

Name: Internship/Assignment Information Assigned Department and Campus/Practice: St. Luke's Supervisor: Student type: School: Start Date End Date COVID Vaccine: Moderna Pfizer J&J CDC Card MUST be submitted Date(s) administered:	Student Intern Registration Form					
Address: Zip: City: State: Zip: E-mail: Date of Birth: Phone: First Last Name: Name: Name: Contact Number: Assigned Department and Campus/Practice: St. Luke's Supervisor: Student type: School: Start Date End Date COVID Vaccine: Moderna Pfizer J&J Date (s) administered: Dose 2 Dose 3 (optional) Background Clearances/Consents Harw you ever been convicted of a felony and/or misdemeanor? Yes No If yes, please explain. Have you ever been involved in a founded or indicated report of abuse or neglect of children or adults under the laws of Pennsyvania, New Jersey or any other jurisdiction? Yes □ No (if yes, please explain) Have you ever been or are you now excluded, suspended or otherwise ineligible from participation in any federally funded health care program – included Medicate or Medicaid – and are you aware of any threatened or potential exclusion from a federally funded health care program? \Wes □ No (if yes, please explain) Have you ever been neployed by, or completed an application for engloyment with St. Luke's Hospital and Health Network? (* Se □ No if yes, please explain) Have you ever been or are you own or dismissal, or asked to resign in either a volunteer, student or employment capalot(?) (* Se □ No		MI			Gender:	
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School Name: March 24, 2005; 6/08; 8/10/09, 12/09, 10/10; 5/11; 9/13; 10/18; 8/21; 10/21