HEALTHCARE CAREER EXPLORATION

Thank you for your interest in our Healthcare Career Exploration! We are so excited to have you observe a multitude of healthcare professionals and gain some hands-on experience.

HEALTHCARE CAREER EXPLORATION FORM

Section I: Contact Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

_____
(City) (State) (Zip)

Email: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Section II: Education Information (2024-2025 school year)

High School: _____ Incoming Grade: _____

Degree/Major(s) of interest: _____

Section III: T- Shirt Size

Please indicate what size of t-shirt you would like. You will wear your shirt to the 2-day event.

Adult Sizes: _____ Small _____ Medium _____ Large _____ XL _____XXL _____ XXXL

Section IV: Photo Release

By initialing below, you are giving Mitchell County Hospital Health Systems permission to use any photos taken during the Healthcare Career Exploration program for printed and/or website publications.

Initial: _____

Section V: Liability

I understand this is an observational experience and agree to perform only those functions assigned to me by a qualified personnel as designated by my department observation facilitator. Additionally, I will not hold Mitchell County Hospital Health Systems (MCHHS) liable for any contracted illness or personal injuries to me while under this agreement. I will assume financial liability for any emergency or medical care needed in relation to this observational experience.

Initial: _____

Section VI: Confidentiality

As an observer of Mitchell County Hospital Health Systems (MCHHS), I agree to observe the privacy rights of the patients and their medical information as regulated by the Federal Health Insurance Portability and Accountability Act of 1996. This means that any individual medical data or information that I may hear, see, or observe is not to be disclosed to any individual outside the intent and purpose of my observational experience. The information may be discussed with people directly involved in conducting the observational experience. I understand the need for and agree to maintain confidentiality. This means I cannot read the patient's chart, cannot tell others outside of the hospital that this person is in the hospital, and cannot tell anyone any information about the patient. Taking pictures is prohibited. I further understand that if I do disclose patient specific data and information to any unauthorized individual, I may be liable for severe fines and penalties.

Initial: _____

Section VII: Standards of Behavior

I, the undersigned individual, understand that I am participating in this observational experience as a volunteer to gain a deeper understanding about careers in the healthcare field and this experience is a privilege for me. I expect no compensation for this observational experience.
I will conduct my observational activities at Mitchell County Hospital Health Systems (MCHHS) only under the supervision of the designated MCHHS employee. I will support the mission, vision and values of MCHHS and the department(s) in which the experience is being obtained.
I agree to support MCHHS's Standards of Behavior. I agree to conduct my observational activities in a professional manner. I agree to not smoke or use illegal drugs or alcohol or foul language anywhere on the MCHHS premises.
***Attire**: MCHHS shirt (provided) with long pants and tennis shoes.*

Per state requirements, we require two forms of identification, one of which must be your driver's license or school ID. Please attach a copy of these to this application.

Student Signature: _____ Date: _____

Printed name of student: _____

Signature of parent/guardian: _____ Date: _____

Printed name of parent/guardian: _____

Questions?

Please contact Nicki Cleveland, Chief Nursing Officer, at 738-9172 or ncleveland@mchks.com

Submit Forms

Please complete forms and mail, along with 2 forms of ID, to:

Mitchell County Hospital Health Systems
Attn: Nicki Cleveland
P.O. Box 399
Beloit, KS 67420

Registration Deadline: June 21st, 2024