



Institute for Family Health

Application for Interns and Volunteers

v2.5 11/3/15

2006 Madison Ave
New York, NY 10003
www.institute.org

Dear Shadowing Applicant:

Thank you for your interest in applying for a shadowing opportunity at the Institute for Family Health!

The Institute for Family Health is committed to fostering the development of future health professionals by creating engaging opportunities for individuals interested in pursuing healthcare careers.

Please find our *Application for Shadows* attached. It is our pleasure to provide shadowing opportunities for students and individuals interested in getting a glimpse of primary care and community health in a federally qualified health center. However, these placements are in high demand. As such, they are also competitive, and we encourage students to consider other avenues as well until their shadowing placement is secured. Those interested in a shadowing opportunity at the Institute for Family Health should complete this application and email it to placements@institute.org along with a resume or CV.

Please note:

- We are only able to offer shadowing opportunities of 8 hours or less.
- We are only able to offer shadowing opportunities Monday-Friday (no weekends).
- Shadowing opportunities must be planned at least one month in advance. We are not able to accommodate last minute requests.
- A completed health certification form is required before the shadowing opportunity can occur.

Securing a placement (if one is available) can take up to three weeks, and collecting all the necessary paperwork can take another two; please plan accordingly, allowing plenty of time before your intended start date. Once a placement is located, you will be sent an onboarding packet. This includes a tracking form for the New York State Area Health Education Center (AHEC), a health assessment form, a confidentiality statement, and a shadow protocol agreement to be signed before the shadowing opportunity can begin.

If you have any questions, you may contact the Student Placements Coordinator at the email address listed below. Please keep this letter for your reference.

Healthy Regards,

Katrina Organ
Program Coordinator
Community Health Practicum & Student and Volunteer Placements
Institute for Family Health
2006 Madison Avenue
New York, NY 10035

Please submit all application materials or questions to the Student Placements Coordinator:

placements@institute.org or (212) 633-0800 ext 1365



Institute for Family Health

Application for Shadowing Opportunities

v3 11/30/16

Please complete this entire application and include a copy of your résumé or C.V. in order to be considered for placement.

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Languages Spoken (Please indicate level of proficiency): _____

School & Program Information

Current/Highest Level of Education: High School Undergraduate Graduate Doctoral Other: _____

School: _____ **Program/Field:** _____

Year in Program/School: 1st 2nd 3rd 4th Graduated: _____ Other: _____
Date

Advisor: _____ **Title:** _____

Phone: _____ **Email:** _____

Requirements & Availability

What type of supervisor are you seeking? Nurse NursePractitioner Physician Physician Assistant Other:

When would you like your shadowing to begin? _____

Please mark with an "X" the days and times you would be available:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |

Where would you be willing to be placed? Manhattan the Bronx Mid-Hudson Valley

Specific location preferences or limitations: _____

Applicant's Statement & Signature

Are you related by birth, marriage, or cohabitation to any employee of the Institute? No Yes: _____
Please explain

Have you been convicted of a felony within the last 7 years? No Yes (Please attach a detailed explanation to this application)
Note: Conviction will not necessarily disqualify an applicant from internship or student placement.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for an internship or student placement as may be necessary in arriving at a placement decision.

I authorize the Institute for Family Health to obtain information about me from my previous school(s) attended. I also authorize my previous school(s) attended to disclose to the Institute for Family Health such information as may be requested about me including but not limited to copies of evaluations and transcripts, and any information regarding disciplinary actions and notations regarding performance issues.

I understand that false or misleading information given in my application or interview may result in disqualification for internship or student placement. I understand that I am required to abide by rules and regulations of the Institute and all applicable laws and regulations.

 Signature of Applicant

 Date

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Applicant Interest Statements

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Name: _____

1. What area of public health or family practice are you most interested in? Please be as specific as possible. If there are particular programs that interest you at the Institute for Family Health, please list them.

2. Please explain how your future goals and/or career interests align with the mission and goals of the Institute for Family Health.

3. What experience or interest do you have in working with medically underserved populations?

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