The University of Texas at Austin School of Nursing Children's Wellness Center Internship Application

Application is Due May 3, 2019

Student	UT EID										
Phone	Email										
GPA	_										
n Fall 2019, I will be a: Junior II □ Senior I □ Senior II □ Pedi experience preferred; Spanish-speaking desirable but not required)											
•	st 27: Mandatory orientation is July 25-26; e rest of schedule is variable. Students will w	DVISD immunization clinic is tentatively scheduled ork approximately 12 hours/week.									
Note: If you w Form and follo	ernship, please also complete the Independent Study e course.										
	plete questionnaire on page 2 explaining into reviewed and finalists may be called for a phone inter										
Program description: Student interns will be trained to analyze shot records, administer immunizations, practice physical a levelopmental assessment, and care for children seeking well child care and care for acute and chronic illnesses, including ports physicals in a primary care setting. The Children's Wellness Center (CWC), located in Del Valle, is a nurse-managed chool-based clinic serving newborns to adolescents and working in the community to promote health and prevent illness. ince many of the families served by the CWC are Hispanic and low-income, the interns will have the opportunity to practic ultural and linguistic skills.											
 Administer pediatric Determine necessary Practice history takin 	dge of childhood immunizations and perform performs via oral, intramuscular, subcutane immunizations to meet community and school generate and physical examination skills perform any care setting	ous, and intra-dermal routes I district requirements									
• Students are requir	actice with immunizations, physical exams, pati	ent teaching, acute and chronic disease management. s and responsibilities as in any clinical course, including									
·	g internship will receive \$1000 stipend. Fundin Disease Prevention Research in Underserved Po	g is provided by the UTSON's St. David's Center for opulations (CHPR)									
Student's Signature		Date									
Assistant Dean for Unde	ergraduate Programs (Faculty of Record)	Date									
Please provide the nam	e and phone number of your most recent clinic	cal instructor as a reference:									

Submit this form to cmcavoy@mail.nur.utexas.edu via email by April 30, 2019.

Children's Wellness Center Internship Questionnaire Please type your response; it should fill one page.

Are you ava	ilable for all	the mandate	ory dates (Ju	ıly 25-26—8:0	00 AM to 4:3	0PM)?	YES	NO		
Why do you	want this ir	nternship?								
What is you	r previous w	ork experier	nce?							
What is vou	r previous e	xperience w	orking with	children?						
,,,,,			. 0							
What is you	r previous e	xperience wi	ith vaccines	and vaccinati	ons?					
MATIN AND AND AND AND AND AND AND AND AND AN										
wnat do yo	u nope to ge	et out of the	experience:	•						
Have you ta	kon N251—	Spanish for L	JoalthCaro [Professionals?	l (or oquivale	nt ovnlair) VEC	NO		
riave you ta	Kell N354	Spariisii ioi i	ieaitiicaie i	riolessionais:	(or equivale	:iitexpiaii	1) 113	NO		
On the follo	wing scale, ı	rank your ab	ility to speal	k Spanish. (Sp	oanish not re	quired for i	nternship)		
0	1	2	3	4	5	6	7	8	9	10
0 = I don't k	now how to	say "hi" in S	panish			10 = I h	nave spok	en Spanish my	whole life	
Will you be	enrolled in a	another cour	se during th	e dates of the	e internship?	YES	NO			
If yes, pleas	e list class d	lays and time	es:							