

**UNIVERSITY OF EAST-WEST MEDICINE**  
**APPLICATION / REGISTRATION FOR CLINIC INTERN (CL 3)**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Email: \_\_\_\_\_ Start Term: \_\_\_\_\_  
Statement of Understanding for Clinic Instruction (Language Requirements)

*As a student at UEWM, participating in the MSTCM clinical training program as an intern (level CL2-CL7), I acknowledge through this agreement that, pursuant of CCR Section 1399.435, I am entitled to receive clinical training in the language that I am fluent in and conversant with (in this case, either English or Mandarin Chinese). I acknowledge that I am required, as per this agreement to register for clinic shifts with instructors that speak the language that I am fluent in. I also understand that, whether or not these instructors are readily known to me, I shall be given a list of suitable supervisors capable of fulfilling this requirement prior to my registration in the clinical training program in any given semester.*

PROGRAM:  Chinese  English \_\_\_\_\_

Student Signature

date

*For Office Use Only*

**¶ CLINIC ADMINISTRATOR**

Total Hours: \_\_\_\_\_ hours: Approved  Denied  Hand in Observers' Clinic Record: Yes  No

Current CPR Certification: Exp. date: \_\_\_\_\_ OSHA certificate: Exp. date: \_\_\_\_\_

Current TB Skin Test/X-ray: Exp. date: \_\_\_\_\_ HIPAA certificate: Exp. date: \_\_\_\_\_

Evaluation Forms Submitted: Yes  No  Evaluation Test Passed: Yes  No

Clinic Administrator: \_\_\_\_\_  
Signature date

**¶ REGISTRAR**

*Course Requirements (No more than two concurrent courses)*

- |   |  |
|---|--|
| <input type="checkbox"/> BS101 General Psychology       | <input type="checkbox"/> CM314 TCM Diagnosis I               |
| <input type="checkbox"/> BS102 General Biology          | <input type="checkbox"/> HB212 Herbology I                   |
| <input type="checkbox"/> BS103 General Chemistry        | <input type="checkbox"/> HB312 Herbology II                  |
| <input type="checkbox"/> BS104 General Physics          | <input type="checkbox"/> AC421 Acupuncture III               |
| <input type="checkbox"/> BS105 Western Med. Terminology | <input type="checkbox"/> CM423 TCM Diagnosis II (concurrent) |
| <input type="checkbox"/> BS107 Human Physiology         | <input type="checkbox"/> AC521 Acupuncture IV (concurrent)   |

**Other Requirements:** English Competency satisfied

All course requirements met: Yes  No

Otherwise comment: \_\_\_\_\_

Registrar: \_\_\_\_\_ Dean's Signature (if needed) \_\_\_\_\_  
Signature date Signature date

**¶ FINANCE**

**Payment record:**

**¶ CLINIC DIRECTOR:** \_\_\_\_\_  
Signature date

**Note: The Application / Registration for Clinic will be processed once a week. Please check with the clinic administrator for details.**

Updated:4/3/2019