

**Salina Regional Health Center
Application for Student Observation Experience**

Please answer all questions

Personal Information
Application Date: _____
Name: _____
Address: _____ Phone _____
City _____ State _____ Zip _____
Email address _____
Emergency Contact: _____ Relationship _____
Contact phone # _____ Night Phone _____ Cell _____
School Information
School you are currently attending: _____
Major _____ Anticipated graduation date: _____
*****This is required to confirm the reason for your request.
Career Counselor signature: _____
Phone: _____ email address _____
Observation Request
Date (s) will you be at SRHC? _____
Date you are available for SRHC orientation: _____
Have you contacted anyone regarding this request? If so, who? _____

Give a brief description of the specific area within SRHC that you are interested in.

Briefly describe what you would like to gain from this experience & why you are interested in this area:

List any previous experience you have related to the health care field. This may be previous educational experience or work related experience.

Physician Sponsor
If the student desires to observe in the Emergency Dept. or Surgery a physician sponsor is needed, and a special orientation will be done.
Physician you have contacted regarding this experience: _____

Salina Regional Health Center reserves the right to limit observation experiences based on number and appropriateness of requests.

Please return all paperwork to: SRHC, Organizational Development, 400 S. Santa Fe, Salina, KS