

LECOM Behavioral Health

Applicant Name: _____

Request for Practicum and/or Internship - Student Application

LECOM Behavioral Health is the region's leading behavioral health and physical health provider. We aim to increase access to quality health care and services, foster a health care and behavioral health workforce to address current and emerging needs, and enhance population health and address health disparities through community partnerships.

LECOM Behavioral Health is an established leader in behavioral health care providing mental health services and superlative care to individuals across the lifespan.

LECOM Medical Center (LMC), the Achievement Center of LECOM Health (ACLH), Corry Counseling of LECOM Health (CCLH), and LECOM Institute for Behavioral Health (LIBH) are all affiliates of the behavioral health service line of LECOM health. LMC is the largest inpatient mental health care facility in the region, and ACLH, CCLH and LIBH further augment the wide range of behavioral healthcare offerings.

Date: _____

Address: _____

Telephone Number: _____ **Email Address:** _____

University: _____ **Major:** _____

Is your program accredited? Y ☐ N ☐ **If yes, by which accreditation body?** _____

Education Level:

❖ **Bachelor Level:** ☐ **Expected Graduation Date:** _____

❖ **Master Level:** ☐ **Expected Graduation Date:** _____

❖ **Doctoral Level:** ☐ **Expected Graduation Date:** _____

I am seeking a: Practicum: ☐ **and/or** Internship: ☐

Faculty Contact: _____

Anticipated Start Date: _____ **Anticipated End Date:** _____

Required # of Hours: _____ **Required # of weeks:** _____

Must the Supervisor for the Internship Experience be Licensed? ☐ Y ☐ N

If so, as: LPC ☐ LCSW ☐ LSW ☐ Other _____

Please indicate your availability:

Day: S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ **Time:** Days ☐ Afternoons ☐ Evenings ☐

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Bachelor Level Applicants ONLY

Area of experience requested:

- | | |
|---|---|
| ☐ Respiratory Therapy | ☐ Social Work |
| ☐ Radiology | ☐ Recreational Therapy |
| ☐ Nursing | ☐ Music Therapy |
| ☐ Occupational Therapy | ☐ Accounting |
| ☐ Physical Therapy | ☐ Information Technology |
| ☐ Speech Language Pathology | ☐ Human Resources |
| ☐ Family Based Mental Health | ☐ Other |
| ☐ Blended Case Management | |

Previous Volunteer/Work/Internship Experience:

Once completed, [please skip to page 4.](#)

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Master's and Doctoral Level Applicants ONLY

Area of experience requested:

Office-based:	In-home/ Community:	Hospital:
☐ Outpatient Counseling ☐ Nursing ☐ Physical Therapy ☐ Occupational Therapy ☐ Other	☐ Family Based Mental Health ☐ Physical Therapy ☐ Occupational Therapy ☐ Other	☐ Pharmacy ☐ Nursing ☐ Physical Therapy ☐ Occupational Therapy ☐ Social Work ☐ Therapy Counseling ☐ Other

LECOM Behavioral Health believes in offering students a robust experiential learning experience, which includes a unique clinical rotation.

I understand that I am applying to the behavioral health service line of LECOM health and may be placed at any behavioral health affiliate during my internship.

Please designate preferred placement by ranking affiliates below (in order of 1 to 4):

_____ LECOM Institute of Behavioral Health

_____ Achievement Center of LECOM Health

_____ Corry Counseling of LECOM Health

_____ LECOM Medical Center

LECOM Behavioral Health

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APPLICANT AND PARTICIPANT AGREEMENT

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration, or (ii) may result in my immediate discharge from the agency's service, whenever it is discovered.

I understand that I will be required to provide Act 33/34 and FBI fingerprint clearances, as well as complete a Mandated Reporter training upon acceptance to an internship placement for LECOM Behavioral Health. Additional mandatory and optional training opportunities will be assigned and may vary according to the specific LECOM Behavioral Health entity where I am assigned.

By signing this agreement, I swear and affirm that I am not disqualified from service pursuant to the PA Statue of 23 Pa Cons. Stat. 63449(c) and that I have not been convicted of an offense as the same or similar nature to those listed in 6344(c) (see attached).

As a participant in an internship experience at LECOM Behavioral Health, I understand that **patient privacy and strict confidence** concerning patient and hospital/provider information is of first importance as both a legal and ethical right of all patients and their families.

I further understand and agree that, as a temporary participant, I am responsible to observe and maintain the same strict confidence concerning patients and patient information that is required of LECOM Behavioral Health employees. I agree that I will keep all information regarding any patient, written and/or spoken, and which becomes known to me confidential.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant and Participant Statement.

Signature of Applicant

Date _____

Printed Name

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GENERAL CONFIDENTIALITY AGREEMENT

As a condition of my internship with LECOM Behavioral Health, I agree to abide by the legal requirements of all laws, regulations, policies and procedures governing the confidentiality of client's Protected Health Information (PHI) mental health records covered by the Health Information Portability and Accountability Act (HIPAA), educational records covered by the federal Family Educational Rights Privacy Act (FERPA), personally identifiable information, other sensitive information, and confidential LECOM Institute for behavioral Health's workforce information.

I understand and agree that if I access, use or disclose confidential information in any form — verbal, written, or electronic — in a manner that is inconsistent with or in violation of all laws, regulations, policies and procedures governing the confidentiality of client's Protected Health Information (PHI), mental health records covered by the Health Information Portability and Accountability Act (HIPAA), educational records covered by the federal Family Educational Rights Privacy Act (FERPA), personally identifiable information, other sensitive information, and confidential LECOM Behavioral Health workforce information, LECOM Behavioral Health will need to report any violations.

I shall respect all LECOM Behavioral Health client's rights of privacy to have all information in the case records or known about the client remain confidential. No information regarding a client shall be discussed with, or in the presence of anyone without a need-to-know or outside LECOM Behavioral Health.

I understand this confidentiality agreement remains in effect even after my active association with LECOM Behavioral Health ends. By signing this agreement, I am acknowledging that I will abide by the legal requirements of all laws, regulations, policies, and procedures governing the confidentiality of client's Protected Health Information (PHI), the Health Information Portability and Accountability Act (HIPAA), educational records covered by the federal Family Educational Rights Privacy Act (FERPA), personally identifiable information, other sensitive information, and confidential LECOM Behavioral Health workforce information.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

*LECOM Behavioral Health includes, but is not limited to:

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DISCLOSURE STATEMENT APPLICATION FOR PROVISIONAL EMPLOYMENT IN A CHILDCARE SERVICE

Required by Child Protective Services Law, 23 Pa. C.S. Section 6344 (relating to information relating to prospective childcare personnel)

I swear/affirm that I have mailed the requests for clearances to Childline, the Pennsylvania State Police and the Federal Bureau of Investigation (where applicable).

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse or individual responsible for a founded report for a school employee as defined by the Child Protective Service Law.

I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state.

Chapter 25		(relating to criminal homicide)
Section	2702	(relating to aggravated assault)
Section	2709	(relating to harassment and stalking)
Section	2901	(relating to kidnapping)
Section	2902	(relating to unlawful restraint)
Section	3121	(relating to rape)
Section	3122.1	(relating to statutory sexual assault)
Section	3123	(relating to involuntary deviant sexual intercourse)
Section	3124.1	(relating to sexual assault)
Section	3125	(relating to aggravated indecent assault)
Section	3126	(relating to indecent assault)
Section	3127	(relating to indecent exposure)
Section	4302	(relating to incest)
Section	4303	(relating to concealing death of a child)
Section	4304	(relating to endangering welfare of children)
Section	4305	(relating to dealing in infant children)
Section	5902 (b)	(relating to prostitution and related offenses)
Section	5903 (c)	(relating to obscene and other sexual materials and performances)
Section	6301	(relating to corruption of minors)
Section	6312	(relating to sexual abuse of children)

I understand that I must be dismissed if I have been named as a perpetrator of a founded report of child abuse within the past five years or have been convicted of any crimes listed above.

I understand that my employment may be terminated if I have been named as the perpetrator of an indicated report of child abuse and/or individual responsible for the injury of abuse in a founded or indicated report for a school employee.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the Criminal Code.

Name (*print*)

Signature

Witness

Date

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Program Acknowledgement Form

Date: _____

In the event that I should need to miss a scheduled day, I will contact the following person(s) prior to my start time:

Program Supervisor: _____ Phone: _____

I understand that as a Practicum/Intern of LECOM Behavioral Health*:

- ☐ I am to abide by all policies and procedures of the behavioral health service line of LECOM Behavioral Health.
- ☐ I have read and understand the Practicum/Intern Position Description.
- ☐ I am **not** considered an employee of any LECOM Behavioral Health affiliate as part of this practicum and/or internship and therefore I am not eligible for any of the benefits of the agency.
- ☐ There is no guarantee that this program will result in an offer of employment.
- ☐ I understand that if I do not perform up to LECOM Behavioral Health's standards or adhere to its policies and procedures, my practicum and/or internship will be terminated without further notice.

Student Signature

Date

Practicum/Internship Supervisor Signature
LECOM Behavioral Health Staff

Date

Course Instructor Signature

Date

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Student/Intern Information Sheet

Students accepted to a LECOM Behavioral Health practicum and/or internship are required to obtain the following at their own expense and complete all required pre-internship elements:

1. **Clearances (these can be dated within 6 months of internship start date):**

- a. Child Abuse Clearance (Act 33)
<https://www.compass.state.pa.us/cwis/public/home>
Register as an Employee, **not** volunteer
- b. Criminal Clearance (Act 34)
<https://epatch.state.pa.us/>
*Click on **Submit a new record check**
- c. FBI Clearance
<https://www.identogo.com/>
Choose the Department of Human Services option and the code is
1KG738

* The FBI Clearance can take up to 1 month to be returned. Please **do not procrastinate** completing this process *once directed to proceed*, it can result in the delay of your internship starting.

2. **PPD (TB) Test**

- a. All students rotating through LECOM Medical Center are required to get a test.
- b. If you've had a chest x-ray in the past three years, bring in the report and there will be no need for a PPD.
- c. PPD's can be done in our ER.
- d. The first PPD must be placed prior to the student starting.
- e. The student is responsible for the cost of the PPD which is each.

3. **Complete:**

- a. Mandated Reporter Training
<https://www.reportabusepa.pitt.edu/>

4. **Complete the following documents:**

- a. Student Application
- b. Practicum/Internship Acknowledgement Form
- c. General Confidentiality Agreement
- d. Disclosure Statement

Please check with the HR department at any of the LECOM Behavioral Health affiliates regarding any questions about your application process or email internship@lecombh.org.