 **SUMMER INTERNSHIP   
 College Students Only**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

*Street Address City State Zip Code*

Home Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred method of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College you are attending and year in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*\*Please note Minnesota Orthopedic Sports Medicine Institute’s summer internship program will consist of both shadowing our physicians and participating in research related activities.\*\*\**

***Minimum*** number of hours required ***per week***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours

How long are you looking to intern with our sports medicine group? \_\_ \_\_\_ (circle one) DAY(S) WEEK(S) MONTH(S)

Date range for interning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle who you are interested in observing: PRIMARY CARE DOCTOR ORTHOPEDIC SURGEON

Please circle what you are interested in observing: SURGERY CLINIC BOTH

Please check next to each day of the week what time of day works best for shadowing/interning with our group:

MONDAY: □ AM (8 AM-NOON) □ PM (1-5 PM) □ NOT AVAILABLE THIS DAY OF THE WEEK

TUESDAY: □ AM (8 AM-NOON) □ PM (1-5 PM) □ NOT AVAILABLE THIS DAY OF THE WEEK

WEDNESDAY: □ AM (8 AM-NOON) □ PM (1-5 PM) □ NOT AVAILABLE THIS DAY OF THE WEEK

THURSDAY: □ AM (8 AM-NOON) □ PM (1-5 PM) □ NOT AVAILABLE THIS DAY OF THE WEEK

FRIDAY: □ AM (8 AM-NOON) □ PM (1-5 PM) □ NOT AVAILABLE THIS DAY OF THE WEEK

Are there are specific requirements that you need to fulfill from your school/program? (circle one) YES\* NO

***\*If yes***, please state the requirements or attach the requirements from your school to this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**~ CONTINUED ON BACK ~**

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**CONFIDENTIALITY STATEMENT**

During this observation time I understand patient’s individual health information which is disclosed is confidential. I may become aware of this information via written, oral or electronic data. Minnesota Orthopedic Sports Medicine Institute/ Twin Cities Orthopedics expects that any discussion, access, storage, interpretation, release or handling of this confidential information will be treated with care and caution.

By signing below- I understand this is an agreement set forth for the date range shown on the front page and I also understand the Confidentiality Statement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

*Shadowing/Interning Student’s Signature*

**EMERGENCY CONTACT INFORMATION**

Information of individual to contact in the event of an emergency:

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

**Please tell us why you are interested in becoming a Summer Intern at Twin Cities Orthopedics**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach your resume with this document.**

Qualified applicants will be asked to have a phone interview or/and an in-person interview in early Spring.

**Return completed form to:**

Minnesota Orthopedic Sports Medicine Institute at Twin Cities Orthopedics

Attn: Becky Stone

4010 West 65th Street

Edina, MN 55435

Phone: (952) 456-7136

Fax: (952) 944-0460