



# Part 1

## Lexington Medical Center (LMC) Internship Application

**March 11, 2020 for Flex Mod**  
**May 1, 2020 for Fall 2020 semester**  
**October 30, 2020 for Spring 2021 semester**

**\*\*LMC allows only 1 Work-Based Learning Experience per student.  
Students must choose between an internship and clinical rotations, not both.**

Lexington County School District One does not discriminate on the basis of race, color, religion, national origin, sex, disability or age in admission to, access to, treatment in or employment in its programs and activities. The following people have been designated to handle inquiries or complaints. The Chief Human Resources Officer handles inquiries/complaints regarding Title IX. Inquiries/complaints regarding Section 504 for elementary students go to the Coordinator of ESOL/RTI and for secondary students to the Director of Counseling and Advisement. The Mathematics Coordinator handles inquiries/complaints regarding Title II. Contact these people if you have questions regarding these issues at 100 Tarrar Springs Road, Lexington, SC 29072 and telephone number (803) 821-1000

# Part 1/Form 1 - STUDENT INFORMATION

**Student Name** \_\_\_\_\_

Last

First

MI

**High School**    GHS    LHS    LTC    PHS    RBHS    WKHS

**Drivers License # REQUIRED:** \_\_\_\_\_

**Current Grade Level** \_\_\_\_\_

**Anticipated Graduation Date** \_\_\_\_\_

**Majors/Career Pathway** \_\_\_\_\_

**Participated in Health Science Clinical**    No    Yes

**Applied for Health Science Clinical**    No    Yes (Date of Application) \_\_\_\_\_

## **Clinical Areas Requested (see attached clinical area descriptions)**

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

**If approved, course(s) to drop** 1) \_\_\_\_\_ 2) \_\_\_\_\_

## **Schedule Preference**

### **1st Semester**

1st Block

2nd Block

3rd Block

4th Block

### **2nd Semester**

1st Block

2nd Block

3rd Block

4th Block

# Part 1/Form 2 - ATTENDANCE/DISCIPLINE

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First MI

*Please report the number of complete days the student was marked absent.*

<u>FALL</u>			<u>SPRING</u>		
	<u>Unexcused</u>	<u>Excused</u>		<u>Unexcused</u>	<u>Excused</u>
10th			10th		
11th			11th		
12th			12th		

\_\_\_\_\_  
Attendance Secretary Signature

\_\_\_\_\_  
Date

*List types of discipline, reason and number of days (include ISS, OSS, ASD)*

<u>Grade</u>	<u>Type of Discipline</u>	<u>Reason</u>	<u>Number of Days</u>
10th			
11th			
12th			

\_\_\_\_\_  
Discipline Secretary Signature

\_\_\_\_\_  
Date

*This form is part of the student's LMC application.*

*Please return to the school career specialist within 2 days.*

# Part1/Form 3-LONG RANGE GOALS

Student Name \_\_\_\_\_

Last

First

MI

High School

GHS

LHS

LTC

PHS

RBHS

WKHS

*Please use complete sentences to answer the following questions.*

1. Why are you interested in participating in the LMC internship program?
2. What are your plans or career goals after graduation? Be specific.
3. Do you have any previous work experience? If so, when and where?
4. What extracurricular activities have you participated in over the last three years?
5. List volunteer, service learning or community service experiences you have participated?

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Part 1/Form 4-SCHOOL COUNSELOR RECOMMENDATION

Based on your personal knowledge of this student and a review of academic and discipline record, please complete the following recommendation for the student's participation in an LMC internship work-based learning/credit bearing course. All information will be held in the strictest confidence.

**Student Name** \_\_\_\_\_

	Last			First		MI
<b>High School</b>	GHS	LHS	LTC	PHS	RBHS	WKHS

\_\_\_\_ The student identified above has met or will meet all of his/her graduation requirements.

\_\_\_\_ The student is currently enrolled in a class that can be dropped and replaced with a work-based course on his/her schedule.

1. Would you recommend this student for placement into a work-based learning internship??      Yes      Yes, but with reservations. (Explain below)

2. No      please explain. \_\_\_\_\_

2. Based on your knowledge of this student, will they represent the school and district in an acceptable manner?      Yes      No, please explain.

3. On a scale using 1-5 (1 – being the lowest rating; 5 – the highest rating), rate the student on the following traits:

Dependable \_\_\_\_\_

Adaptable \_\_\_\_\_

Responsible \_\_\_\_\_

4. For the application to be complete, you must attach a transcript to this application.

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Date

***Please return this recommendation to the career specialist within 2 days.***

# Part 1/Form 5-TEACHER RECOMMENDATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Last

First

MI

High School

GHS

LHS

LTC

PHS

RBHS

WKHS

In order to assist us in determining student eligibility for the LMC internship work-based learning/credit bearing course, please complete the following recommendation. All information will be held in the strictest confidence.

**1. How long and in what capacity have you known this student?**

**2. Please rate the student on the following criteria, using the scale at the right.**

Attitude \_\_\_\_\_

Motivation \_\_\_\_\_

Interpersonal Skills \_\_\_\_\_

Verbal Skills \_\_\_\_\_

Content Mastery \_\_\_\_\_

Meets Deadlines \_\_\_\_\_

Completes Assignments \_\_\_\_\_

Attendance \_\_\_\_\_

Punctuality \_\_\_\_\_

5 = excellent

4 = above average

3 = average

2 = below average

1 = poor

0 = not observed

3. Additional comments:

**4. Would you recommend this student for placement into a work-based learning program?**

Yes      No, please explain.

\_\_\_\_\_  
Teacher Name(Print)

\_\_\_\_\_  
Subject Taught

\_\_\_\_\_  
Date

***Please return this recommendation to the career specialist within 2 days.***

## Part 1/Form 6-STUDENT ASSURANCES

Student Name \_\_\_\_\_

Last

First

MI

**If selected, I understand and agree to the following:**

1. I must complete **150 hours** of training to receive one unit of credit.
2. I must comply with all of Lexington Medical Center's guidelines and procedures.
3. I will be responsible for arranging transportation to and from the work site.
4. I must adhere to the school district's code of conduct, the Worked-Based Learning program guidelines and procedures, and Lexington Medical Center's work site rules and regulations.
5. I must provide an up-to-date 2-step TB test at my own expense and a copy of my vaccinations and shot records.
6. I will complete the Lexington School District One Internship PART 2 Application for Lexington Medical Center.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## LMC Shadow/Intern Clinical Areas

<b>Cardiovascular Services</b>	Technologists perform EKG's, Holter Monitor, Stress Test, along with non-invasive (no needles or dyes) ultrasound studies to check blood flow along with echocardiograms.
<b>Cardiac Rehab</b>	Clinically supervised exercise for patients.
<b>PACU (Recovery)</b>	Pre-Op and Step Down for surgical patients before and after general & or spinal anesthesia. Staff monitors vitals and post anesthesia care.
<b>Physical Rehabilitation (Therapy)</b>	Provides inpatient and outpatient therapy programs for treatment, such as exercise, ultrasound, and whirlpool, to alleviate pain and restore function for patients with a variety of medical conditions, such as back or neck pain, stroke and burns. Helps patient to gain strength and mobility through exercise.
<b>Occupational Therapy</b>	Uses treatment, such as hand splint fabrication, exercise, and training for daily activities, to improve function after injury or disease, recommending adaptive equipment as needed.
<b>Speech Therapy</b>	Helps improve a person's speech clarity, comprehension, and safety with swallowing, after a neurological disorder, such as a stroke.
<b>Respiratory Therapy</b>	Observes therapists delivering respiratory therapy treatments, blood gases and ventilator management. Assists with maintaining equipment carts. Observes mayday situations.
<b>Cath Lab</b>	Cardiac catheterization/ "Heart Cath" Lab where procedure is performed on placing a catheter into the heart to measure pressures, inject dye and take X-Ray pictures.
<b>Oncology (Patient Floor)</b>	Basic patient care for cancer patients. Due to the numerous deaths on this floor, there is a need to prepare for the death and dying process. Concentration: Bedside Nursing
<b>Orthopedics (Patient Floor)</b>	Nursing of patients who have had total hip and knee replacements, back surgeries, and broken bones that require surgery. Concentration: Bedside Nursing
<b>Medical (Patient Floor)</b>	Nursing care for medical patients, including those with strokes, heart problems, pneumonia, and pulmonary diseases. Basic patient care; such as hygiene, bed-making, feeding patients, taking vital signs and assuring all patient needs are met emotionally and physically.
<b>Surgical Units (Patient Floor)</b>	Inpatient care for pre-op/post-op surgical patients. Handle a variety of patient problems and age groups. Fast-paced. Cares for patients ranging from having pneumonia to having brain surgery.
<b>Urgent Care Centers</b>	Urgent Care treats everything from sore throats to broken bones. Locations: Chapin, Irmo, Lexington, Gilbert and Batesburg-Leesville
<b>Radiology</b>	Full range of imaging and diagnostic services. Includes: Radiology, sonography, MRI, CT, and Nuclear Medicine.



## **LMC Community Medical Centers**

*Our community medical centers are located throughout Lexington County to provide a wide range of outpatient services to meet the needs of our community.*

### **Irmo Urgent Care**

7035 St. Andrews Rd

Columbia, SC 29212

Phone Number: (803) 749-0924

Urgent Care and Family Medicine, X-ray, CT exams, Lab, Registration, Physical and Occupational Therapy, and Outpatient Surgery.

### **Chapin Urgent Care**

557 Columbia Ave.

Chapin, SC 29036

Phone Number: (803) 932-0655

Urgent and Family Medicine, OB/GYN services, X-ray, Nuclear Medicine and Laboratory facilities.

### **Batesburg-Leesville Urgent Care**

338 East Columbia Ave.

Batesburg-Leesville, SC 29070

Phone Number: (803) 604-0066

Urgent Care and Family Medicine, OB/GYN services, X-ray and Laboratory services.

### **Gilbert Urgent Care**

4080 Augusta Hwy (Hwy #1)

Gilbert, SC 29054

Phone Number: (803) 892-1800

Urgent Care and Family Medicine, X-ray services

### **Swansea Family Medicine (no longer an urgent care)**

935 West 2<sup>nd</sup> Street

Swansea, SC 29160

Phone Number: (803) 568-2000

1-800-535-9404

Family Medicine, Internal Medicine, OB/GYN, X-ray services and Laboratory Services

### **Lexington Urgent Care**

811 West Main Street

Lexington, SC 29072

Phone Number: (803) 358-6100

Outpatient Surgery, Urgent Care and Family Medicine, X-ray services, Cardiac Rehabilitation, HeartReach Calcium Scoring Facility, Laboratory Services, Mammography, Rehab Services (Physical Therapy), Position Emission Tomography (PET Scans)