

WORK-BASED LEARNING
INTERNSHIP VERIFICATION FORM

Student Name _____ ID Number _____
Address _____ Home Phone _____
Student Email _____ Cell Phone _____
Name of Externship Site _____
Externship Supervisor _____ **Phone** _____
Externship Supervisor Email _____

Student Extern and the Parent/Guardian understands the student is responsible to meet the following program expectations:

- Maintain passing grades and regular attendance at school and at the externship site.
- Follow all rules concerning the externship program, including notifying the Instructor and the internship site supervisor prior to ANY absence.
- Show honesty, punctuality, cooperative attitude, proper grooming/dress, and willingness to learn while at the externship site, and in all interactions with the Instructor.
- Report immediately any problems or accidents to the externship site supervisor and the Instructor.
- Provide transportation to and from the internship site.

Date _____ Student Signature _____

Date _____ Parent/Guardian Signature _____

Externship Site Supervisor verifies that he/she understands the following WBL program expectations:

- Provide thorough orientation to the externship site and clearly explain what is expected of the extern at the externship site.
- Provide evaluation of the student's performance.
- Sign off on student record of time and attendance on a regular basis.
- Be willing to regularly communicate with Instructor on how the student is doing and let the Instructor know if there are any problems or concerns that should be addressed.
- Meet all state and federal safety and health requirements (including background and fingerprint checks).
- Report to Instructor accidents or injuries at time of occurrence.

Date _____ Internship Site Supervisor _____

Instructor verifies he/she will complete or comply with the following program responsibilities:

- Act as a liaison to facilitate completion of paperwork, problem resolution, and helping the student and externship site supervisor maximize the externship experience.
- Provide education in Medical Assisting as outlined in the state curriculum.
- Verify that all requirements and assignments are completed for the student is eligible for the externship experience.

Date _____ Instructor Signature _____

Date Completed Contract Returned _____ Instructor Signature _____