

- Please check one
- Job Shadowing
 - Observing
 - Mentoring
 - Clinical Sponsorship
 - Visiting Practitioner

Request for Career Exploration



Name _____

Male Female Email Address: _____ Date of Birth _____

Home Address _____

Preferred Phone Numbers: _____

Emergency Contact _____ Emergency Contact Number _____

School/College _____ Graduation Date: _____

High School Students: Are you enrolled in a Health Science Program? Yes No

Degree / Major _____

Will you be receiving college credit for the career exploration? Yes No If yes, please send course requirements.

If you are a minor - Name of Parent/Guardian _____

Health Care Career Interest (e.g., Nursing, Physical Therapy) 1st Choice _____ 2nd Choice _____

Area of Interest for Career Exploration _____

(Areas available are at the discretion of the Hospital)

Name of Sponsor and Department Name (if known) _____

Sponsor's Signature _____ Is this a family member? Yes No If yes, please specify relation to sponsor _____

List **specific date(s)** you are available _____

List **specific time(s)** you are available _____

I hereby certify that the information contained on this form is true and complete. I hereby release the organization, and its employees for any claims or liability, physical injury, or mental anguish sustained by me as a result of my presence in the hospital, or clinical setting. I understand that placement for career exploration is at the discretion of the Medical University Hospital Authority (MUHA).

Applicant Signature _____ Date _____

Parent Signature _____ Date _____
(if applicant is under the age of 18)

Submit request to: **Fax: (843) 792 - 0853; Attn: Tish Hyland**

Medical University Hospital Authority Human Resources, 163 Rutledge Avenue, Suite 200, MSC 602, Charleston, SC 29425-6020 or Email: muhaemployment@musc.edu

The following information will be completed by MUHA Human Resources:

MUHA manager contacted _____ Date _____

Placement confirmed _____

Received:
Current TB
Immunization Record