



Placement Application for Students, Residents, and Interns

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):	Email:
Race/Ethnicity (optional): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Latinx/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other		

Institutional Affiliation (no online programs permitted except for Frontier Nursing University)

- | | |
|---|--|
| <input type="checkbox"/> Meharry Medical College:
<input type="checkbox"/> Vanderbilt School of Medicine:
<input type="checkbox"/> TSU Nurse Practitioner student:
<input type="checkbox"/> Vanderbilt Nurse Practitioner student:
<input type="checkbox"/> _____ Nurse Practitioner student:
<input type="checkbox"/> Belmont pharmacy student
<input type="checkbox"/> Lipscomb counseling student
<input type="checkbox"/> _____ behavioral health student:
<input type="checkbox"/> Medical Assistant externship
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medical Student <input type="checkbox"/> Medical Resident
<input type="checkbox"/> Medical Student <input type="checkbox"/> Medical Resident
<input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych
<input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych
<input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych
<input type="checkbox"/> Seeking LPC <input type="checkbox"/> Seeking LMSW |
|---|--|

Semester

- Fall: _____
 Spring: _____
 Summer: _____
 Other: _____

Days and Times of Proposed Placement

- | | | |
|-------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Saturday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

Total hours sought during placement:

Application Questions (does not apply to medical residents)

1. Do you intend to spend at least 5 years of your career after completing your studies working for a community health center or other outpatient provider that primarily serves the uninsured and underserved? Yes No If yes, briefly describe your plans.
2. How would you ensure your placement would materially advance Neighborhood Health's mission in the near-term? Please be as specific as possible.
3. How would you support and advocate for the mission of Neighborhood Health on an ongoing basis after your rotation or internship? Again, please be as specific as possible.

Please attach your responses and resume with this form.

Important Notices to Applicants

By submitting a Placement Application, you understand and agree Neighborhood Health has sole and exclusive discretion to grant and withdraw placement opportunities. You should not assume your application constitutes any approval for any placement. Until Neighborhood Health approves your placement in writing, you should continue to pursue other options.

Further, you understand if Neighborhood Health provides you preliminary or full approval for a placement:

- Neighborhood Health may terminate your placement at any time for any reason and without any advance notice to you or to your institution.
- You will be bound by all of Neighborhood Health's policies and procedures, including but not limited to those described in the "Policy Booklet for Students, Residents, and Interns with Onsite Placements" and Neighborhood Health's "Standards of Conduct." You hereby confirm you have received, read, and understand these documents. Further, you agree you will strictly adhere to these and all of Neighborhood Health's policies and procedures.
- Prior to the start date of your placement you must complete specific trainings on topics including but not limited to:
 - Life Safety: <https://youtu.be/BNTq9WAGhzo>
 - Infection Control: <https://youtu.be/DwpV1VWQANM>
 - HIPAA: <https://youtu.be/ok7BTXhKr50>
 - Title VI: https://www.youtube.com/watch?v=MU_SfdA6E5w
- You are not and will not be an employee, agent, or contractor of Neighborhood Health as a result of a placement. You are not and will not be entitled to monetary compensation or employee benefits, including worker's compensation benefits, during your placement at Neighborhood Health.
- You neither have now nor will have during the placement any expectation of privacy while onsite at Neighborhood Health in your belongings, your vehicle, and your other personal property you bring onsite. Further, you freely consent to any searches that Neighborhood Health in its exclusive discretion may deem necessary.
- You shall indemnify and hold harmless Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney's fees), which directly or indirectly arise out of performance here by Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns.

Your submission of a Placement Application to Neighborhood Health acknowledges your understanding of and express agreement to these conditions.