Tanana Chiefs Conference

**Clinical Staff Office**
Chief Andrew Isaac Health Center
1717 West Cowles Street • Fairbanks, AK 99701
•

(907) 451-6682 x3042 (P) (907) 459-3811 (F)

# Job Shadow Application

Please complete this application for consideration and return by email with a CV/resume to CSS@tananachiefs.org. Due to high demand, incomplete applications will not be processed.

## SECTION I: APPLICANT INFORMATION

Full Name (first, middle and last):_____

Preferred name:_____ Gender: ☐Male ☐Female

Date of Birth (mm/dd/yyyy):_____

Mailing Address:_____

Physical Address (if different from mailing):_____

Phone (primary):_____ Phone (secondary):_____

Email:_____

How would you prefer TCC communicate with you: ☐Email ☐Phone call/message

Ethnicity (select all that apply):

☐American Indian ☐Alaska Native ☐African/American ☐Asian ☐Caucasian
☐Native Hawaiian ☐Pacific Islander ☐Hispanic ☐Other_____

Emergency Contact Name:_____ Emergency Contact Phone:_____

Emergency Contact relationship:_____

## SECTION II

Are you a current or former TCC employee?_____

How did you hear about us?_____

Are you from Alaska, or do you have any ties to an Alaska community?_____

_____

_____

Why are you interested in rotation/shadowing at TCC?_____

_____

_____

_____

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## SECTION III

*The Alaska AHEC Program's funding agency (HRSA) requires that we collect the following demographic information:*

Would you consider your background to be educationally disadvantaged?*
Would you consider your background to be economically disadvantaged?** _____

_____

What is your veteran status? _____

Birthplace or Childhood Residence: _____

*"Educationally disadvantaged" individual comes from an environment that has inhibited the individual from obtaining knowledge, skills and abilities required to enroll or graduate from a health professional training school. Examples include attending a small rural high school or being the first in your family to attend college. **"Economically disadvantaged" individual comes from a family with an annual income considered low income by the federal government. Examples include those who qualify for low-cost or free school lunches.

## SECTION IV: APPLICANT EDUCATION INFORMATION

Current High School/University: _____
City and State: _____

If Applicable:
Major: _____ Degree Type or intended: _____

At time of you job shadow, indicate your class standing (freshman, undergraduate/graduate year, etc.):

_____

Anticipated month and year of graduation: _____

If Applicable:
School Coordinator Name: _____ Phone:
Email: _____

## SECTION VI: JOB SHADOW INFORMATION

Desired date(s) (mm/dd/yyyy) and days of week:_____

Number of hours requested:_____

Any additional information to assist our coordinators in the review of your request?_____

_____

_____

_____

Please select discipline(s) needed for rotation:

| | | |
|---|---|---|
| ☐Medical (MD/DO) | ☐Nurse Midwife | ☐Nurse Practitioner |
| ☐Physician Assistant | ☐Nursing | ☐Medical Assistant |
| ☐Family Medicine | ☐Dental | ☐Dietetics |
| ☐Health Administration | ☐Internal Medicine | ☐Laboratory |
| ☐Optometry | ☐Orthopedics | ☐Pediatrics |
| ☐Pharmacy | ☐Physical Therapy | ☐Radiology |
| ☐Surgery | ☐WIC | ☐Women's Health/OBGYN |
| ☐Urgent Care | ☐Other:_____ | |

**In order to ensure this is a meaningful experience for yourself and our staff, please thoughtfully complete the following to get the most out of this educational experience:**

List specific goals you have (ie. daily duties, patient interaction, procedures, diagnosing, school advice, pro and con, etc.) and how it will be beneficial to you:_____

_____

_____

_____

_____

_____

_____

List specific questions you have:_____

_____

_____

_____

_____

_____

_____

Any additional comments/questions:_____

_____

_____

_____

_____

_____

## SECTION VIII

Have you ever been charged or convicted of a felony, misdemeanor or offense other than a minor traffic violation? ☐Yes ☐No

If yes, please explain:_____

_____

_____

Do you have a valid Alaska Driver's License? ☐Yes ☐No Number:

## SECTION IX

**Please read the following carefully and initial each paragraph:**

☐I understand that there is no compensation for shadowing/interning at Tanana Chiefs Conference (TCC).

☐I hereby authorize TCC to thoroughly investigate my education, criminal record and other matters related to my suitability for shadowing or interning at TCC. I hereby release TCC and all other persons or entities from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

☐I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended an employment contract, implied or explicit, between me and TCC.

☐I understand that as a shadow or intern I would not be entitled to any pay, compensation or benefits.

☐I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for shadowing or interning and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this application. I understand that my omission or misstatement on this application or on any documents used to secure shadowing or interning shall be grounds for rejection of this application or for immediate discharge, regardless of the time elapsed before discovery. Non-disclosure of criminal record could result in possible denial of shadow or student intern status. My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

_____ _____ _____

Printed Name Signature Date

Updated 3.4.22