

Please check one

- Job Shadowing
- Observing
- Mentoring
- Clinical Sponsorship
- Visiting Practitioner

Request for Career Exploration

Name _____

Male Female Email Address: _____ Date of Birth _____

Home Address _____

Preferred Phone Number(s): _____

Emergency Contact _____ Emergency Contact Number _____

If you are a minor - Name of Parent/Guardian _____

School/College _____ Graduation Date: _____

High School Students: Are you enrolled in a Health Science Program? Yes No

Degree / Major _____

Will you be receiving college credit for the career exploration? Yes No If yes, please send course requirements.

Area of Interest for Career Exploration _____

(Areas available are at the discretion of the Hospital)

Name of Sponsor and Department Name (if known) _____

Is this a family member? Yes No If yes, please specify relation to sponsor _____

List **specific date(s)** of requested visitation _____

List **specific time(s)** of requested visitation _____

I hereby certify that the information contained on this form is true and complete. I hereby release the organization, and its employees for any claims or liability, physical injury, or mental anguish sustained by me as a result of my presence in the hospital, or clinical setting. I understand that placement for career exploration is at the discretion of the Medical University Hospital Authority (MUHA).

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

(if applicant is under the age of 18)

Please scan documentation to include the request form to muha-careerexplore@muscd.edu or fax to (843) 792 - 0853; Attn: **Career Exploration.**