

CCH MISSION:
To improve the health of those we serve
CCH VISION:
To be the first choice in quality and service
CCH VALUES
I Integrity

C Commitment
A Accountability
R Respect
E Excellence



Please complete this sheet and return it to The Education Department.

STUDENT INFORMATION:

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMERGENCY CONTACT:

NAME: _____ PHONE NO.: _____

What School do you attend

SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DEPARTMENT: _____

FACULTY/ADVISOR: _____ PHONE NO.: _____

Dates Requested for Clinical Experience: _____

Please tell us about the objectives you would like to accomplish during this experience:

By signing below, I here by certify that I have received the following immunizations and training:

Vaccinations: Hepatitis B, Measles, Rubella, Mumps, Varicella
 Yes No Unsure

Universal Precautions instruction
 Yes No Unsure

HIPAA instruction
 Yes No Unsure

CCH Safety Codes and Procedures
 Yes No Unsure

How did you hear about the Columbus Community Hospital

What other areas are you interested in

What are your career goals

Signed: _____

Date: _____