

Frontier Health
P.O. Box 9054
Gray, TN 37615

STUDENT PRACTICUM APPLICATION

This application is for students wishing to be considered for a Student Practicum placement with Frontier Health.

Name _____ Phone _____
Street _____ Email _____
City _____ State _____ Zip _____

SCHOOL INFORMATION

School _____
Course of Study _____ Degree _____
Field Placement Instructor Name _____
Phone _____ Fax _____ E-Mail _____

PRACTICUM INFORMATION

Practicum Hours Required: Total _____ Per Week _____

Dates: From _____ To _____

Preferred Population _____ Alternate Population _____
Preferred Location _____ Alternate Location _____
Preferred Site _____ Alternate Site _____

Frontier Health is my first agency of choice for student practicum internship. _____yes _____no

If yes, explain why you want to complete your student practicum/internship at Frontier Health?

Are you interested in acquiring employment at Frontier Health upon graduation? _____ yes _____ no
Comments: _____

If no, _____ Frontier Health is my 2nd agency of choice. _____ Frontier Health is my 3rd agency of choice.

Is this your first or second practicum? _____

If this is your second practicum, please complete the following information regarding your first:

School _____ Dates: From _____ To _____

Location _____ Total Hours _____

Please attach a current resume to this application.

Frontier Health must receive this application no later than day of orientation.

Signature

Date