ALLIED HEALTH INTERNSHIP PLAN FORM

NAME _________________________________ Phone __________________

ADDRESS _________________________________ email __________________

City                                                                  State                             Zip

Type of visit requested: (Check the type of internship requested)

☐ 2 week internship for the allied health minor
☐ 2 week internship for the B.S. in health sciences
☐ _______ weeks (indicate # of weeks) for major in Health Care Administration

Name of Facility ______________________________________________
Address

Proposed Dates City, State, Zip ______________________________________________
Contact Person/Title ______________________________________________
Telephone #  _____________________  Fax ____________________

(If you are breaking your internship into different sites and times indicate your preference for remaining
dates and sites below. Use a 2nd form if more space is needed.)

Name of Facility _____________________________________________
Address

Proposed Dates City, State, Zip _____________________________________________
Contact Person/Title _____________________________________________
Telephone #  _____________________  Fax ____________________

Name of Facility ___________________________________________
Address

Proposed Dates City, State, Zip ___________________________________________
Contact Person/Title ___________________________________________
Telephone #  _____________________  Fax __________________

STATEMENT OF UNDERSTANDING: I have reviewed the objectives, grade scale, and report
requirements for the allied health internship.
The grade that I have selected to work towards is a(n) ____.

________________    ____________________________________________
Date                                                                 Student Signature

SUBMISSION DEADLINE

8 weeks prior to desired internship date.

Return Completed Applications To

Teri Stubbs, RHIA
Director, HCA Program, SWOSU
100 Campus Drive
Weatherford, OK 73096       Science 202c
Phone: 580-774-3067               Fax: 580-774-3795