



## AULTMAN HEALTH FOUNDATION PRECEPTORSHIP STUDENT APPLICATION

### Section 1: General Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Are you a current Aultman Employee? ☐ Yes ☐ No If Yes, what department? \_\_\_\_\_

### Section 2: School/College/University Information

Current School/College/University: \_\_\_\_\_  
What degree are you pursuing: ☐ High School Diploma ☐ Certificate ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate  
Current Grade Level \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_ Major \_\_\_\_\_  
School Coordinator's First Name \_\_\_\_\_ School Coordinator's Last Name \_\_\_\_\_  
School Coordinator's Email Address \_\_\_\_\_ School Coordinator's Phone Number \_\_\_\_\_

### Section 3: Non-Employee Acknowledgement Statement Attestation

## Non-Employee Acknowledgement Statement Attestation

#### Compliance:

All members of the Aultman workforce including non-employee participants are expected to comply with the Code of Conduct, as well as all applicable policies and procedures, laws, regulations and contractual obligations.

- I understand that I am required to report any compliance concerns or issues to a member of the management team, the Compliance Office, or the Aultman Compliance Line (1-866-907-6901).
- I understand that individuals who appropriately report concerns will not be punished.

#### Conflict of Interest

Conflicts of interest may arise in a variety of circumstances. A conflict of interest occurs in situations where a non-employee participant and/or an employee's judgment could be affected because of a personal interest in the outcome of a decision over which the non-employee participant and/or the employee has control or influence.

- I do not have any financial, business, personal or other relationships that conflict with Aultman's interests, or I have disclosed all actual and potential conflicts of interest to a member of management or the Compliance Officer.

#### Confidentiality:

Most clinical and business records contain confidential information. All employees and non-employee participants have a legal and moral responsibility to maintain confidentiality at all times.

- I agree not to disclose confidential information without proper authorization.
- I agree not to review records or files for which I do not have authorization, including the records of co-workers, family and friends.
- I agree not to remove confidential information from Aultman without approval to do so.
- I agree not to make copies of any records or data except as required to perform my duties.
- I agree not to use any Aultman records or data for personal use or for commercial purposes.

#### Electronic Communications:

All electronic communication systems and the information transmitted by, received from, or stored in these systems are the property of Aultman Health Foundation.

- I understand that these systems are to be used solely for job-related purposes and not for personal use.
- I understand I have no expectation of privacy in connection with the use of these systems.
- I agree not to access a file or retrieve stored communication without authorization.
- I agree not to share my password with anyone.
- I agree not to use another person's id to gain access to any electronic communication system.

**Violation of any of the standards listed on this form may result in expulsion from Aultman Health Foundation programs and could result in potential legal action.**

I have received, read, understand, and agree to the terms of this Non-Employee Acknowledgement Statement Attestation.

\*If under 18, please have a parent/guardian complete a [Consent & Confidentiality Agreement Form](#).

#### **Section 4: Personal Appearance Policy and Attestation**

### **Personal Appearance Attestation**

I have received, read, and understand the Personal Appearance guidelines (available on the Aultman Student web page). I understand that if I do not follow the Personal Appearance guidelines that I may be sent home to change or provided scrubs to wear.

#### **Section 5: Tobacco Free Policy**

### **Tobacco-free Policy Attestation**

Effective Monday, January 3, 2011 Aultman Hospital will implement the second phase of its Tobacco-free Campus initiative. This initiative will strengthen Aultman's commitment to a healthy workforce and community. As a part of this program, Aultman will be taking the following steps:

- Aultman's main campus, off-site facilities and other properties will continue to be tobacco-free.
- Students will no longer be able to participate in their educational experiences if they smell of tobacco products and will be asked to leave the premises & are not permitted to use tobacco products during their experience at Aultman.

#### **Section 6: Safety Education Attestation**

### **Safety Education Attestation**

I have received and reviewed the Safety Education located on the student website. I am responsible and accountable for the information in the education packet.

#### **Section 7: HIPAA Education Attestation**

### **HIPAA Education Attestation**

I have received and reviewed the HIPAA education located on the student website. I am responsible and accountable for the information in the education packet. I will adhere to the HIPAA guidelines as stated in the education packet.

#### **Section 8: The Aultman Patient Experience Education Attestation**

### **The Aultman Patient Experience Education Attestation**

I have reviewed the Aultman Experience education. I am responsible and accountable for the information, and I will apply this knowledge to provide the Aultman Experience in all of my interactions during my Student Experience.

#### **Section 9: COVID-19 Student Experience Educational Packet Attestation & Certificate of Completion Upload**

### **COVID-19 Student Experience Educational Packet Attestation**

I have received and reviewed the Student Experience Educational Packet. I am responsible and accountable for the information in the Student Experience Educational Packet.

#### **Section 10: Terms and Electronic signature**

By signing below, you verify that all this information is true and accurate to the best of your ability and you understand and agree to the following:

1. Aultman has the right to delay your internship if all paperwork is not completed before the stated start date. Once an application is received, you will be contacted via email, so please check your email regularly. Applications are processed manually in the order of internship start date so please be patient and allow at least 4 weeks prior to your anticipated start date for processing. Applications received with a start date of more than 3 months out will be required to complete new paperwork.
2. At any time Aultman Health Foundation has the right to make any changes to the student experience program.
3. You have read all pages in this application and agree to uphold all the standards as defined in this application.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_