

Education Department

Non-Clinical Internship Application							
Personal Information:	Print or Type						
SSN (Full): Date of birth:							
Name:Last		First			Middle		
Last		FII	St		Middle		
Current Address:							
	Street	Cit	y		State	Zip	
Phone #:		Ok to text: Yes		Yes	No		
T 9							
Email:						_	
School/Program Name	/Grad Date:						_
School/Program Name Gra						duation Date	
School Coordinator's N	Name & Contact Info:						
Current Freeman Emp	lovee: Yes No	For	rmer Free	man Em	nplovee: Yes	No	
All internships are unpai	•						
						t department/s.	
Rotations Requested: W			1		•	1	7
	Preceptor Name (if kno	own)	Start Dat	:e	End Date	Req. # of Hours	
1.							
2.							-
							_
3.							
4.							
5.							-
5.							
		_	_				_
Freeman Health System scheduling of your rotati							3
timely.	ion. We reserve the right	t to cane	or your rou	mon n u	пе течиней раре	or work is not submitted	
All applicants must prov	ide the following:	Ad	ditional do	cuments	s for non -Freem	an employees:	
☐ Internship application						es the student has met	
 □ Letter of good standing from school □ Photo ID in JPEG format the requirements listed in the affiliation agreement: -Vaccination/declination for MMR, TB, Hep B, COVID, and Flu 							
☐ Copy of evaluation needed for school☐ Supporting documentation of internship					ninal Backgroun	d Check	
requirement for prograr	-טו	rug Screen					
. equilibrium program	, 448.44						
Ctudant Cia	mature					 ate	
Student Signature					υ	alt	