



**UNIVERSITY OF THE INCARNATE WORD
ILA FAYE MILLER SCHOOL OF NURSING AND HEALTH PROFESSIONS
APPLICATION FOR APPROVAL OF FIELD OBSERVATIONS AND/OR INTERNSHIP**

Major Athletic Training Rehabilitative Science

Intended Semester:
 Fall _____ Spring _____ Summer _____

Name _____ Date of Birth _____ Male Female
 Last First MI

UIW E-mail Address (if known): _____ University Identification Number (if known): _____

Local Address: _____
 Street City State Zip

Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number: _____

Permanent Address: _____
 Street City State Zip

PROPOSED SETTINGS AND TIMELINES: *List all settings*

SETTING/FACILITY	CONTACT AND PHONE NUMBER	PROPOSED DATES

FOR OFFICE USE ONLY

ITEM	IN FILE	COMMENTS
Health History		
Immunizations		
Physical Exam		
CBC		
First Aid		
CPR		
BBP Training		
HIPAA/FERPA Training		
Needlestick Insurance		
Enrollment		