

MORRIS
Cardiovascular and Risk Reduction Center
Student Application Packet

All potential Morris Cardio students must apply for an internship position with the following:

- Cover Letter
- Resume
- Detailing of Internship Requirements
- Completed and Signed Application

Please print, return or scan this signed checklist with all check boxes marked to Alyssa at alyssa@morriscardio.com.

DISCLOSURE:

I understand the Mission Statement of *Morris Cardiovascular and Risk Reduction Center* and believe to be both a valuable asset to the practice as both a health promoter and motivated student. I will work with honor and integrity within the practice and in my community at all times.

I affirm everything within my resume and this packet is correct to my knowledge and I can provide appropriate documentation upon request. I affirm any and all certifications that I express are current are as such.

SIGNATURE:

I verify everything is correct to the best of my ability.

Printed Name

Signature

Date

Thank You for Applying!

FOR OFFICE USE ONLY:

Reviewed



STUDENT INFORMATION

First Name _____ M.I. _____ Last Name _____

Permanent Address _____

City _____ State _____ Zip Code _____

Email Address (active) _____

Phone Number _____ **Circle:** Home/Work/Cell

Alternative Number _____ **Circle:** Home/Work/Cell

How did you hear about this opportunity? _____

Highest degree of education _____

Estimated total patient contact hours, to date: _____

I currently type at a speed of _____ WPM and can verify with a typing test.

REQUIRMENTS

Associated School, if applicable _____

Requested Morris Cardio contact hours: _____

Available start and end dates _____

HOURS AND AVAILABILITY:

MON _____

TUES _____

WED _____

THURS _____

FRI _____

SAT _____

SUN _____

My outreach hours are credited towards an academic degree, certification or school credit.

PROGRAM GOALS

Please use the space below to clearly identify three personal objectives you would like to achieve if selected.

1.

2.

3.