



Educational Opportunity Application

Name of Student: _____

School Attended: _____

Program Attended: _____

Current Credentials (if applicable): _____

School Contact (name, email): _____

Type of Educational Opportunity Requested (shadowing, preceptorship, etc.): _____

Semester Requested (Please apply for only 1 at a time): _____

Hours Requested for requested semester: _____

Do you have a preference of provider for preceptorship or shadowing? If so, explain your rationale _____

How did you hear about Family HealthCare? _____

Have you previously volunteered at Family HealthCare? _____

Have you previously been employed at Family HealthCare? _____

Have you ever been convicted of a crime other than minor traffic violations? If so, please explain. _____

If selected for an educational opportunity, would you be willing to provide medical records pertaining to our infection control policy? For example, we would need you to be up to date on all recommended vaccines, get a yearly flu shot during influenza season, and be able to show that you have been tested for tuberculosis (Mantoux testing)? _____

Brief Essay Questions (please write or type in space provided)

What is the mission of Family Healthcare?

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How does our organization's mission align with your own personal practices as a current or future provider?

What have been your prior experiences in the healthcare/dental field? If any?

Have you had any previous training on HIPAA? _____
If so, what does HIPAA mean to you and how would you incorporate that into your time at Family Healthcare if you were selected?

What are your definitions of cultural competency and trauma informed care? Do you find these to be valuable assets in a clinical setting?

How do you think your time with Family Healthcare will help enhance your education and future career opportunities?

Please email filled for to jheiberg@famhealthcare.org and medstudent@famhealthcare.org and allow at lease 2 weeks for staff to respond to your request.