



ROWLAND UNIFIED SCHOOL DISTRICT Health & Medical Services Training Plan (Dr. Office)

Intern Name: _____

Internship Site: _____

Contact Person: _____ Phone: _____

Industry Site Supervisor: _____ Phone: _____

Department: _____ Email: _____

Please indicate afternoon hours available to have an intern placed at your site.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Special needs (i.e., attire, equipment, and experience) Check all that apply.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Scrubs | <input type="checkbox"/> School attire |
| <input type="checkbox"/> Lab coat | <input type="checkbox"/> Scrubs and/or lab coat to be furnished by site |
| <input type="checkbox"/> Stethoscope | <input type="checkbox"/> Other: _____ |

Career experience/activities that can be supported at the internship site

Front Office

- Taking histories
- Weighing in patients
- Pulling charts
- Answering phones
- Filing medical records
- Working on the computer
- Greeting patients
- Prepping patients
- Completing forms
- Operating office machines

Back Office

- Observe first aid practices/minor surgeries
- Shadow PA, NP or Dr.
- Observe laboratory work
- Observe counseling
- Vitals
- Patient Prep
- Urinalysis
- EKG
- Sterilization procedures
- Chemical testing
- Medications
- TB skin tests
- Injections
- Blood testing

List other experiences that are not list here:

Important Note: Have your supervisor go over the training plan and identify the tasks you can reasonably complete during your internship. This Training Plan is to be completed and returned to your internship coordinator.

Industry Site Supervisor Signature

Intern Signature