



AMERICAN CHRISTIAN ACADEMY

HEALTH CARE PROFESSIONALS PROGRAM

LEE W. HOLLEY RN, BSN, LNC, INSTRUCTOR



**Healthcare Professionals II – Internship 2017-2018**

**Course Description:**

The Healthcare Professionals Internship is a second year component of the Healthcare Professionals sequence. It is a structured element of the Healthcare Professionals program that provides a supervised experience in an approved setting. It allows the students an opportunity to gain knowledge and apply previously learned theory and skills in an actual health care setting. These experiences are uniquely designed to meet individual student career objectives through supervised experiences, which are coupled with related classroom instruction.

**Course Expectations:**

Student in the Health Care Professionals program must achieve academic goals and meet exceptional professionalism standards. Students will be expected to participate in all class activities and clinical activities with full commitment and enthusiasm. Success in this class will depend solely on the student's ability to engage in the learning process. Students will be encouraged to join HOSA, which is the student organization for this program. This organization serve as a means to enhance classroom instruction while helping students develop leadership abilities, expand workplace-readiness skills, and broaden opportunities for personal and professional growth. The Health Care Professionals program will have rigorous and challenging content. Health care is a serious profession with serious consequences and this class will be conducted in a fashion which will reflect that standard.

**Prerequisite:**

Successful completion of a minimum of one credit in Health Science coursework is required prior to placement of a student in Healthcare Professionals II - Internship.

**STATE YOUR CAREER OBJECTIVES**

Career Objective \_\_\_\_\_

State your first preference for the internship clinical experience. \_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current GPA \_\_\_\_\_ ACT Score \_\_\_\_\_ (If taken)

How many days were you absent this school year? \_\_\_\_\_ If over 5, please give a brief explanation

\_\_\_\_\_

How many demerits have your received this school year? \_\_\_\_\_ If you received detention, please explain. \_\_\_\_\_

Are you able to provide your own transportation to the clinical sight? \_\_\_\_\_

**DEADLINE TO SUBMIT TO MRS. HOLLEY IS FRIDAY, APRIL 28, 2016!**