

# PCI EXTERNSHIP SOURCE

DATE \_\_\_\_\_ TIME \_\_\_\_\_ EXTERN TO HIRE YES NO BUSLINE YES NO

FACILITY \_\_\_\_\_ SPECIALTY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

T: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext C: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ F: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#/ EXT TO REACH STUDENT \_\_\_\_\_ email: \_\_\_\_\_

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ALT CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

# OF DOCTORS	NAME(S)	AVG # PTS PER DAY
REQ # EXTERNS	_____	_____
Medical Assistant _____	_____	
Medical Office Assistant _____	_____	
Psychiatric Assistant _____	_____	
Patient Care Technician _____	_____	

DAYS AND HOURS FOR WORK	EXTERN TO HIRE: YES POSSIBILITY NO
_____	

PAID EXTERNSHIP YES NO AMOUNT \_\_\_\_\_

STIPEND YES NO AMOUNT \_\_\_\_\_ ★ MAPSCO LOCATION: \_\_\_\_\_

**DESCRIPTION OF DUTIES**

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\_\_\_\_\_

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**NOTES**

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