

PERSONAL INFORMATION		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address</i>	<i>City and State</i>	<i>Email Address</i>
<i>Social Security Number</i>	<i>Phone</i>	
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<i>If needed, would you be willing to authorize a background check?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

FOR STUDENTS UNDER 18 YEARS of AGE: Parent/Guardian Information		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address</i>	<i>City and State</i>	<i>Email Address</i>
<i>Phone</i>	<i>Relationship to Student</i>	

CURRENT EDUCATION		
<i>School Name</i>	<i>Location</i>	<i>Expected Graduation Date</i>

REFERENCE(S): Please provide contact information for two professional, teacher or personal references			
<i>Name</i>	<i>Relationship</i>	<i>Email</i>	<i>Phone</i>
<i>Name</i>	<i>Relationship</i>	<i>Email</i>	<i>Phone</i>

APPLICANT PREFERENCES	
<i>Dates of Availability</i>	<i>Preferred specialty, clinical department or provider (we will do our best to accommodate your preference but cannot guarantee all specialties will be available at all times)</i>

PERSONAL STATEMENT: Please explain why you are interested in an observership with Pediatric Specialists of Virginia

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INFORMATION FOR APPLICANTS – PLEASE READ

- Applicants will be contacted by the Human Resources Manager once an application is reviewed
- Immunization records, including PPD testing, must be provided before starting an observership
- Students are expected to use their best judgment and act respectfully and professionally
- Professional dress is required (no jeans, sweatshirts, t-shirts, exercise attire, open-toed shoes, shorts, sweatpants, sunglasses, etc.)
- A PSV ID badge will be provided by the HR or Clinic Manager and should be worn at all times
- Observers will receive training on patient confidentiality
- An exit interview by the Clinic Manager or Human Resources Manager is required

ACKNOWLEDGEMENT and AUTHORIZATION

- I have read and acknowledge understanding of the above
 I certify that all answers given herein are true and complete to the best of my knowledge

Name (Print):	Date:
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Applicant Signature:

For applicants under the age of 18 years: Parent/guardian acknowledgement

- I have read and acknowledge understanding of the above
 I authorize this student to participate in an observership at PSV

Parent/Guardian Name (Print):	Date:
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Parent/Guardian Signature: