UPMC HORIZON UPMC JAMESON

To be completed by the student:

Name:
Street Address:City:
State: Zip: Email:
Telephone Number:Cell:
Name of the School you are attending:
Anticipated dates for Internship:
Course of Study/Area of Interest
Reason for Internship:
School Requirement/Recommendation Other:
Name of School Instructor/Advisor
Telephone Number of School Instructor/Contact
Complete Orientation Post Test General Orientation Validation Checklist
Corporate Compliance Validation Form Confidentiality Agreement
PA Patch (Crim Check) Act 73/33 Clearances
*When submitting your request for clearances, choose "Employment" as the purpose of the clearance. "Volunteer" or "Other" will not be accepted.
2 step PPD/ Mantoux or Quantiferon tb-Gold Rubella Titer
Hepatitis B Vaccine or Declination Form Flu Vaccine Proof Varicella
Written verification of a health exam

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Verify with School that CURRENT copies are on file at the Hospital:

Proof of Liability Insurance: _____ Copy of School Contract with UPMC: _____ Under the terms of this internship, it is understood that the student is under the direct supervision of a Department Manager/Director. Any patient care delivered by the student will be under the direction of the department manager or his/her designee and only after student competency has been established and possession of school/personal liability insurance has been confirmed. The Department Manager will secure informed consent from the patient to permit the student to participate appropriately in the provision of patient care. The student understands and accepts the internship experience as described above. The student agrees to abide by the rules and regulations of UPMC Horizon/UPMC Jameson.

Student Signature:	_Date:
OFFICE USE ONLY	
Paperwork Received/ (Date)	(Signature)
Spreadsheet Notification Requirements Complete	ed://