Kent ISD Health Careers Immersion Program

FORMS PACKET

The following documents must be completed as part of the Health Careers Immersion Program application. Upon completion, please upload to the online application that can be found at:
http://www.kentisd.org/instructional-services/career-readiness/students/programs/health-career-internship/

If you will be receiving classroom credit for the Health Career Immersion Program, the school staff member responsible for monitoring your Immersion experience must review paperwork prior to it being submitted. Please refer to the Counselor page.

For Fall 2018, the completed application deadline is May 1, 2018 at 5:00 PM.

****Please retain a copy of the completed forms for your records****

Prior to uploading the forms packet to the online application, please use this checklist to **verify** that all documents are completed. If possible, please submit them in this order to assist with processing.

- ☐ **Immersion Agreement (signature page only)**
- ☐ **Confidentiality/Attendance/Media Release Agreement (1 page)**
- ☐ **Two Academic/Professional Reference Forms**
- ☐ **Counselor Form (only if earning school credit)**
- ☐ **Documentation of current immunization records, including Influenza**
- ☐ **Criminal Background Check form**

Please note: Incomplete applications will not be accepted.

Students will be contacted by May 15, 2018 with the status of their contingent acceptance into the Health Care Immersion program. ***Final*** **acceptance will be based on submission of a negative TB test results and a clean criminal background check. Instructions will be provided upon acceptance.**

Please note: Based on the number of applicants, all students may not be admitted into the program.

Next steps:
If accepted, completion of 4 online training modules will be required prior to the Health Careers Immersion start date, which will be the first week of September. Instructions will be provided via email.

- Topics include: Bloodborne Pathogens, HIPAA, Sexual Harassment and CPR

All participants will be expected to attend two mandatory orientations. One will be a hospital based orientation and the second will be at the Kent Intermediate School District.

If you have questions, please contact Krista Harmon, KENT ISD Career Exploration Coordinator at 616-365-2369 or kristaharmon@kentisd.org

Internship Agreement

We are excited you are interested in participating in the Health Careers Immersion Program. This experience will provide you with exposure to a variety of careers in health care. This is an OBSERVATION experience – there is no direct patient care.

Participation in this off-campus experience is to be considered the same as participation in other school activities. Students are subject to rules and regulations of attendance, behavior, attitude and compliance with the organization's confidentiality statement and dress code.

Please read the standards of behavior listed below carefully and indicate your acceptance of these requirements on the signature page.

Kent ISD Standards

Student will be offered career exploration Immersion experiences in a healthcare setting and be placed as closely as possible to the interest area indicated on application. Due to student availability and placement capacity, we cannot guarantee an exact match.

Student must complete all application forms by stated deadline and attend a KENT ISD & Hospital orientation session prior to placement.

Student must provide a valid email address to the Kent ISD Career Exploration Coordinator for all correspondence.

Students must complete a weekly online feedback form to provide attendance and observation information.

Worksite Standards

Follow Dress Code Standards for Healthcare Placement Sites as discussed during the KENT ISD Orientation

Student will maintain confidentiality as specified by HIPAA.

Student will act with respect, compassion and integrity at the placement site, completing all duties as assigned.

Student must participate in routine tasks as assigned by their mentor or other staff.

At no time will students be involved in direct patient care.

Student understands that any felony conviction precludes employment in the healthcare profession and involvement in the Immersion program. Any illegal/unethical behavior will result in student's withdrawal from the Immersion program.

Cell phones are **not** permitted at the clinical site. It is recommended that cell phones be locked in the student's car while at the Immersion site.

Student must be willing to submit and pay for random drug testing at the discretion of the healthcare organization. A positive drug screen will result in student's immediate termination from the Immersion program.

NOTE: Students are responsible for their own transportation to the placement site and to any excursions, tours, and/or assigned off site facilities. FREE TRANSPORATION *MAY BE* AVAILABLE. Please contact KristaHarmon@kentisd.org or 616-365-2369 for information.

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School Standards

Student must comply with all school rules and regulations; i.e., attendance, assignments, behavior, etc.

If the student is receiving classroom credit for the Health Careers Immersion experience, the student is responsible for having all school paperwork signed and returned to school.

General Agreement

In order to provide equal access to all students in Kent County, and to prevent jeopardizing patient care time by having clinicians return phone calls, students and/or parents are to refrain from personally contacting sites directly to elicit assignments. **ALL IMMERSION PLACEMENTS MUST BE PROCESSED THROUGH KENT ISD.**

If there is an existing friend/family relationship at a healthcare site, please inform the program coordinator so that the opportunity may be explored.

It is understood that this is a job shadow experience and students will not perform patient care or assume responsibility for a patient.

PARENTS/GUARDIANS: Your student is responsible for their own transportation, both to the assigned clinical setting and to any off site placement tours, visitations, rotations, etc. as arranged by the program coordinator. Free transportation may be available. Contact KristaHarmon@kentisd.org.

By signing below students and parents/guardians indicate that they have reviewed all aspects of the application and are citing approval for the application document and the required standards.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

It is the policy of the Kent ISD School Board that no student, staff member or candidate for any position in the District shall be discriminated against on the basis of race, color, religion, national origin, creed, ancestry, age, gender, marital status, height, weight, veteran status, political belief or disability which does not impair their ability to perform adequately in the individual's particular position or activity, excluded from participation in, denied the benefit of, or be subjected to discrimination in any program or activity for which the Kent ISD School Board is responsible for or receives financial assistance from the U.S. Department of Education.

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CONFIDENTIALITY AGREEMENT (HIPAA)

The Federal law known as the Health Insurance Portability and Accountability Act (HIPAA) requires that all dental/medical offices, hospitals and nursing homes comply with the patient's right to privacy regarding their health and treatment. As part of my Immersion experience, I may encounter information and/or records that are considered confidential. This includes any information related to residents, patients and employees that relate to all business information, practices and records.

All students have an obligation to keep such information confidential so as not to harm the patients or healthcare organization. I understand the importance of keeping all information confidential, and I understand that breaching confidentiality is grounds for termination of my experience.

I understand that I must follow these guidelines:

- **I will not discuss a patient or his personal medical information with anyone.**
- **I will not discuss patients in public areas, with my classmates or with family members.**
- **I agree to abide with the HIPAA regulations**

Sign here:

(Signature indicates acceptance)

ATTENDANCE POLICY

I understand the importance of being on time for my placement and being at my placement for each scheduled rotation. I must follow these guidelines:

- I will arrive 5 minutes early for my scheduled time so I am ready to begin on time.
- I will follow the schedule prepared for my placement rotation.
- I will call my placement host if illness or an emergency will cause me to be late or absent.
- Dismissal from my placement will occur as a result of unscheduled absences
    - Semester students are allowed two absences
    - Trimester students are allowed one absence
- If dismissed, high school credit may be lost for the program.
- I agree to abide with the Attendance Policy.

Sign here:

(Signature indicates acceptance)

MEDIA RELEASE APPROVAL

The student may appear in an educational video, photo, or audio recording. Please indicate below approval for Kent ISD to use a video, photo, or recording for reporting and /or promotional purposes.

Approval allows Kent Intermediate School District and the clinical setting to use a video, photo, or audio recording as publicity for the Health Career Immersion Program or clinical setting.

With this agreement, Kent Intermediate School District and the clinical setting are released from all claims, demands or cause of action of any nature that may arise from the use of your video, photo, or audio recording.

I agree to participate in media releases.

Sign here:

(Signature indicates acceptance)

Parent/Guardian Signature _____ Date_____

Kent ISD Health Careers Immersion Program

Health Career Immersion Academic/Professional* Reference Form (1of 2)

To be completed by student:

Student Name: _____ Grade : _____

The Family Educational Rights and Privacy Act of 1974 opens student's records for the student to inspect. The law also permits the student to sign a waiver relinquishing his/her right to inspect letters of recommendation. The applicant's signature constitutes a waiver: no signature indicates the student will have the right to read this reference.

Signature of Student: _____ Date: _____

To be completed by evaluator:

I know the student listed above: ☐Very well ☐Fairly well ☐Limited Acquaintance

In what capacity do you know this student? _____

	Excellent	Good	Average	Below Average	Unknown
Written Communication					
Maturity					
Dependability/Attendance					
Organizational Skills					
Initiative					
Decision-Making/Problem-Solving Skills					
Ability to Follow Instructions					
Leadership Skills					
Verbal Communication Skills					
Interpersonal Skills					

List student's strengths and weaknesses:

Comments:

Name/Title: _____ _____

Signature: _____ Date: _____

Email address: _____

***You may use an employer, teacher, counselor, pastor, etc., for your references. Do not use a friend or peer for this form.**

Kent ISD Health Careers Immersion Program

Health Career Immersion Academic/Professional Reference Form* (2of 2)

To be completed by student:

Student Name: _____ Grade : _____

The Family Educational Rights and Privacy Act of 1974 opens student's records for the student to inspect. The law also permits the student to sign a waiver relinquishing his/her right to inspect letters of recommendation. The applicant's signature constitutes a waiver: no signature indicates the student will have the right to read this reference.

Signature of Student: _____ Date: _____

To be completed by evaluator:

I know the student listed above: ☐Very well ☐Fairly well ☐Limited Acquaintance

In what capacity do you know this student? _____

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List student's strengths and weaknesses:

Comments:

Name/Title: _____ _____

Signature: _____ Date: _____

Email address: _____

***You may use an employer, teacher, counselor, pastor, etc., for your references. Do not use a friend or peer for this form.**

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COUNSELOR INFORMATION

COMPLETE THIS SECTION ONLY IF THE STUDENT WILL BE EARNING CREDIT FOR THEIR PARTICIPATION IN THE HEALTH CAREER IMMERSION PROGRAM

Student Name_____

Counselor Name _____ Counselor Phone _____

Counselor Email Address _____

_____Trimester _____ Semester

Will this student be earning classroom credit by participating in the KENT ISD Health Career Immersion Program?

☐**Yes**

If the Spectrum Medical Explorer Program is selected as one of the student's placement options, will your high school's attendance policy and/or student's schedule allow the student to be at the hospital site by 2:25 PM?

☐ **Yes** ☐ **No**

APPLICATION VERIFICATION:

The following items have been reviewed and discussed with the student:

Signature Pages: Parent / Student

_____ Immersion Agreement (submit only signature page)
_____ Confidentiality/ Attendance Form / Media Release Form
_____ Professional Reference 1
_____ Professional Reference 2
_____ Current Immunization Records, including Influenza
_____ Criminal Background Check Form
_____ Counselor Form

CONSENT AND APPROVAL:

I have reviewed the KENT ISD Healthcare Immersion application with my student. My signature denotes approval of the application and verification of the documentation submitted.

School to Work Coordinator's Signature: _____ Date _____

NOTE: Students must provide their own transportation to all Immersion placements, both on and off hospital campus facilities, including tours. FREE TRANSPORTATION MAY BE AVAILABLE. Please contact Kristaharmon@kentisd.org or 616-365-2369 for information.

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CRIMINAL HISTORY BACKGROUND CHECK CONSENT FORM

PLEASE PRINT. WRITE CLEARLY.

Student's Full Name: _____
(Last, First, Middle)

Maiden Name (or other names used): _____
(Last, First, Middle)

Address: _____
(Street Address, City, State, Zip)

Number of years at address above: _____

If at above address less than 5 years:

Previous address: _____
(Street Address, City, State, Zip)

Number of years at this address _____

Date of Birth *(Month, Day, Year)*:_____ Gender: ☐ Male ☐ Female

Race *(Check One)*:

☐ White not of Hispanic Origin ☐ Asian or Pacific Islander

☐ Black not of Hispanic Origin ☐ American Indian or Alaskan Native

☐ Hispanic ☐ Other

I understand that a criminal conviction history check may be conducted as a condition of my Immersion and may be conducted at any time. I hereby consent to having Kent Intermediate School District conduct a criminal history check and understand that information obtained will be handled in a confidential manner. Any false answers, statements and/or misrepresentations by omission made by me will be sufficient cause for rejection of my Immersion application or result in my immediate discharge from my Immersion position should such falsifications or misrepresentation be discovered after my acceptance in the Immersion program.

Signature:_____ Date: _____
(Parent or Guardian, if a minor)