



Aunt Martha's Youth Service Center, Inc.  
Professional Development  
Health Care Services Application

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**EDUCATION**

<u>Institution</u>	<u>Major/Minor</u>	<u>Dates Attended</u>	<u>Degree(s)</u>

**WORK EXPERIENCE**

<u>Institution</u>	<u>Nature of Work</u>	<u>Dates</u>

**TYPE OF PLACEMENT REQUESTED**

- Clinical Rotation Clinic
- Dental Assistant
- Medical Administrative Assistant
- Medical Assistant
- Nurse Practitioner Practicum
- Registered Nurse Completion

**PLACEMENT SITE REQUESTED**

Vermillion County CHC

**NUMBER OF HOURS FOR INTERNSHIP REQUIRED**

N/A

**REQUESTED START DATE**

2/29/12

**SESSION OF INTERNSHIP REQUESTED**

Spring 2012

(Select One)  
 Summer 2012

Fall 2012