



Application for Interns/Externs

Personal Information

Last Name	First	Middle
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Address:	City	State	Zip
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Phone Number	Email Address
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Emergency Contact Name:	Phone Number	Relation
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- I understand that patient information and Company business information is to be kept confidential. I should take reasonable steps to protect confidential information by password protecting computers, logging off the system, and not leaving patient information lying around.
- I understand that I must abide by all HIPAA laws and regulations.
- I understand that Alliance does not tolerate workplace violence, or harassment of any kind.
- I understand that I am to remain free of the influence of drugs and alcohol, while working as an Intern/Extern, at Alliance.
- I understand that I am not to engage in any direct or indirect corrupt business practice, or any other illegal activity.
- I understand that Alliance monitors all electronic communication, and that it can be used, monitored, accessed and disclosed, by the Company, at any time. I understand that my personal cell communication will also be monitored, if connected to Alliance's Wi-Fi.
- I understand that I am to be polite, professional and friendly to employees, patients and vendors.
- I understand that professional misconduct, unethical behavior, theft, or harassment will lead to the cancellation of my Intern/Extern training with Alliance.

Printed Name

Date

Signature