How to Apply for North Country HealthCare Clinical Rotations/Internships/Volunteer

1. You must email the Health Professions Program Coordinator, Courtney Madsen, at cmadsen@nchcaz.org, at least 4 weeks prior to start date of desired rotation. The email should include:
   1. **A cover letter** describing interest in rural health and in North Country as a site, and overview of his/her clinical needs (FP, WH, Peds, etc.), number of hours and start and end dates.
   2. **A resume or CV**
2. The Health Professions Coordinator and appropriate NCHC staff will review the cover letter and resume and if needed, an interview will be set up-either face to face or on the phone within a week of receipt of documents.
   1. Once the interview is completed, the Health Professions Coordinator and appropriate NCHC staff will evaluate whether the student is the right fit for our organization and if we have a preceptor available for the requested dates.
   2. The Health Professions Coordinator (or the intern supervisor) will contact the student via email within one week from the interview and will let the student know if they were accepted for the rotation/internship or not.
3. Fill out the paperwork:
   1. Raceplanner: <https://www.raceplanner.com/register/index/NCHC2020>
4. The Education Department is requesting the following mandatory documentation be provided based on your department category upon start date. Employee health records are kept for NCHC management or the AZ Department of Health Services to review for licensure. Please provide all required documentation to Courtney Madsen at [cmadsen@nchcaz.org](mailto:cmadsen@nchcaz.org) 2 weeks before your start date. Failure to meet these requirements may result in a delay in your start date. Only electronic files will be accepted, NO PAPER COPIES PLEASE

**Department Category**

**Direct Patient Contact/Care:** Students (RN, NP, PA, MD, DDS, Dental Hygienist, MA, CNM)

* PPD Tuberculosis- Annually (Can be done for free at NCHC before start date)
* MMR (Reactive IgG titer or proper documentation of vaccine series)
* Hepatitis B (Reactive surface Ab titer or proper documentation of vaccine series)
* Varicella (Vaccine documentation, documentation of prior infection or varicella titer required)
* License/Certification (RNS, CMA, Pharmacy Technicians and all other licensed professionals in this group)
* BLS Basic Life Support Certification Card
* Flu Shot or Declination (Annually)
* AZ Fingerprint clearance card

**Indirect Patient Contact/Care:** Interns/Volunteers/Shadowing students

* PPD Tuberculosis- Annually (Can be done for free at NCHC before start date)
* MMR (Reactive IgG titer or proper documentation of MMR vaccinations)
* Hepatitis B (Reactive surface Ab titer or proper documentation of vaccine series)
* Varicella (Vaccine documentation, documentation of prior infection or varicella titer required)
* Flu Shot or Declination (Annually)

**Little or no Patient Contact/Care:** Volunteers

* PPD Tuberculosis- Annually (Can be done for free at NCHC before start date)
* Flu Shot or Declination (Annually)

1. Instructions for TB, Hep B, MMR, or Varicella Immunizations and Fingerprint Clearance Card
   1. TB (Updated within last year)
      1. **If a student does not have a current TB test:**
         1. The student must get an up to date TB test.
         2. This can be done at the CENTRAL Clinic at North Country 4th Street at NO COST to the student. Address is 2920 N. 4th Street, Flagstaff, AZ 86004.
      2. **If a student has a current TB test that will expire during the rotation**
         1. The student must obtain a new TB before the expiration date. Again, this can be done at NCHC 4th St location.
      3. **If student has a TB test that has been positive in the past or is currently positive**:
         1. The student must have a chest x-ray ordered by a primary care provider that is within the last 5 years stating that there is no evidence of active TB.
   2. Hep B, MMR, or Varicella immunizations
      * 1. A titer is acceptable, but the student must be immune and documentation must be provided or the student will not be allowed in the clinic for the rotation (these are not provided by NCHC, the student is responsible for cost of titers and/or immunizations).
        2. A Hep B, MMR, or Varicella series will be accepted as long as the first immunization is given **BEFORE** the first day of rotation.
   3. Fingerprint Clearance Card
      1. Fingerprinting services are offered by local law enforcement agencies. More information can be found at: <https://www.azdps.gov/services/public/fingerprint>
      2. The following items are needed:
         1. A Government issued photographic identification.
         2. A payment for fingerprinting services.
         3. A $6.00 check made payable to the Flagstaff Police Department. The prices at other locations may vary. Please check with the local law enforcement agency.
         4. A $65.00 check made payable to DPS – for students and volunteers.
         5. A completed Application for an IVP Fingerprint Clearance Card.
         6. A Blank Fingerprint Clearance Card.
         7. A Blue Arizona Department of Public Safety, self-addressed, prepaid envelope.
      3. Students and volunteers are responsible for paying both the fingerprinting and Arizona Department of Public Safety fees. Department of Public Safety fees must be in the form of a money order, cashier’s check, check drawn on a business account made payable to DPS.
      4. The fingerprint technician will mail the completed Application for a Fingerprint Clearance Card, Fingerprint Clearance Card, and required payment directly to the Arizona Department of Public Safety.
      5. Students and volunteers will provide a copy of their Fingerprint Clearance Card to the Health Professions Coordinator prior to the start of their rotation.
      6. If the employee is not issued a Fingerprint Clearance Card, students and volunteers will immediately notify the Health Professions Coordinator
      7. Any students, or volunteers that are precluded from receiving a fingerprint clearance card or a good cause exception may be terminated or transferred to another location not covered by this policy.
      8. If a student or volunteer’s Fingerprint Clearance Card is revoked, they will immediately notify the Health Professions Coordinator.
2. The Health Professions Coordinator will notify the student and the preceptor with the rotation approval and will then give preceptor information to the student. The coordinator will also send out a rotation schedule to the preceptor, the student and clinic managers involved with that specific rotation.
3. The student is THEN allowed to contact his/her preceptor (usually via email) to set up a time to meet for the student to begin the rotation in the clinic.
4. Once the student has completed their rotation, they MUST email their logged hours to Courtney Madsen. Students will also be asked to participate in a brief survey at the start of their rotation.
5. If you have any questions or concerns please email Courtney Madsen at [cmadsen@nchcaz.org](mailto:cmadsen@nchcaz.org) or call 928-522-9850.