

# Medical Assistant Externship Request Form

This request form must be accompanied with the resume of the extern. Both the request form and resume must be e-mailed to [Tiffany.Noss@hsc.utah.edu](mailto:Tiffany.Noss@hsc.utah.edu) in order to be considered. Please note that requests and resumes will be sent out the first Tuesday of each month to clinic managers for review.

---

## SCHOOL INFORMATION

School Requesting Externship

School Contact Name (Last, First)  Phone Number

E-mail Address

## STUDENT INFORMATION

Student Name (Last, First)  Date of Birth (mm/dd/yyyy)

Address  City  State  Zip

Phone Number  E-mail Address

## EXTERNSHIP INFORMATION

Specific Clinic of interest for externship

First Choice  Comments

Second Choice  Comments

Requested Start Date (mm/dd/yyyy)

(Please note that externships begin only on the first Monday of each month.)

Anticipated Completion Date (mm/dd/yyyy)

Number of Hours Requested

Days of the week Extern would like to work (check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday

---

## FOR OFFICE USE ONLY

Assigned UNID  Where Placed

Orientation Date  Computer Access Requested  Computer Training Date

Immunizations Completed  BLS Expiration Date