



1401 West Pawnee St., Cleveland, OK 74020 | 918-358-2501 | [www.ClevelandAreaHospital.com](http://www.ClevelandAreaHospital.com)

# Clinical Internship Application

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Major(s): \_\_\_\_\_

Graduation Month/Year: \_\_\_\_\_

Career Goals: \_\_\_\_\_

I am applying for internships in (circle one only) Fall Spring Summer

Have you previously completed a Clinical Internship? Yes No Which? \_\_\_\_\_

Have you taken the MCAT? \_\_\_\_\_

If accepted, what year would you begin Medical School? \_\_\_\_\_

Have you applied to Medical School? \_\_\_\_\_

If **yes**, what is the status (accepted, pending)? \_\_\_\_\_

If **no**, when will you be applying? \_\_\_\_\_

Have you had the following?

Covid vaccine

Flu shot

TB Test

Immunizations

Please list any certifications/skills:

\_\_\_\_\_

What medical specialties are you interested in pursuing?

Nursing

Radiology

Respiratory

Lab

Physical Therapy

Coding

Please identify what shifts/days you are available for work:

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**Experience:** Please accurately list and briefly describe all prior and current internship, shadowing, research, and health care delivery experiences, including total hours for each:

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**Statement of Purpose:** Briefly describe why would you like to complete a clinical internship:

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**Approved**

**Not Approved**

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**Manager's Signature**

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**Human Resource Signature**