

LECOM Institute for Behavioral Health

Applicant Name: _____

Request for Practicum and/or Internship - Student Application

LECOM Institute of Behavioral Health is the region's leading behavioral health and physical health provider. We aim to increase access to quality health care and services, foster a health care and behavioral health workforce to address current and emerging needs, and enhance population health and address health disparities through community partnerships.

LECOM Institute of Behavioral Health is an established leader in behavioral health care providing mental health services and superlative care to individuals across the lifespan.

Millcreek Community Hospital (MCH), the Achievement Center (ACLH), and Corry Counseling (CCLH) are all affiliates of the behavioral health service line of LECOM health. MCH is the largest inpatient mental health care facility in the region, and ACLH and CCLH further augment the wide range of behavioral healthcare offerings.

Date: _____

Address: _____

Telephone Number: _____ **Email Address:** _____

University: _____ **Major:** _____

Is your program accredited? Y N If yes, by which accreditation body? _____

Education Level:

❖ **Bachelor Level:** _____ **Expected Graduation Date:** _____

❖ **Master Level:** _____ **Expected Graduation Date:** _____

❖ **Doctoral Level:** _____ **Expected Graduation Date:** _____

I am seeking a: Practicum: _____ **and/or** **Internship:** _____

Faculty Contact: _____

Anticipated Start Date: _____ **Anticipated End Date:** _____

Required # of Hours: _____ **Required # of weeks:** _____

Must the Supervisor for the Internship Experience be Licensed? ___ Y ___ N

If so, as: LPC ___ LCSW ___ LSW ___ Other _____

Please indicate your availability:

Day: S ___ M ___ T ___ W ___ T ___ F ___ S ___ **Time:** Days ___ Afternoons ___ Evenings ___

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Bachelor Level Applicants ONLY

Area of experience requested:

- | | |
|---|---|
| <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Recreational Therapy |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Music Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Speech Language Pathology | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Family Based Mental Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blended Case Management | |

Previous Volunteer/Work/Internship Experience:

Once completed, please skip to page 4.

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Master’s and Doctoral Level Applicants ONLY

Area of experience requested:

| Office-based: | In-home/ Community: | Hospital: |
|--|---|--|
| <input type="checkbox"/> Outpatient Counseling <input type="checkbox"/> Nursing <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other | <input type="checkbox"/> Family Based Mental Health <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other | <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Therapy Counseling <input type="checkbox"/> Other |

LECOM Institute for Behavioral Health believes in offering students a robust experiential learning experience, which includes a unique clinical rotation.

I understand that I am applying to the behavioral health service line of LECOM health and may be placed at any behavioral health affiliate during my internship.

Please designate preferred placement by ranking affiliates below (in order of 1 to 4):

_____ LECOM Institute of Behavioral Health

_____ Achievement Center of LECOM Health

_____ Corry Counseling of LECOM Health

_____ Millcreek Community Hospital

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APPLICANT AND PARTICIPANT AGREEMENT

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration, or (ii) may result in my immediate discharge from the agency's service, whenever it is discovered.

I understand that I will be required to provide Act 33/34 and FBI fingerprint clearances, as well as complete a Mandated Reporter training upon acceptance to an internship placement for LECOM Institute for Behavioral Health. Additional mandatory and optional training opportunities will be assigned and may vary according to the specific LECOM Institute for Behavioral Health entity where I am assigned.

I understand that LECOM Institute for Behavioral Health must comply with the "Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination" requirement that those working within any LECOM Institute for Behavioral Health programs or facility must have the shots necessary to be fully vaccinated against COVID-19 or an approved exemption from LECOM Institute for Behavioral Health prior to my start date. I am required to submit official documentation of my vaccination status to the Human Resources Department and certify that the documentation I submit is true and correct. I understand that I may seek an exemption from this policy due to a medical contraindication or a sincerely held religious belief; however, if the exemption request is not approved and I elect not to vaccinate, then my internship cannot begin.

By signing this agreement, I swear and affirm that I am not disqualified from service pursuant to the PA Statue of 23 Pa Cons. Stat. 63449(c) and that I have not been convicted of an offense as the same or similar nature to those listed in 6344(c) (see attached).

As a participant in an internship experience at LECOM Institute for Behavioral Health, I understand that **patient privacy and strict confidence** concerning patient and hospital/provider information is of first importance as both a legal and ethical right of all patients and their families.

I further understand and agree that, as a temporary participant, I am responsible to observe and maintain the same strict confidence concerning patients and patient information that is required of LECOM Institute for Behavioral Health employees. I agree that I will keep all information regarding any patient, written and/or spoken, and which becomes known to me confidential.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant and Participant Statement.

Signature of Applicant

Date _____

Printed Name

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GENERAL CONFIDENTIALITY AGREEMENT

As a condition of my internship with LECOM Institute for Behavioral Health, I agree to abide by the legal requirements of all laws, regulations, policies and procedures governing the confidentiality of client's Protected Health Information (PHI) mental health records covered by the Health Information Portability and Accountability Act (HIPAA), educational records covered by the federal Family Educational Rights Privacy Act (FERPA), personally identifiable information, other sensitive information, and confidential LECOM Institute for behavioral Health's workforce information.

I understand and agree that if I access, use or disclose confidential information in any form — verbal, written, or electronic — in a manner that is inconsistent with or in violation of all laws, regulations, policies and procedures governing the confidentiality of client's Protected Health Information (PHI), mental health records covered by the Health Information Portability and Accountability Act (HIPAA), educational records covered by the federal Family Educational Rights Privacy Act (FERPA), personally identifiable information, other sensitive information, and confidential LECOM Institute for Behavioral Health workforce information, LECO Institute for Behavioral Health will need to report any violations.

I shall respect all LECOM Institute for Behavioral Health client's rights of privacy to have all information in the case records or known about the client remain confidential. No information regarding a client shall be discussed with, or in the presence of anyone without a need-to-know or outside LECOM Institute for Behavioral Health.

I understand this confidentiality agreement remains in effect even after my active association with LECOM Institute for Behavioral Health ends. By signing this agreement, I am acknowledging that I will abide by the legal requirements of all laws, regulations, policies, and procedures governing the confidentiality of client's Protected Health Information (PHI), the Health Information Portability and Accountability Act (HIPAA), educational records covered by the federal Family Educational Rights Privacy Act (FERPA), personally identifiable information, other sensitive information, and confidential LECOM Institute for Behavioral Health workforce information.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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DISCLOSURE STATEMENT APPLICATION FOR PROVISIONAL EMPLOYMENT IN A CHILDCARE SERVICE

Required by Child Protective Services Law, 23 Pa. C.S. Section 6344 (relating to information relating to prospective childcare personnel)

I swear/affirm that I have mailed the requests for clearances to Childline, the Pennsylvania State Police and the Federal Bureau of Investigation (where applicable).

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse or individual responsible for a founded report for a school employee as defined by the Child Protective Service Law.

I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state.

| | | |
|------------|----------|---|
| Chapter 25 | | (relating to criminal homicide) |
| Section | 2702 | (relating to aggravated assault) |
| Section | 2709 | (relating to harassment and stalking) |
| Section | 2901 | (relating to kidnapping) |
| Section | 2902 | (relating to unlawful restraint) |
| Section | 3121 | (relating to rape) |
| Section | 3122.1 | (relating to statutory sexual assault) |
| Section | 3123 | (relating to involuntary deviant sexual intercourse) |
| Section | 3124.1 | (relating to sexual assault) |
| Section | 3125 | (relating to aggravated indecent assault) |
| Section | 3126 | (relating to indecent assault) |
| Section | 3127 | (relating to indecent exposure) |
| Section | 4302 | (relating to incest) |
| Section | 4303 | (relating to concealing death of a child) |
| Section | 4304 | (relating to endangering welfare of children) |
| Section | 4305 | (relating to dealing in infant children) |
| Section | 5902 (b) | (relating to prostitution and related offenses) |
| Section | 5903 (c) | (relating to obscene and other sexual materials and performances) |
| Section | 6301 | (relating to corruption of minors) |
| Section | 6312 | (relating to sexual abuse of children) |

I understand that I must be dismissed if I have been named as a perpetrator of a founded report of child abuse within the past five years or have been convicted of any crimes listed above.

I understand that my employment may be terminated if I have been named as the perpetrator of an indicated report of child abuse and/or individual responsible for the injury of abuse in a founded or indicated report for a school employee.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the Criminal Code.

Name (*print*)

Signature

Witness

Date

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Program Acknowledgement Form

Date: _____

In the event that I should need to miss a scheduled day, I will contact the following person(s) prior to my start time:

Program Supervisor: _____ Phone: _____

I understand that as a Practicum/Intern of LECOM Institute of Behavioral Health*:

- I am to abide by all policies and procedures of the behavioral health service line of LECOM Institute for Behavioral Health.
- I have read and understand the Practicum/Intern Position Description.
- I am **not** considered an employee of any LECOM Institute for Behavioral Health affiliate as part of this practicum and/or internship and therefore I am not eligible for any of the benefits of the agency.
- There is no guarantee that this program will result in an offer of employment.
- I understand that if I do not perform up to LECOM Institute for Behavioral Health's standards or adhere to its policies and procedures, my practicum and/or internship will be terminated without further notice.

Student Signature

Date

Practicum/Internship Supervisor Signature
LECOM Institute for Behavioral Health Staff

Date

Course Instructor Signature

Date

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Student/Intern Information Sheet

Students accepted to a LECOM Institute of Behavioral Health practicum and/or internship are required to obtain the following at their own expense and complete all required pre-internship elements:

1. **Clearances (these can be dated within 6 months of internship start date):**

- a. Child Abuse Clearance (Act 33) -\$13
<https://www.compass.state.pa.us/cwis/public/home>
Register as an Employee, **not** volunteer
- b. Criminal Clearance (Act 34) -\$22
<https://epatch.state.pa.us/>
*Click on **Submit a new record check**
- c. FBI Clearance - \$28.75*
<https://www.identogo.com/>
Choose the Department of Human Services option and the code is
1KG738

* The FBI Clearance can take up to 1 month to be returned. Please **do not procrastinate** completing this process *once directed to proceed*, it can result in the delay of your internship starting.

2. **PPD (TB) Test** -\$13.35

- a. All students rotating through Millcreek Community Hospital are required to get a test.
- b. If you've had a chest x-ray in the past three years, bring in the report and there will be no need for a PPD.
- c. PPD's can be done in our ER.
- d. The first PPD must be placed prior to the student starting.
- e. The student is responsible for the cost of the PPD which is each.

3. **Complete:**

- a. Mandated Reporter Training
<https://www.reportabusepa.pitt.edu/>

4. **Complete the following documents:**

- a. Student Application
- b. Practicum/Internship Acknowledgement Form
- c. General Confidentiality Agreement
- d. Disclosure Statement

Please check with the HR department at any of the LECOM Institute Behavioral Health affiliates regarding any questions about your application process.

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