

Dear Intern Applicant:

Thank you for your interest in interning at Rome Memorial Hospital. We have need for interns in both clinical and non-clinical areas. Some areas that may be available are:

- Pharmacy
- Dietary
- Physical Therapy
- Social Services

The NYS Health Department requires that we have the following health information on file for all Interns. You are required to provide this to us.

1. Your immunization records showing that you have had two shots for Measles, Mumps, and Rubella (MMR), or if you were born before 1956, proof of immunity to Rubella. (1 shot or a blood test).
2. A copy of a physical done within one year.
3. A mantoux (TB) test done within a year.

I have enclosed a copy of our intern application. When you have all of the above information completed, send me the information. If you have questions, please call me at 338-1734.

Sincerely,

Julie Chrysler
Volunteer Coordinator
Community Health Educator

Intern Application

Name _____

Date of Birth _____

Address _____

College you are attending _____

Telephone # _____

Cell phone # _____

Person to notify in case of an emergency

Name: _____ Relationship _____

Telephone # _____

The department / area of assignment: _____

Please circle days you wish to do internship: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours of the day you wish to do your internship: _____

Have you ever been convicted of a felony? _____

Why do you want to intern here? _____

Were you referred to us by anyone?

Individual? _____

Agency? _____

Do you have any special needs we should be aware of in order to accommodate you in your internship status? Yes _____ No _____

If yes, please explain _____

References:

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Signature

Date