

Application Check List for New Intern

Student ID	
Intern Name	

Starting Internship Quarter and Year : Winter Spring Summer Fall / 20

Application Check List	Date	Initial	Comments
1. Application for Clinical Internship	/ /		
2. Photo (1 Passport Size)	/ /		
3. CPR & First Aid Card (copy)	/ /		
4. HIPPA Training	/ /		
5. OSHA Training	/ /		
6. Orientation Attendance	/ /		
7. CNT Certification (copy)	/ /		
8. Clinic Handbook Understanding Acknowledge Form	/ /		

Approved by

OMC

Coordinator

:

Date :

OMC

Director

:

Date :
