

2020-2021 Health Careers Internship Application Packet

Vidant Health seeks to invest in and support young people of Pitt County who have demonstrated a strong interest in health careers. Seeking promising and motivated students, this program is designed to provide hands on clinical experience for the Health Sciences Academy student.

Students are required to work up to 40 hours a week during the summer, and will work 12 – 15 hours per week during their senior year. During the 2020-2021 school year, students are required to complete a minimum of 360 hours prior to mid-May, 2021. Hours worked during the summer are not included in the hours required to meet the 360 hour minimum. Work hours could include evenings, weekends, and holidays.

Students will earn a standard unit of credit per semester of successful completion of their internship. Students wishing to earn honors credit may complete a portfolio at mid-year and a presentation at the end of year dates set by the Health Sciences Academy.



Health Careers Internship Program

Eligibility Guidelines

- 2020-21 Pitt County Schools Health Sciences Academy Senior (Early graduates will not be eligible.)
- Enrolled in or completion of Health Science I
- Enrolled in or completion of Health Science II
- Minimum weighted GPA of 3.3
- Acceptable criminal background check and drug screening
- Acceptable high school discipline and attendance history
- Ability to work 12-15 hours/week including evenings, weekends and holidays for minimum of 360 hours (not including summer hours worked) prior to the mid-May pay period.
- Submission of completed application by Monday, January 13, 2020 at 5:00 p.m.



Health Care Internship Program

Application Process

- 1. Obtain an application from the Health Sciences Academy. Applications are available on the HSA website, at the Health Sciences Academy office or from a HSA Counselor.
- 2. Complete the application packet and return to the Health Sciences Academy office by Monday, January 13, 2020 at 5:00 p.m. You may hand deliver your application to your HSA Counselor during their visit to your school or hand deliver it to the Health Sciences Academy office (1058 Moye Blvd, Greenville, NC 27834). Do not mail the application or turn it in to anyone at your school other than your HSA Counselor. Incomplete applications will not be considered. Your transcript, discipline record, and attendance summary will be printed by the Health Sciences Academy and attached to your application. The Health Sciences Academy will submit all completed applications to Vidant Health Careers for review.

Complete application packages must include:

- Health Careers Internship Application
- Essay
- Resume
- 3 signature-on-seal teacher recommendations Recommendations should be from:
 - Health Science teacher (**1 required**)
 - Current or recent core area teacher (math, science, social studies or english) (2 required)
- 3. Internship finalists will be notified and scheduled for interviews in February. Once interviews are complete, Vidant will notify the selected students.



Health Careers Internship Program Application Form

Completed application package **must be returned by Monday, January 13, 2020 at 5:00 p.m. to your** Health Sciences Academy Counselor during their visit to your school or by hand delivery to the Health Sciences Academy office (1058 Moye Blvd, Greenville, NC 27834). Do not mail the application or turn it in to anyone at your school other than your HSA Counselor.

| Name: | | | | | |
|--------------------|--|------------------|-------------|-----------------|-------------------|
| (Last) | | (Firs | t) | (| Middle) |
| Current Address:_ | | | | | |
| | Street | | | | |
| | City | State | | | Zip Code |
| Cell Phone (|) | Home Phone () | | | |
| Email | | | | | |
| Nama and name | ment address of Pa | nont on Cuondia | n (If diffe | mont from ab | (1) |
| - | | | | | |
| Name: | Relationship: | | | | |
| | | | | | |
| Street | | | | | |
| | | | | | |
| City | | State | | | Zip Code |
| Cell Phone () | | Home P | hone (| _) | |
| Gender (circle) | Male | Female | Do not v | wish to disclos | e |
| Ethnicity (circle) | African-Am | Am. Indian | Asian | Caucasian | Hispanic |
| | Multiracial | Other | Do not v | wish to disclos | e |
| Do you intend to a | apply for any of the f | following opport | unities? P | lease check all | that apply: |
| Nursing Fu | indamentals | _ Pharmacy Tech | nB | SOM Honors | Medical Research |
| | l yes to the abo Γ interested in, 4= yo | | | | est on a priority |
| | Nursing Fundame | entals | P | harmacy Tech | |
| | BSOM Honors M | | | • | |



<u>Required Essay</u>: On a separate sheet of paper, please **type** your responses to the following:

- 1. Describe your interest in the Vidant Health Careers Internship Program. What do you hope to gain from participation in this program?
- 2. Please describe your expected course load and extracurricular activities, and explain how you plan to manage your schedule if selected as an intern for Vidant Medical Center.
- 3. Describe your career goals in health care; provide additional information for the review committee to understand your commitment and evidence of your interest in a health care career.

<u>Required Resume</u>:

Provide an updated resume highlighting your academic and extracurricular involvement. This resume should be limited to one page.

<u>Required Questions</u>:

Are you a current member, in good standing, of the Health Sciences Academy? _____ YES _____ NO

Do you give the Health Sciences Academy and its partners permission to use your name and/or photograph when participating in events sponsored by the Academy? Please put your initials in the blank beside "yes" or "no".

<u>YES</u> <u>NO</u> By answering "YES," I understand it is my responsibility to alert the HSA in writing to change this decision in the future.

Signatures below indicate that the information provided in this application are accurate, and the written responses reflect my own work. All of the information provided on this application is, to my knowledge, accurate, and the written responses reflect my own work. I have read and understand this application.

Student Signature: _____

Date:

I give permission for _______ to apply and participate in the Vidant Health Careers Internship Program if he/she is selected. I understand the selection process and the commitment that will be required during the summer before and during my child's senior year.

| Parent/Guardian Signature: | |
|-----------------------------------|--|
| | |

Date:_____

If you have any questions about this program, please see your Health Sciences Academy counselor.



Health Careers Internship Program Teacher Recommendation Form

Applicant's Name: ______

The above named applicant is being considered for the Vidant Health Careers Health Sciences Internship program for the 2020-21 school year. The review committee will use this form to determine if he/she meets the internship program's high standards of service, skills, leadership and character. Please complete the survey to the best of your ability. If you have questions or comments, please contact Mrs. Laura Mulkey, HSA Counselor (mulkeyl@pitt.k12.nc.us). The information you share will not be shared with the student.

PLEASE PLACE THIS FORM IN A SEALED ENVELOPE, SIGN ALONG THE SEAL AND RETURN TO THE STUDENT FOR SUBMISSION WITH THEIR APPLICATION PACKAGE.

Person completing recommendation form:

Relationship to student: _____

| Please rate the applicant using the scale provided. For a rating of poor, please comment. | | | | | | | |
|---|------|------|---------|-----------|--|--|--|
| | Poor | Fair | Average | Excellent | | | |
| Attitude | | | | | | | |
| Acts responsibly | | | | | | | |
| Self-motivated | | | | | | | |
| Social Skills | | | | | | | |
| Respectful | | | | | | | |
| Shows initiative | | | | | | | |
| Communicates effectively | | | | | | | |
| Punctual | | | | | | | |
| Independent/critical thinker | | | | | | | |
| Has integrity/honest | | | | | | | |
| Maturity | | | | | | | |
| Personal appearance | | | | | | | |

Overall impression of the candidate: (please circle one)

Highly recommend

Recommend Recommend with reservation Do Not Recommend

Comments: (use the back of this page if necessary)

Signature: Date: