intern Services:

- Intern Assigned to: _____
- Duration of Internship: _____ to _____

Department (please complete):

Background Check:

- Criminal Background Results Attached (Per Affiliation Agreement)
- Contact Intern/Student for Criminal Background Check Results

Orientation:

- Orientation completed by:
Signing below indicates that you confirm that the intern has interviewed, reviewed the Intern PowerPoint and Intern Handbook on MercyNet, and you have provided the intern with the service description for his/her assignment (questions, please contact the Intern Services Office at (330) 489-1106):

Staff Member Signature: _____ Date: _____

Section I: Personal Data (Please Print Clearly)

Full Name: _____ Date: _____

Social Security Number: _____ (required)

Email Address: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

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If you have lived outside of Ohio in the last (10) ten years, please list additional address(es):

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Have you been convicted of any crime including misdemeanors and traffic violations? Yes No
If yes, please explain: _____

Section II: Interests and Availability (Please Print Clearly)

Please briefly describe your internship: _____

Department: _____

Is this a School Requirement? Yes ___ No ___ If yes, what school: _____

Number of Hours Needed: _____ Dates of Internship Needed: _____

Section III: Intern Paperwork (Please complete each item and return with application).

- **Student/Intern/Shadow Health Requirements Checklist** – Complete the Health Requirements Checklist **and submit the required health documentation (medical or university/college logo)**
- Submit BLS (Basic Life Support) Documentation for all clinical internships.
- **Safety Quiz and HIPAA Self-Study Packets** - Complete the *Self-Paced Safety Quiz* **and** the *HIPAA Self-Study Packet Quiz* in this packet. The quizzes are open book.
- **Compliance Certification** ó Read the Mercy Medical Center Compliance Guidelines and sign the Compliance Certification.
- **Fair Credit Reporting Disclosure Form** ó Social Security number is required.
- Complete the entire **Intern Application**.

Section IV: Other Information

- **TB Test** ó All student interns need to complete a TB test. Please see the Student/Intern Shadow Health Requirements Checklist for additional TB test guidelines.
- **Background Check** ó Include a copy of a FBI and Ohio Bureau of Criminal Investigation (BCI) background checks with your application. **The Fingerprint back ground checks must have been administered within one year of the intern start date.**
- **Attire** – Ensure that clothing projects a neat, clean appearance, comfortable closed-toe footwear, no excessive jewelry, perfume/cologne. No jeans, shorts, short skirts, facial piercings, or low cut tops.
- **ID Badge** – All active interns receive an identification badge. Identification badges will be worn correctly at all times with name and picture visible. Stickers and pins are not acceptable. Nothing can be worn on the ID

badge. It is essential that employees and interns who have access to the Medical Center wear a *MMC photo ID badge while on duty*. On your first day, please pick up a yellow ID order card from the Intern Services Office. A Volunteer Services staff member will accompany you to Security.

- **Scheduling** – Each student will be assigned to the department on a designated day and time. Erratic attendance is detrimental to the department and may result in dismissal from the program.
- **Resignation** – Please notify the **Volunteer Services Department and your assigned Department** of your resignation date/completion of your internship or assignment. **Please return your badge to the Volunteer Services Department** upon your resignation.

Section III: Intern Agreement (Please read and sign)

Statement of Equal Opportunity in Intern Services: Mercy Medical Center, as an institution dedicated to the service of all humankind and in recognition of its responsibilities to its patients, staff, and the community which it serves, supports the philosophy of providing equal opportunity for intern services to all qualified applicants. Interns will be recruited and placed in intern positions without regard to race, color, sex, age, national origin, or physical handicap except where age, sex, or physical handicap is a bona fide assignment qualification. Decisions on intern placement will be based solely upon an individual's qualifications, interests, availability, and Medical Center needs. *As part of this decision making process, a background check may be conducted on each applicant. This check will be conducted by the Mercy Medical Center Security Department or designated school representative and its results will be kept confidential.

My signature below verifies that:

- I agree to keep **confidential** all information about patients, staff, and physicians that I may become aware of while carrying out my intern assignment. My signature below verifies that I agree to keep all information about patients, staff and physicians that I may encounter while interning at Mercy Medical Center completely **confidential**. **Confidential information includes identity (name, personal information), physical or psychological condition, emotional status, conversations between patient and healthcare providers, and paperwork on or about a person.** I understand that falsification of information on this application, failure to maintain strict confidentiality, or any violations of the policies outlined by the department manager may result in my immediate dismissal from the work area and/or serious legal consequences.
- **All information** included in this application form is **correct** to best of my knowledge.
- I further understand that **falsification** of information on this application or violation of the policies outlined in the intern handbook may result in my immediate dismissal from the program

Applicant Signature: _____ Date: _____

For questions about your application or the application process, please contact us at:

**Volunteer Services
Mercy Medical Center
1320 Mercy Drive NW
Canton, OH 44708
(330) 489-1106 Phone
(330) 580-4794 Fax**