



Application for Student Experience at Inland Hospital & Affiliated Practices

Must be received two months prior to expected start date

Name:		Date of Birth:	
Address:	City:	State:	Zip:
Phone:			
E-mail address:			
Name of school (if applicable):			
Immediate advisor/faculty (if applicable):		Phone:	
Emergency Contact (Person who may be reached in case of an emergency during your Inland experience.)			
Name:	Relationship:	Phone:	

Location of Unit or Practice for observation : _____ Date: _____

Note: An observational experience will not extend beyond 8 hours in a single day or 16 hours total and may be further limited at the discretion of the department accepting the applicant. An observation candidate must be 16 years of age. Student Intern hours are dependent upon degree program and Inland availability.

REQUIREMENTS

1. Immunizations: Observational/student experiences require proof of immunization or confirmed immunity. Submissions will be reviewed by the Inland Hospital Employee Health Nurse for completeness. *Current Inland employees are exempt as their immunization records are on file. Please complete the INLAND HOSPITAL EMPLOYEE HEALTH STUDENT IMMUNIZATION REQUIREMENTS document with the following requirements:
 - a. Rubeola (Measles), Mumps, Rubella (German Measles): **Required both doses or positive Titer**
 - b. TB screening within the last 12 months and at least one week apart: **Required 2 sets** or negative Titer
 - c. Varicella (Chickenpox): **Required both doses or positive Titer**
 - d. Influenza vaccination during current influenza season
 - e. Hepatitis B: Required **3 Doses or positive Titer**
 - f. Tdap –Tetanus/Diphtheria/Pertussis: Within last 10 years
 - g. COVID-19 Vaccination – **Fully completed two weeks prior to arrival**

(Proof may include a copy of an immunization record or titer results.)

FOR THE SAFETY OF OUR PATIENTS, APPLICANTS WITH INCOMPLETE HEALTH RECORDS OR WHO DECLINE ANY OF THE ABOVE WILL NOT BE ACCEPTED FOR ANY EXPERIENCE.

Incomplete applications will NOT be processed.

I understand that I may be excused from my experience at any time and without notice, if, in their discretion, Inland hospital staff determine it to be in the best interest of the institution or the patient.

I attest that an Inland experience is a privilege provided to me and that I must always conduct myself in a professional manner. Candidates under 18 years of age will require a parent signature.

Signature of applicant: _____ Date: _____

Parental signature: _____ Date: _____

Complete the application and send all required documentation to:
 Staff Development, Northern Light Inland Hospital, 200 Kennedy Memorial Drive, Waterville, ME 04901
 or scan and email to the email address listed below.

Please direct additional questions to the Staff Development Office:

Michelle Skehan, RN Clinical Education Mgr.
 (207) 861- 3245 mskehan@northernlight.org