



# Intern/Extern Application Packet

## Welcome to Elica Health Centers!

Elica Health Centers (EHC) is committed to providing high quality, affordable primary health-care services to families and children by emphasizing prevention, wellness, health education and disease management.

In partnership with other service organizations, EHC is dedicated to providing a professional and caring medical home that serves the total health-care needs of the low income, multicultural, multi-ethnic population, especially the Slavic immigrant population in the greater Sacramento area. We provide a comprehensive suite of high quality, affordable health care services, including primary and preventative health care, pediatrics, dental care, mental health services, and podiatric care.

Dear Applicant,

Thank you for your interest in Elica Health Centers! Your decision to pursue this educational path can lead to a rewarding career in the field of Medicine, Dentistry and Behavioral Health. This packet is designed to help you navigate successfully at Elica where we put "Patients First" and continue Elica's tradition of "Healing with Heart," the guiding principle of everything we do. We are looking forward to helping guide you as you begin your exploration down a path of limitless career potential, philanthropic efforts and giving back to our local community.





**INTERN/EXTERN APPLICATION**

Your completed application will assist us in identifying potential intern/extern opportunities that are best suited to your interests, experience, and learning objectives. **Please attach your resume.**

<b>PERSONAL INFORMATION</b>	
NAME	DATE
ADDRESS, CITY, STATE, ZIP	E-MAIL ADDRESS
HOME PHONE	MOBILE PHONE
CHECK ONE (OR MORE) OF THE FOLLOWING: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT	
<b>AREA(S) OF INTEREST</b>	
<input type="checkbox"/> CLERICAL <input type="checkbox"/> MOBILE MEDICINE AND OUTREACH <input type="checkbox"/> SPECIAL EVENTS <input type="checkbox"/> VOLUNTEER PROVIDER, MID-LEVEL PRACTITIONER, OR NURSE <input type="checkbox"/> EXTERNSHIP <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> OTHER: _____	
How many hours/days per week would you be available? _____ Duration of internship/externship: _____ We require a minimum of 60 hours within a 12 month period, are you able to commit to this? <input type="checkbox"/> YES <input type="checkbox"/> NO Anticipated start date: _____	



ARE YOU REQUIRED TO COMPLETE CLINICAL HOURS TO FULFILL AN EDUCATIONAL PROGRAM?  YES  NO

If yes, list name of program: \_\_\_\_\_

Required hours to complete: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

**EDUCATION: ACADEMIC AND/OR VOCATIONAL**

SCHOOL NAME	FIELD OF STUDY/DEGREE	GRADUATION YEAR	ENROLLMENT STATUS
			<input type="checkbox"/> ENROLLED <input type="checkbox"/> GRADUATED
			<input type="checkbox"/> ENROLLED <input type="checkbox"/> GRADUATED
			<input type="checkbox"/> ENROLLED <input type="checkbox"/> GRADUATED

**LANGUAGES SPOKEN**

LANGUAGE	FLUENT? (Y/N)	VERBAL SKILLS (Basic, Intermediate, Advanced)	WRITTEN SKILLS (Basic, Intermediate, Advanced)

**SKILLS** (List computer skills, equipment skills, and/or other skills or aptitudes which may apply to this position):



Why do you want to intern/extern with us and what do you hope to gain from serving at Elica Health Centers? Is there anything else you would like us to know about you (e.g. career goals, special needs, etc.)?

**PROFESSIONAL LICENSE(S) AND CERTIFICATIONS**

NAME OF LICENSE OR CERTIFICATION	ISSUED BY	EXPIRATION DATE	STATE ISSUED

**VOLUNTEER/WORK EXPERIENCE**

ORGANIZATION/EMPLOYER	DATE STARTED	DATE ENDED	POSITION HELD
DUTIES HELD:			



DUTIES HELD:

<b>MY AVAILABILITY</b>		
MONDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	From _____ to _____
TUESDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	From _____ to _____
WEDNESDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	From _____ to _____
THURSDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	From _____ to _____
FRIDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	From _____ to _____



I hereby authorize Elica Health Centers (EHC) to verify the accuracy of information contained in this intern/extern application for all previous employers and educational institutions. I give EHC the authorization to check the status of my professional license(s) as well as other authorities and agencies who may have pertinent information regarding any professional license or certificate I might use if offered employment with EHC.

I understand and agree that in the performance of my duties as an intern/extern with EHC, I must abide by all policies and procedures, including to hold as strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Elica Health Centers reserves the right to decline intern/extern assistance, when necessary. Completed intern/extern applications and written qualifications do not guarantee an individuals' placement within the organization's intern/extern program. Selection and appropriateness for all volunteer positions will be at the discretion of EHC management.

By signing below, I certify that the information I have provided in this application is accurate and true to the best of my knowledge and that no assertions have been falsified.

**Intern/Extern Signature**

**Date**

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**Intern/Extern Printed Name**

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## Intern/Extern Information Page

### INTERN/EXTERN INFORMATION

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		
Position:	Department:	
Manager's Name:		

Start Date (mm/dd/yyyy):	<input type="radio"/> Full Time <input type="radio"/> Part Time
Birth Date (mm/dd/yyyy):	<input type="radio"/> Temporary

### OPTIONAL INFORMATION

Spouse's Name:
Child's Name:
Child's Name:
Child's Name:

### EMERGENCY CONTACT INFORMATION

Name:	
Street Address, City, State, Zip:	Daytime Phone:
	Cell Phone:

Volunteer Signature:	Date:
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Date(s) on Site:	Responsible Staff:
Purpose of Visit:	



### **Intern/Extern Acknowledgement**

Elica Health Centers (EHC) has accepted me as an intern/extern. I am willingly donating services for philanthropic reasons. As an intern/extern, I understand that I have the ability to decide when, and to what extent I am willing to participate in activities at EHC for humanitarian reasons. I also understand that while I am doing philanthropic work at EHC, I: will not be considered an employee in any manner, will not be covered by EHC's workers' compensation insurance, and that I will be donating my services completely on a voluntary basis.

By signing below, I wish to clarify that I have no intention of working for the payment of wages, but instead that I am voluntarily providing my time to EHC for strictly philanthropic and humanitarian motives. I understand that I will not receive any of the privileges, insurance coverage, or benefits that are offered to bona fide employees of EHC.

**Intern/Extern Name (please print):**

**Date:**

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**Signature:**

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**Witnessed by (please print):**

**Date:**

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**Signature:**

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**HIPAA**  
**Intern/Extern Commitment to Compliance**

I have read and understand the Elica Health Centers (EHC) HIPAA compliance document. I agree to comply within all areas of my personal responsibility, and to maintain and update my knowledge about State and Federal HIPAA laws and HIPAA program requirements.

I will comply with these requirements to the best of my ability. I will let the Compliance Officer know if there is any area where I feel our practice is not in compliance with these laws and program requirements. Our compliance program includes adherence to the following principles:

1. We seek to maintain up-to-date knowledge of Federal and State law pertaining to the protection of our patient’s Protected Health Information (PHI).
2. All are educated on HIPAA requirements and are kept up to date about State and Federal law as it pertains to PHI and HIPAA regulations.
3. The practice policy is to comply with State and Federal law(s) governing PHI.

All interns/externs are trained to recognize items of PHI, and understand that such information must be treated with the utmost attention, accuracy, honesty, and integrity at all times. Furthermore, patient information that constitutes PHI must be kept confidential and released only with proper authorization.

The Company works to educate and carry out our HIPAA policies with all employees, interns/externs, managers, supervisors, clinicians (and where appropriate), contractors, business associates, and other agents with whom EHC volunteers may come into contact.

I understand the Company’s policy as it pertains to HIPAA regulations and laws. I agree to work in a manner that maintains compliance with all HIPAA laws and regulations, as well as Company established policies.

I also understand that EHC maintains an open door policy and that I may discuss any problem or concern that I may have with respect to HIPAA compliance and PHI of our patients without fear of recourse or retaliation from the Company.

<b>Intern/Extern’s Signature:</b>	Date:
<b>EHC Compliance Officer Signature:</b>	Date:



## Elica Health Centers

### Mission, Vision, and Corporate Culture

(For Providers, Employees, Volunteers/Interns/Externs, and Independent Contractors)

#### Mission Statement

At Elica, we are committed to providing quality health care services, emphasizing prevention, wellness, health education and disease management, which improve community health outcomes.

In partnership with other organizations, Elica is dedicated to administering professional and compassionate health homes that serve the needs of low-income, multi-ethnic populations throughout the great Sacramento area -- particularly immigrant communities including Slavic and others.

#### Vision Statement

Every person has access to timely, preventive and appropriate health care that allows them to live their life as fully as possible.

#### Our Values

At Elica we believe in and are guided by the following four values and ethical principles:

- **Respect:** To recognize the inherent worth of each person and to honor the human dignity of all persons, regardless of social status, race, ethnicity or religious beliefs.
- **Integrity:** To act with trustworthiness, honesty, transparency and accountability when dealing with individuals, groups and partners while providing medical care and conducting business.
- **Collaboration:** To participate and work with other individuals and service provider organizations who share similar values and goals in order to achieve a preferred outcome, supportive relationships and quality services.
- **Service:** To work for the benefit and good of others, out of a spirit of dedication and compassion for people in medical need and to seek to further their well-being and meet their expectations.



As individuals, we make a difference in everyone with whom we come in contact. Those of us involved in the provision and delivery of health care have a unique opportunity to demonstrate a compassion for the complete wellbeing of our patients, our visitors, our staff, our community, and ourselves. Our corporate culture demonstrates this deep seated belief.

1. Do unto others as you would like them to do unto you in an atmosphere of kindness, trust and cooperation.
2. Promote a healing environment for each patient - both physically and emotionally.
3. Commitment to efficient, effective quality care and service for patients, families, visitors, and one another is expected.
4. Personal appearance and dress should always reflect respect for the patients, families, visitors and each other.
5. Direct, honest, complete and open communication in an appropriate manner and setting is expected and encouraged. Within this context there is no room for gossip or rumor.
6. Parties with differences are accountable to resolve them.
7. Be objective when initiating action -- put aside territorial concerns and be guided by what is best for the organization.
8. "It can't be done" or "I don't know how" are not in our vocabulary. One can always ask for help.
9. Potential solutions and/or ideas are expected to accompany criticism and problem identification.
10. Be responsible and accountable for our individual actions -- right or wrong.
11. Each of us is responsible for all we do -- directly or indirectly. There is no "they" or "them," only "we" and "us!"
12. The possibilities of making a mistake or being wrong should not be obstacles to taking action.
13. Participation by each employee in the development of the Elica Health Centers is expected and appreciated.

### Mission, Vision, and Corporate Culture Statement Acknowledgement

This is to acknowledge that I have received a copy of the Mission, Vision, and Corporate Culture Statement of the Elica Health Centers. I will familiarize myself with this statement and agree that I will abide by its contents.

**Intern/Extern Name (please print):**

**Date:**

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**Signature:**

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## Intern/Extern Confidentiality Agreement

**Confidentiality:**

All interns/externs including students have a responsibility to maintain confidentiality and to respect the privacy of our patients at all times. This extends to their family members as well. Any information of a confidential nature is not to be discussed with any person outside of Elica Health Centers (EHC) and within EHC, only discussed on a need-to-know basis.

Interns/externs have a responsibility to avoid unnecessary disclosure of non-confidential internal information about EHC and its associates and business partners. This responsibility is not intended to impede normal business communications and relationships, but is intended to alert employees to their obligation to use discretion to safeguard EHC business matters. If an employee has any question in any situation, they should consult with their supervisor.

Additionally, interns/externs must avoid disclosure of internal EHC information at all times. This is not intended to be in conflict with normal day-to-day business communications; however, it is intended to remind employees that they should not disclose important and confidential information about EHC, its patients, employees, business processes as well as other company information.

Interns/externs are required to adhere to all aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) with respect to how they handle patient information and Protected Health Information (PHI).

**Business Partner Confidentiality:**

All information regarding both EHC patients as well as the vendors and business partners we deal with is confidential information that should be guarded at all times. This pertains to all records maintained by EHC. Names of patients, vendors and business partners, as well as their confidential information may not be disclosed to parties outside of EHC. EHC business records may not leave the office unless the employee receives specific authorization to do so from the CEO of EHC.

As tempting as it may be at times, it is a violation of our Confidentiality Policy as well as HIPAA law for the intern/extern/employee to discuss patient, vendor, business partner, or employee matters with the employee’s friends, spouse, relatives, or anyone else outside of EHC unless the employee is ordered to do so by a court or otherwise required to do so by law. If you receive a request for such information, please refer the request to your immediate supervisor who will determine the best way to handle the request.

**Intern/Extern Records:**

All intern/extern records are confidential and must be kept in a secure location. Records may not leave the office at any time unless specifically authorized by the CEO of EHC.

<b>Intern/Extern Signature:</b>	<b>Date:</b>
<b>EHC Representative Signature:</b>	<b>Date:</b>