

# GUNDERSEN HEALTH SYSTEM®

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Program: \_\_\_\_\_ Hours Needed for Rotation Completion: \_\_\_\_\_

Rotation Begin Date (DD/MM/YYYY): \_\_\_\_\_ Rotation End Date (DD/MM/YYYY): \_\_\_\_\_

### Certificate / Degree Being Pursued:

Anesthesia Assistant (AA)	Medical Laboratory Technician (MLT)
Athletic Trainer	Nuclear Medicine
Audiology	Occupational Therapy (OT)
Behavioral Health	Occupational Therapy Assistant (OTA)
Biomedical Engineering	Optometry
Central Service	Paramedic
Certified Registered Nurse Anesthetist (CRNA)	Pharmacy
Child Life Specialist	Pharmacy Assistant
Dental Assistant	Phlebotomy
Dietetic	Physical Therapy (PT)
Echocardiography	Physical Therapist Assistant (PTA)
Emergency Medical Tech (EMT)	Psychology
Exercise Physiology	Radiation Therapy
Genetic Counselor	Radiology Technician
Health Information Technician	Recreational Therapy
Health Information Management	Respiratory Therapy
Health Unit Coordinator	Social Worker
Human Services Associate	Speech Language Pathology
Interpreter	Surgical Technician
Magnetic Resonance Imaging (MRI) Tech	Ultrasound
Medical Assistant (MA)	Other: _____
Medical Laboratory Scientists (MLS)	

If you have already been in contact with an individual at Gundersen Health System regarding a potential Rotation, please provide their contact information:

Employee First Name: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

City/Town Gundersen Health System Facility Location: \_\_\_\_\_

# GUNDERSEN HEALTH SYSTEM®

Please select an affiliate or location you are interested in (please note, not all locations are able to provide an experience):

Alma, WI	Harmony, MN	Richland Center, WI
Black River Falls, WI	Hillsboro, MN	Sparta, WI
Blair, WI	Holmen, WI	Spring Grove, MN
Boscobel, WI	Houston, MN	Tomah, WI
Calmar, IA	Independence, WI	Viroqua, WI
Cresco, IA	La Crescent, MN	Wabasha, WI
Decorah, IA	La Crosse, WI	Waukon, IA
Elroy, WI	Lansing, IA	West Union, IA
Fayette, IA	Muscoda, WI	Westfield, WI
Fennimore, WI	Onalaska, WI	Whitehall, WI
Friendship, WI	Postville, IA	Winona, MN
Galesville, WI	Prairie du Chien, WI	Wonewoc, WI

Why choose Gundersen Health System for your experience? (Choose all that apply)

Close to where I live	Reputation of Experience
Relative / Friend works for Gundersen	Suggestion of a Gundersen employee
Currently employed by Gundersen – career advancement	Would like to work for Gundersen
Other: _____	

Would you be interested in someone from Gundersen Health System recruitment reaching out to you towards the end of your rotation regarding potential employment opportunities?

Yes      No



### **School Information**

Complete Legal School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **School Faculty Contact Information**

#### **Primary Faculty Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail of School Contact / Program Coordinator: \_\_\_\_\_

Phone Number of School Contact / Program Coordinator: \_\_\_\_\_

*If applicable*

#### **Secondary Faculty Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail of School Contact / Program Coordinator: \_\_\_\_\_

Phone Number of School Contact / Program Coordinator: \_\_\_\_\_