

## Healthcare Discovery Program Summer Internship - 2019 Application

### General Program Information:

The Healthcare Discovery Summer Internship is an eight-week, paid, learning experience for 30 High School Junior and Senior students. The internship connects students interested in future healthcare careers with hands-on learning in both Clinical and Non-Clinical areas within a hospital setting, as well as provide exposure to medical professionals.

### Program Structure:

The internship assigns 5 students to each of AHN's six area hospitals; the assigned hospital is where the student will spend the majority of the internship program. Students rotate through a minimum of three clinical departments over the course of the program. Additionally, students work together to complete a research project and present the final project to hospital staff and leadership during the Farewell Event.

Further clinical skill demonstrations are conducted through the STAR (Simulation, Teaching, and Academic Research) Center during three scheduled Fridays. During STAR Days, students also participate in leadership and soft skill development workshops.

\* Students must be able to transport themselves to West Penn Hospital/STAR Center, 4800-4900 Friendship Avenue, Pittsburgh, PA 15224, for the STAR Days and Orientation week (June 17<sup>th</sup>-June 21<sup>st</sup>).

### Program Timeline: 30 hours/week

- June 17<sup>th</sup>-June 21<sup>st</sup> - Orientation Week (primarily STAR Center)
- June 24<sup>th</sup>-August 9<sup>th</sup> - Rotational Experience (assigned hospital)

### Eligibility:

Please read eligibility requirements carefully to ensure you qualify. Applicants who do not meet all eligibility criteria will not be considered.

- Be a U.S. Citizen, non-citizen national, or legal permanent resident
- Be a current High School Junior or Senior
- Be at least 16 years old by the time of interview
- Have a cumulative GPA of 3.0 or higher
- Demonstrate a strong interest in healthcare careers
- Have access to reliable transportation

### Directions for Applying:

- Review program overview and eligibility requirements
- Complete the application
  - Include your resume and essay response
- Submit completed application to Malissa Seman, [Malissa.Seman@ahn.org](mailto:Malissa.Seman@ahn.org), by **11:59pm on Friday, March 29, 2019** - incomplete applications will **not** be accepted



## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Education

Name of High School: \_\_\_\_\_

Year in school: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Are you in a Career Training Program? If yes, which one?      Yes                      No

\_\_\_\_\_

What is your career aspiration? \_\_\_\_\_

## Volunteer and Work Experiences

Please list any volunteer and/or work experiences you have had.  
Be sure to include the company and start and end dates.

### Reference

Please provide 1 reference - must be a professional reference (employer, teacher, adviser, coach, etc.)

\* Do not list a parent, family member, or friend

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Criminal History

Have you ever been convicted of a felony?

Yes

No

### Hospital Preference

At Allegheny Health Network, we have 6 hospitals where your internship could take place. **Please select and rank your top three hospital preferences.**

**Allegheny General Hospital**

120 E. North Avenue, Pittsburgh, PA 15212 (Northside)

**Allegheny Valley Hospital**

1301 Carlisle St, Natrona Heights, PA 15065 (Natrona Heights)

**Canonsburg Hospital**

100 Medical Blvd, Canonsburg, PA 15317 (Canonsburg)

**Forbes Hospital**

2570 Haymaker Rd, Monroeville, PA 15146 (Monroeville)

**Jefferson Hospital**

565 Coal Valley Rd, Jefferson Hills, PA 15025 (Jefferson Hills)

**West Penn Hospital**

4800 Friendship Avenue, Pittsburgh, PA 15224 (Bloomfield)

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

Please note that you will also need to report to the STAR Center during the internship -  
4900 Friendship Avenue, Pittsburgh, PA 15224

### Essay Response

In a separate attachment/document, please respond to the following essay in 500-1000 words.

**Explain why you feel you are the best candidate for the Healthcare Discovery Program and what do you feel you will bring to the future of healthcare?**

Be sure to include responses to the following questions:

- What qualities do successful healthcare employees possess/need?
- How would this internship help move you towards your future educational and career aspirations?

## Disclaimer and Signature

The internship commitment is 30 hours/week from June 17<sup>th</sup>, 2019-August 9<sup>th</sup>, 2019.

Yes, I understand.

I am willing to have contact with bodily fluids which include but are not limited to blood, urine, stool, and sputum.

Yes, I understand.

I have read the program description and eligibility requirements, and understand what is required for this internship.

Yes, I have.

I understand that I will be given a work schedule and am committed to arriving and being ready to begin at the stated start time. Additionally, I understand attendance is critical to my success in the program. If there is a scheduled day I need off, I will request time off as far as advance as possible.

- In the event I need an unscheduled day off I will contact my supervisor at least 2 hours in advance.
- If I am late to start a shift more than three times or have 2 or more unscheduled absences my participation to continue in the program will be evaluated.

Yes, I understand.

*I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and have been given voluntarily. I understand AHN requires certain information both personal and professional from me to evaluate my qualifications for this internship. I understand that in consideration of my application, a background investigation may be conducted. I hereby grant AHN permission to verify such answers and investigate all references, and conduct such further investigation as is necessary, including, but not limited to, the performance of medical examinations, drug screening, reference verification, military service verification and criminal background checks. I understand that any false statements or incomplete information on this application may be considered sufficient cause for rejection of this application or for dismissal if such information is discovered subsequent to my internship. I authorize any past and present employers, personal references, and other organizations, to answer all questions asked concerning my previous employment, ability, character, educational background, military service, or criminal history. I hereby release all employers, persons or organizations, from any liability whatsoever for providing this information. I understand that I may be asked to discontinue my volunteer service at any time for any reason. I understand that AHN will not be responsible for any personal injury or property loss that may occur to me while performing my internship.*

*I hereby agree to abide by all policies and procedures of AHN. I will treat information regarding patients and employees in strict confidence.*

*Allegheny Health Network follows all applicable equal opportunity laws and supports a diverse workplace that fosters communication and participation while providing reward and recognition for individual and team achievements. Our policies prohibit unlawful discrimination due to race, color, sex, sexual preference, religion, age, national origin, veteran status, disability, income level or any other characteristic protected by federal, state or local law or regulation.*

*I understand that if I have been placed on corrective action (written warning or higher) while participating in the program, I may be removed from future participation..*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Required if applicant is under 18 years of age