

Name: _____ Age: _____ Grade (2021-2022 school year): _____

Address: _____

High School: _____

Phone number (cell phone): _____

Can we text you at the number above for scheduling? Yes No

Do you have access to reliable transportation? Yes No

Have you completed a medical terminology class through your high school? Yes No

Would you be willing to carpool to trainings / classes (i.e., could you help give a ride to someone else)?
Yes No

Do you have any prior experience in healthcare settings (have you held a job in health care, volunteered, or shadowed)? If yes, please briefly explain: No

Yes : _____

Is medical scribing something you would be interested in as full-time or part-time employment after this program? Yes No

Please write one paragraph answering why you would like to participate in the 2021-2022 medical scribe program and what you hope to do in your future career.

Do you understand the reasons for termination from the program, outlined in the scribe program information provided on the Snake River Community Clinic website (i.e., no-show to more than 2 classes without explanation, no-show to more than 2 scribe clinical times without explanation, violation of patient privacy / HIPAA regulations)? Yes No

Do you understand that you may be asked to sign a waiver agreeing to use of face coverings / face masks / personal protective equipment while in the healthcare setting? Yes No

Do you understand that you may need to sign a waiver releasing our clinical partners from any liability of COVID19 infections / exposures while in the clinical setting, and that clinical partners may have requirement of COVID19 vaccination before rotating in the clinical setting? Yes No
